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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2008 ca	lendar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-200	9		
B Ch	eck ıf a	pplicable	Please	C Name of organization THE TRANSLATIONAL GENOMI	CS RESEARCH		D Employer ide	ntification number
☐ Add	dress ch	nange	use IRS label or	INSTITUTE FOUNDATION			33-109219	
∏ Na	me cha	inge	print or	Doing Business As			E Telephone nu	mber
┌ Init	tial retu	ırn	type. See Specific	Number and street (or P.O. b	ox if mail is not delivered to street addre	ss) Room/suite	(602) 343-8	
Г Теі	mınatıc	on	Instruc- tions.	400 E VAN BUREN SUITE 850		iso, reom, saice	G Gross receipt	s \$ 4,433,942
	ended			City or town, state or country	and 7IP + 4		-	
_		n pending		PHOENIX, AZ 85004	, did Zii i i			
і Арі	plicatioi	i penung					J	
				ne and address of Principal AEL BASSOFF	l O fficer		is a group return	
				VAN BUREN SUITE 850		affilia	ites /	⊤Yes ▼ No
				NIX,AZ 85004		H(b) Are a	II affiliates include	d?
I Ta	x-exen	npt status	✓ 501(c)) (3) ◀ (insert no)	(a)(1) or 527	(If"N	lo," attach a list	See instructions)
J W	eb sit	e: 🟲 WW	/W HELPTG	GEN ORG		H(c) Grou	ıp Exemption Nur	nber 🟲
<u></u>	e of or	ganızatıon	Corporat	ion trust association ot	her 🕨	L Year of Fo	ormation 2004 M s	State of legal domicile AZ
						·	·	
Pa	rt I		mary					
	1	•		•	most significant activities			
e e		BIOGE (TGEN)		EDICAL RESEARCH FUND	RAISING FOR THE TRANSLATI	ONAL GENO	MICS RESEARC	H INSTITUTE
Ĕ		(I GEN,	,					
Ĕ								
Governance	2	Check	this box	ıf the organizatıon disconti	nued its operations or disposed o	of more than 2	:5% of its assets	
	3		•		oody (Part VI, line 1a)			16
න් ග	4		=		e governing body (Part VI, line 1)			13
Activities &	5			nployees (Part V, line 2a)			_	0
Ĕ.	6			olunteers (estimate if neces			6	63
ĕ				•	Part VIII, line 12, column (C)	_	7a	0
					Form 990-T, line 34	•	76 _ 7b	0
	-				Pri	or Year	Current Year	
	8	Contri	hutions and	d grants (Part VIII line 1 h)		5,598,863	4,359,865
<u>9</u>	9			revenue (Part VIII, line 2g		0	0	
Revenue	10	_		•	lines 3, 4, and 7d)		188,867	49,477
å	11			art VIII, column (A), lines		0	0	
	12		•		t equal Part VIII, column (A), lin	e	-	
		12)					5,787,730	4,409,342
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)		4,297,638	4,545,907
	14	Benefi	ts paid to o	or for members (Part IX, co	lumn (A), line 4)		0	0
ø	15		es, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5 -	1,250,130	1,077,559
Expenses	16-	10)	aranal fund	rouging food (Dort IV colur	mn (A.) lung 11g)		1,230,130	1,077,339
क्	16a			raising fees (Part IX, colur				
五	b	•		penses, Part IX, column (D), line	•		1 201 272	260.405
	17			(Part IX, column (A), lines			1,201,870	369,195
	18				ual Part IX, line 25, column (A))		6,749,638	5,992,661
_ 97	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12		-961,908	-1,583,319
පිදු කුළ						Beginn	ing of Year	End of Year
SS-e-	20	Total	assets (Par	rt X, line 16)			9,314,244	7,543,043
Net Assets or Fund Balances	21	Total	iabilities (F	Part X, line 26)			713,106	369,491
	22	_		d balances Subtract line 2	1 from line 20		8,601,138	7,173,552
Pai	rt II	_	ature Blo					
					nined this return, including accompanying in of preparer (other than officer) is base			
Plea	ise	L Sei	ici, ic is trac, t	correct, and complete becaration	n or preparer (other than officer) is base	1		Thas any knowledge
Sigr		Sign	ature of office	er		Date	-05-14	
Here	е	TER	FSA BURUFSOI	N CHIEF OPERATING OFFICER				
			e or print nam					
		Dropare	'c h		Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		Preparer signatur				self-		,
	arer's	Elmo/-	F /	- L EDNCT 9 VOUNCHOUS		empolyed 🕨		
Use (ıf self-er	ame (or yours nployed),	P			EIN 🕨	
- J	J.11y	address,	and ZIP + 4	TWO NORTH CENTRAL AVE	NUE STE 2300		Dhana h (55	22. 22. 2000
				PHOENIX, AZ 85004			Phone no 🕨 (60	<u>, </u>
May	the IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)			┌Yes ┌No

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

1	Briefly describe the organiza BIOGENOMIC MEDICAL RES		THE TRANSLATIO	NAL GENOMICS RESEARCH I	INSTITUTE (TGEN)						
2				ervices during the year	which were not listed on	Yes ▼ No					
	If "Yes," describe the				,						
3	•	ease conducting or m	ake sıgnıfıcan	t changes in how it cond	ducts any program	_ Yes					
	If "Yes," describe the	se changes on Schedu	le O								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
4a	(Code SEE SCHEDULE O) (Expenses \$	4,545,907	including grants of \$	4,545,907) (Revenue \$)					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
4d	Other program servi (Expenses \$	ces (Describe in Scho	edule O)	f \$) (Revenue \$)					
4e	Total program service		4,545,90			•					

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
·	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported in 2a, did the organization file all required federal employr		ax returns?			
	Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	2-		NI a
L	return?	· ·		3a 3b		No
4а	At any time during the calendar year, did the organization have an interest in, or a s			שכ		
-r a	over, a financial account in a foreign country (such as a bank account, securities ac	_	•			
	account)?			4a		No
Ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Refinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	na tha	tay yaar?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited		·			No
				5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Pronibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore $^{\circ}$	ıtrıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	7d		7c		No
u	If "Yes," indicate the number of Forms 8282 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	nums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	and sec	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a	spons	oring organization, have			
	excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		9b		
10	Section 501(c)(7) organizations. Enter		_			_
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	י וופני	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
_	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	Management	

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 16								
Ь	Enter the number of voting members that are independent 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		No					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ELIZABETH MONTEMAYOR 400 E VAN BUREN SUITE 850 PHOENIX,AZ 85004 (602) 343-8508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

	(B) Average hours per week	Posit	(C lon (d hat a	chec		I			(-)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
						<u> </u>					
1b Total							►	(1,974,155	63,197	
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$1	00,000 ın reportabl	e		

compensation from the organization ▶0

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo				
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TRANSLATIONAL GENOMICS RESEARCH INS 445 N 5TH STREET PHOENIX, AZ 85004	MANAGEMENT SERVICES	108,000
2. Total number of independent contractors (including those in 1) who received more	than #100,000 in company tion	

Form 990	(
Part VIII	

(2008)						
Statement of Revenue						
	(4)	(B)	(6)	(D)		
	(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue		
	Total Nevenae	Exempt	Business	Excluded from		
		Function	Revenue	Tax under IRC		
		Revenue		512, 513, or		
			1	E 1 4		

and other similar amounts	1a				512, 513, or 514
amoun'		Federated campaigns 1a			
∰0 	ь	Membership dues 1b			
ृत्द	c	Fundraising events 1c			
- 1					
չ≣	d				
<u> </u>	e	Government grants (contributions) 1e			
, <u></u>	f	All other contributions, gifts, grants, and 1f 4,359,865 similar amounts not included above			
<u>i</u> €	g	Noncash contributions included in			
ĕ		lines 1a-1f \$			
} ਵ	h	Total (Add lines 1a-1f)	4,359,865		
$\neg \uparrow$		Business Code			
<u>≘</u>	2a				
že	b				
윤	c				
<u> </u>					
<u>.</u>	d				
<u>۾</u>	е				
<u> </u>	f	All other program service revenue			
Program Serwoe Revenue					
-	g	Total. Add lines 2a-2f			
	3	Investment income (including dividends, interest			
		other similar amounts)	74,077		74,077
	4	Income from investment of tax-exempt bond proceeds	0		
	5	Royalties	0		
		(ı) Real (ıı) Personal			
	6a	Gross Rents			
	b	Less rental			
	с	expenses Rental income			
		or (loss)			
L	d	Net rental income or (loss)			
		(i) Securities (ii) O ther			
	7a	Gross amount 0 from sales of			
		assets other			
	ь	than inventory Less cost or 24,600			
		other basis and sales expenses			
	c	Gain or (loss) -24,600			
	d	Net gain or (loss)	-24,600		-24,600
	8a	Gross income from fundraising			
		events (not including			
,		\$of contributions reported on line 1c)			
<u> </u>		See Part IV, line 18			
		Attach Schedule G if total exceeds			
		\$15,000 a			
<u>:</u>	b	Less direct expenses b			
; L	С	Net income or (loss) from fundraising events •	0		
' l'	9a	Gross income from gaming activities			
		See part IV, line 19 Complete Schedule G if total exceeds			
		\$15,000			
		a			
	b	Less direct expenses b]		
	С	Net income or (loss) from gaming activities	0		
Γ	10a	Gross sales of inventory, less		 	
		returns and allowances .			
		a			
	b	Less cost of goods sold b]		
Ļ	С	Net income or (loss) from sales of inventory	0		
Ļ		Miscellaneous Revenue Business Code			
	11a				
	b			 	
	c			 	
	d	All other revenue			
		Total. Add lines 11a-11d			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	4,409,342	0	49,477

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,545,907	4,545,907							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	402,476		40,248	362,228					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	580,900			522,810					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,331		733	6,598					
9	Other employee benefits	48,149		4,815	43,334					
10	Payroll taxes	38,703		3,870	34,833					
11	Fees for services (non-employees)									
а	Management	114,863		114,863	0					
b	Legal	0								
c	Accounting	0								
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	45,555		45,555	0					
12	Advertising and promotion	49,902		3,792	46,110					
13	Office expenses	44,514		4,451	40,063					
14	Information technology	0								
15	Royalties	0								
16	Occupancy	72,269		7,227	65,042					
17	Travel	27,437			27,437					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	30,992		15,496	15,496					
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	26,993		26,993	0					
23	Insurance	0								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	DUES AND SUBSCRIPTIONS	11,401		0	11,401					
b	SEMINARS AND EDUCATION	500		50	450					
С	RECRUITMENT	47		5	42					
d	ALL OTHER EXPENSES	-55,278		-55,278	0					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	5,992,661	4,545,907	270,910	1,175,844					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Dogg or your	1	2.14 01 7 441
	2	Savings and temporary cash investments			4,721,321	2	4,985,857
	3	Pledges and grants receivable, net			4,409,865	3	2,227,657
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
92	9	Prepaid expenses and deferred charges				9	
Assets	10a						
As		Land, buildings, and equipment cost basis	10a	168,169			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	135,482	59,680	10c	32,687
	11	Investments—publicly traded securities			122,838	11	285,972
	12	Investments—other securities See Part IV, line 11 $\it Complete Paschedule D$	rt VII o	f		12	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D .			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	540	15	10,870		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,314,244		7,543,043		
	17	Accounts payable and accrued expenses .		90,356	17	66,121	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		622,750	25	303,370	
	26	Total liabilities. Add lines 17 through 25		713,106	26	369,491	
		Organizations that follow SFAS 117, check here ▶ ✓ and complethrough 29, and lines 33 and 34.	ete line	es 27			
anc	27	Unrestricted net assets			516,624	27	1,716,947
Balance	28	Temporarily restricted net assets			8,022,421	28	5,394,512
귤	29	Permanently restricted net assets		62,093	29	62,093	
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	l compl	let e			
9		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			8,601,138	33	7,173,552
_	34	Total liabilities and net assets/fund balances			9,314,244	34	7,543,043
Pa	rt XI	Financial Statements and Reporting					
							1 1

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

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As Filed Data -

DLN: 93493137026280

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ATIONAL GENOM DUNDATION	IICS RESEARCH					33	-109219:	1	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio				_
				ation because it is (Please						,	
1	Γ			nurches, or association of ch					(A)(i).		
2				ion 170(b)(1)(A)(ii). (Attac							
3	Ė	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	_	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
-	•	hospital's name, city, and state									
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	'	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	\vdash			overnment or governmental	unit descr	ihed in Se	ction 170	(b)(1)(A)	(v).		
7	<u> </u>	•	-	ally receives a substantial p						n the dene	ral nublic
-	'	_		o)(1)(A)(vi) (Complete Pari		, арроте пе	om a gove	· · · · · · · · · · · · · · · · · · ·		ii tiio goile	.rar pabile
8	\vdash		-		•	nlete Pari	+				
9	<u>'</u>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
-	'			ated to its exempt functions							
		•		estment income and unrelate	-		•	, ,	•		
				on after June 30, 1975 See						() II O III D G	311103303
10	\vdash			and operated exclusively to						e instruc	tions)
11	<u>'</u>	_	=	and operated exclusively for	-		-				
	'	-	-			, ,			,	•	• •
		the box <u>t</u> ha		orted organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check type of supporting organization and complete lines 11e through 11h							
	_	·	• •				nally Integ		d		III - Other
e	Г	•		rtify that the organization is			•				•
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (described	in section	1509(a)(1) or
f				d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Type III	supportir	ng organization.
		check this					,, ,	,,	, ,		ř
g				as the organization accepted	d any gift (or contrib	utıon from	any of the	!		
		following pe		r indirectly controls, either a	alona orto	anthor wit	th narcone	describe	dun (u)		Yes No
			•	ng body of the the supported		_	tii persons	describe	u III (II)	11g	
				erson described in (i) above	_	CIOII.				11g(
		• •	•	ty of a person described in (20403				11g(
h				nation about the organizatio			cupports			119(···/
		i iovide tile	: lollowing illion	nation about the organizatio	ns the org	amzation	Supports				
	(i) N:	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) T	s the	(vii) A mount of
	. ,	orted	(, ==	(described on lines 1-9		ation in		nızatıon		ation in	support?
	Organ	nization		above or IRC section		listed in		i) of your		rganızed	
				(See Instructions))	your go	-	supp	oort?	ın the	US?	
						nent?	V	l No	V	N	-
					Yes	No	Yes	No	Yes	No	
								-			
								-			
								-			
								-			
				ı			1	1	1		1

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	ii iiiie 5, 7, or	0 01 Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,360,115	10,836,405	4,804,855	5,598,863		4,359,865	32,960,103
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	7,360,115	10,836,405	4,804,855	5,598,863		4,359,865	32,960,103
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							11,588,699
6	(f) Public Support subtract line 5 from line 4							21,371,404
Т	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	7,360,115	175,433	4,804,855	5,598,863	(-)	4,359,865	32,960,103
8	Gross income from interest, dividends,		,		, ,			<u> </u>
	payments received on securities loans, rents, royalties and income from similar sources	1,828	175,433	250,673	188,867		74,077	690,878
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							33,650,981
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		63.509 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		47.471 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	s a publicly supp	orted organizati	on				▶ ✓
17a	box and stop here. The organization qualification for the stand of the organization meets the "fact organization meets" for the "fact organization meets the "fact organization meets" fact organization meets the "fact organization meets" fact organization meets organization meets organization meets organization meets organization meets organization meets organization organizatio	If the organization	on did not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	tances" test The If the organization	e organization qu on did not check	ualifies as a pub a box on line 1:	licly supported 3, 16a, 16b, or	organı 17a ar	zation nd line 15 i	▶
18	the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	¨¨ ▶⊏

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)				
	Facts and Circumstances Test				

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Internal Revenue Service Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH

For Paperwork Reduction Act Notice, see the Intructions for Form 990

INSTITUTE FOUNDATION 33-1092191 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
Pai	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an	n historically importantly land area
_	•		
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form	of a conservation easement
			Held at the End of the Yea
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easement:	s	2b
С	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	2d	
3	Number of conservation easements modified, transfe	•	ed by the organization during
	the taxable year 🕨	,,	
4	Number of states where property subject to conserva	ation easement is located .	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ear ►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia	
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990 Part Y		▶- ⊄

Cat No 52283D

3 a						Similar Asse	(00	
а	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the fo	llowing that are	a significant us	e of its collection	ı	
-	Public exhibition		d \lceil	Loan or exch	ange programs			
ь	Scholarly research		е Г	Other				
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how th	ey further the o	rganization's ex	empt purpose in		
	Part XIV	·		•				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes	┌ No
Par	t IV Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements. C	omple	te if the organ		•		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			-	r other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mou	nt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	217			Γ,	Yes	│ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete						Var. Va	ara Da ak
1a	Beginning of year balance	(a)Current Year 62,093	(b) Prio	rear (c) i wo	Years Back (d)T	hree Years Back (e)	rour re	ears back
ь	Contributions	32,030						
c	Investment earnings or losses	6,606						
d	Grants or scholarships							
u	Grants or scholarships							
e	Other expenditures for facilities	6,606						
е	Other expenditures for facilities and programs	6,606						
e f	•	6,606						
	and programs	62,093						
f	and programs	62,093						
f g	and programs	62,093						
f g 2	and programs	62,093						
f g 2 a	and programs	62,093						
f g 2 a b	and programs	62,093 r end balance held as	on that	are held and ac	dministered for t	:he		
f g 2 a b	and programs	62,093 r end balance held as ssion of the organizati	on that	are held and ac	dmınıstered for t		Yes	No
f g 2 a b	and programs	62,093 r end balance held as ssion of the organizati			dministered for t	3a(i)	Yes	No
f g 2 a b c 3a	and programs	62,093 r end balance held as ssion of the organizati			dministered for t	3a(i) 3a(ii)		
f g 2 a b c 3a	and programs	62,093 r end balance held as ssion of the organizati	on Sche	dule R?	iministered for t	3a(i)	Yes Yes	No
f g 2 a b c 3a	and programs	62,093 r end balance held as ssion of the organizati	 on Sche wment	dule R? funds		3a(i) 3a(ii)		No
f g 2 a b c 3a	and programs	62,093 r end balance held as ssion of the organizati	on Sche wment	dule R? funds Form 990, Pa	rt X, line 10.	3a(i) 3a(ii) 3b	Yes	No No
f g 2 a b c 3a	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds		3a(i) 3a(ii)	Yes	Νο
f g 2 a b c 3a b	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds Form 990, Pa (a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b	Yes	N o N o
f g 2 a b c 3a b 4 Par	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds Form 990, Pa (a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b	Yes	N o N o
f g 2 a b c 3a b 4 Par	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds Form 990, Pa (a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b	Yes	No No pok value
f g 2 a b c 3a b 4 Par	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds Form 990, Pa (a) Cost or other	rt X, line 10. (b)Cost or other basis (other)		Yes	No No ook value
f g 2 a b c 3a Par	and programs	62,093 r end balance held as ssion of the organizati	on Schewment	dule R? funds Form 990, Pa (a) Cost or other	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	Yes	No No

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	o Form 990 Part V June	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			/L\ D
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO/FROM TGEN	258,845		
DUE TO/FROM TD2	44,525		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	303,370		

1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Par	2				
3	Excess or (deficit) for the year	3				
4	Net unrealized gains (losses) o	4				
5	Donated services and use of fa	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add li	nes 4 - 8			9	
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 an	d 9	10	
Par	XII Reconciliation of R	evenue per Audited Financial	State	ements With Revenue j	er Re	turn
1	Total revenue, gains, and othe	er support per audited financial statemo	ents .		1	_
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments		2a		
b	Donated services and use of f	acılıtıes		2b		
С		s	•	2c		
d				2d		
e	<u> </u>				2e	
3					3	
4		0, Part VIII, line 12, but not on line 1		l I		
а	·	luded on Form 990, Part VIII, line 7b	•	4a		
Ь	•		•	4b	-	
_ C	Add lines 4a and 4b				4c	
5		d 4c. (This should equal Form 990, Pai			5	204
1		xpenses per Audited Financia raudited financial statements		· · · · · · · · · ·	1 1	<u>teturii</u>
2		ut not on Form 990, Part IX, line 25	•			
- а		acılıtıes		2a		
ь				2b	┪ ┃	
c		, Part IX, line 25		 	1	
d	Other (Describe in Part XIV)	•		2d	1	
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIV)			4b	1	
c	Add lines 4a and 4b	4c				
5	Total expenses Add lines 3 a	nd 4c. (This should equal Form 990, Pa	art I, lu	ne 18)	5	
Par	t XIV Supplemental Int	formation				
		scriptions required for Part II, lines 3,			art XIV ,	lines 1b and 2b,
Part	: V , line 4 , Part X , Part XI , line 8	, Part XII, lines 2d and 4b, and Part XI •	III, lini			
	Ident if ier	Return Reference		Explanat		
SCHE	EDULE D, PART V	SUPPLEMENTAL INFORMATION -	The Ir	nstitute's policy for appropria	ing the	distribution of its

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanat ion
SCHEDULE D, PART V	SUPPLEMENTAL INFORMATION - ENDOWMENTS	The Institute's policy for appropriating the distribution of its summer internship program endowment has been designed to support a specific number of summer interns each year for the next 25 years. The Institute considered the long-term expected return on its endowment. The Institute classifies as permanently restricted net assets (1) the original value of the gift donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument.
SCHEDULE D, PART X - FIN 48 FOOTNOTE		ON DECEMBER 30, 2008, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB STAFF POSITION (FSP) NO 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES (FSP FIN 48-3), WHICH FURTHER DELAYS THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS, AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION FIN 48 WILL BE EFFECTIVE FOR THE INSTITUTE ON JULY 1, 2009 THE INSTITUTE IS CURRENTLY EVALUATING THE IMPACT THAT ADOPTING THIS STANDARD WILL HAVE ON ITS CONSOLIDATED FINANCIAL STATEMENTS
	+	

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137026280

pen to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspection

Employer identification number

INSTITUTE FOUNDATION	IE TRANSLATIONAL GENOMICS RESEARCH STITUTE FOUNDATION						
Part I General Inform	nation on Gran	ts and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grant	ts or assistance?					✓ Yes
Part IV and Sch	V, line 21 for any edule I-1 if additi	y recipient that rece onal space is	ived more than \$5,00	00. Check this box in	es. Complete if the of find one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE445 N 5TH STREET SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	4,545,907				SUPPORT GENOMICS RESEARCH
2 Enter total number of sec	tion 501(c)(3) and	government					
organizations							• (c
For Paperwork Reduction Act Noti				Cat No 50055P			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
, ,		THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT TGEN, A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND DEVELOPMENT FUNCTIONS

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As Filed Data -

DLN: 93493137026280

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION 33-1092191 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization?

Any related organization? If "Yes," to line 6a or 6b, describe in Part III

compensation contingent on the revenues of

If "Yes," to line 5a or 5b, describe in Part III

a The organization?

Any related organization?

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III

Cat No 50053T

5a

5b

6a

Νo

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL BASSOFF	(1) (11)	0 383,041	0 5,000	0 34,934	0 9,200	0 4,975	0 437,150	0 182,750
CHRISTINE FLEMING	(1) (11)	0 185,862	0 5,000	0 36,000	0 7,562	0 2,071	0 236,495	0 111,189
DENISE MCCLINTIC	(ı) (ıı)	0 154,175	0 2,826	0 8,138	0 6,208	0 3,166	0 174,513	0 81,065
JEFFREY M TRENT PHD	(ı) (ıı)	0 707,979	0 51,273	0 37,768	0 9,200	0 7,079	0 813,299	0 357,303
TERESA BURLESON	(ı) (ıı)	0 324,659	0 22,000	0 15,500	0 9,200	0 4,536	0 375,895	0 181,138
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii) (i)							
	(ii)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION Employer identification number

33-1092191

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	THE TRANSLATIONAL GENOMOS RESEARCH INSTITUTE FOUNDATION RASES FUNDS FOR THE TRANSLATIONAL GENOMOS RESEARCH INSTITUTE (TGRU). THE FRONCAMS SERVICE ACCOMPLISHMENTS OF TGRN ARE LISTED BELOW introduction This report highlights T Gen's capacity to impact a broad spectrum of daseses. Joscilly and globally- and services as an overview of activies across all areas of TGen in that respect, FY 06 proved to be a productive year. Through TGens is sustained effort toward structuring the institute's capacitific focus and vision around a colaborative model, we continued to fare well despate the challenges presented by a down economy. The strength of our scientific programs enabled us to pursue a number of significant opportunities over the pasty early building no both is established and new relationships Notable research achievements include results from a genome-wild escarch achievements and how under expression of genes and matabolic defices play a role in the development and progress on of individuals with Alzhemer's disease. Clinically, we report here the results of the otheropy of maintain and across the control of the cont

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 (CONTINUED)	PROGRAM SERVICE ACCOMPLISHMENTS	Work is dip (if Mathew Huertelman, an Associate Investigator in the Neurogenomics Division, and collegues led to a published proprint Neurobology of Aging that showed a link between a certain favor of the KIBRA protein and Alzheimer's disease. The study butt on a groundbrashing discovery made by Toten two years ago and published in Science that linked KIBRA and memory in healthy adults in this most recent study. TiGen collaborated with universities and research institutions across Arzona, the nation and Europe This new research could lead to techniques that might prevent detect and treat Alzheimer's, and even enhance memory. Cataton Evidence for an association between KIBRA and lateratives and several proprints. Alzheimer's disease. Conveneurs J. Liang West. Permitting McGenter 1, 2004, 1907,

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 (CONTINUED)	PROGRAM SERVICE ACCOMPLISHMENTS	normals over FY06 in terms of submission, and an 92 percent increase in terms of total datar value. Total was awarded 14 grants, totaling \$1,207,061, with an addetional 105 grains perioring and in reviews to be a submitted 15 perioring and 15 p

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 (CONTINUED)	PROGRAM SERVICE ACCOMPLISHMENTS	include reagents, cell lines, software and more 3. TGen signed 55 Research Collaborations (any with local and state affiliations) in FYD9, including agreements that further research into a host of diseases, including brain cancer, melanoma, Alzheimer's and autism 4. Additionally, TGen signed 24 consulting agreements, 50 professional services agreements, 17 master service agreements, and 57 agreements covering miscellaneous activities such as memorandums of understanding, leases, and evaluation agreements. Select highlights for FYD9 include 1. In one of the most significant moves, TGen entered into a Master Grant Agreement with the Ben & Catherine by Foundation, and agreed to lead a consortium of eight institutions throughout the United States to conduct the by Genomes-Based Medicine Project (GBM). The GBM Project, headed by Dr. Jeffrey Trent, Scientific Director, and Dr. Mchael Berens, Principal Investigator, represents a by o-stage programmtat will study human globlastoma and use profiles obtained to guide therapy planning in patients with recurring glioblastoma and use profiles obtained to guide therapy planning in patients with recurring glioblastoma and use profiles obtained to guide therapy planning in patients with recurring glioblastoma Brancisco 2. In Robertser, Van Andel Research Institute, Case Western Reserve University School of Medicine, The Otho State University Research Foundation, Henry Ford Health System, University of Alabama at Birmingham, MD Anderson Cancer Center, and the University of California San Francisco 2. In February, TGen entered into a strategic alliance with Mayo Clinic Cancer Center. Their membership will facilitate and enhance collaboration among the faculty of both organizations on cancer research intatives. Such collaboration will allow for greater access to resources and expertise in areas of mutual scientific interest. 3 An amendment to the ELilly agreement that increases the budget an additional scientific interest 3 an amendment to the ELilly agreement that cincases the b

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4 (CONTINUED)	PROGRAM SERVICE ACCOMPLISHMENTS	Administrative Assistant Animal Technician Boxalety Compliance Specialist Business Analyst Detabase Analyst Director, Business Development Financial Analyst Il Flow Ottometry Operator Grants Specialist Graphic Designer in Project Manager Postomoms Lab Head Purchasing Assistant Research Associate Research Associate IR Research Internships serve as a pipeline to TGen in terms of future recruitment, and supporting the statevire internships serve as a pipeline to TGen in terms of future recruitment, and supporting the statevire internships serve as a pipeline to TGen in terms of future recruitment, and supporting the statevire internships as a state of the past that a state internships as a state of the care and the security of earth of the advanced degrees at one of the state's three univerships. Then add three such candidates in PYO9 Education and Public Outreach TGen, through its education and outreach programs, seeks to increase the working knowledge of genomics with this community patient in education and has committed resources and expertise to improve the quality of science education in Arzona TGen aims to strategically collishorate with academic mistrutions at all levels with Arzona to capitalize on existing programs and enhance STEM initiatives while avoiding duplication of efforts. To this end, TGen has been successful in buding a pipeline of programs, activities and outreach target of the entire P-29 spectrum and beyond. The major programmate focus of TGen's education efforts centers on the Helos Scholars Programs. The TGen an annual summer intenship programs as a student with the TGen and anal

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINES 6 AND 7A	CLASSES OF MEMBERS AND THE NATURE OF THEIR RIGHTS	LINE 6 - THE SOLE CORPORATE MEMBER OF THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION (TGEN FOUNDATION) IS THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) LINE 7A - TGEN, AS THE SOLE CORPORATE MEMBER OF TGEN FOUNDATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF TGEN FOUNDATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL	THE SOLE CORPORATE MEMBER'S VOTE SHALL BE REQUIRED ON A) THE ELECTION AND REMOVAL OF ELECTED DIRECTORS AS SET FORTH IN THE BYLAWS, B) THE ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, C) THE SALE OF ALL OR SUBSTANTIALLY ALL THE FOUNDATION'S ASSETS IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, D) THE AMENDMENT OF THE FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS, E) THE INSTITUTION, OR CONSENT TO INSTITUTION, OF PROCEEDINGS TO ADJUDICATE THE FOUNDATION BANKRUPT OR INSOLVENT, OR THE FILING OF A PETITION SEEKING OR CONSENTING TO REORGANIZATION OR RELIEF UNDER ANY LAW RELATING TO BANKRUPTCY, INSOLVENCY, OR OTHER RELIEF FOR DEBTORS, OR THE CONSENT TO THE APPOINTMENT OF A RECEIVER, LIQUIDATOR, ASSIGNEE, TRUSTEE, SEQUESTRATOR (OR SIMILAR OFFICIAL) OF THE FOUNDATION OR OF ALL OR ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION IN WRITING OF THE FOUNDATION'S INABILITY TO PAY ITS DEBTS GENERALLY AS THEY BECOME DUE, OR ANY STEPS IN FURTHERANCE OF SUCH ACTION, AND F) THOSE MATTERS UPON WHICH THE MEMBER IS GRANTED VOTING RIGHTS IN THE ARTICLES OF INCORPORATION, BYLAWS, OR THE ARIZONA NONPROFIT CORPORATION ACT THE SOLE CORPORATE MEMBER HAS THE FOLLOWING RESERVE POWERS A) APPOINT AND REMOVE THE PRESIDENT, B) APPROVE THE ESTABLISHMENT OF NEW CORPORATE PARTNERSHIP ENTITIES CREATED OR JOINED BY THE FOUNDATION, C) APPROVE THE FOUNDATION'S EXECUTION OF MATERIAL CONTRACTS, AND D) APPROVE THE FOUNDATION'S INCURRENCE OF MATERIAL DEBTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW FORM 990	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FINANCE DEPARTMENT THE 990 IS THEN REVIEWED BY MANAGEMENT IN THE FINANCE DEPARTMENT AND POSTED ON THE BOARD WEBSITE FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	TGEN Foundation issues a conflict of interest questionnaire on an annual basis to all Foundation Director level positions and above in addition to any key employees designated by the Foundation President and/or Chief Operating Officer. The questionnaires are reviewed by the Chief Financial Officer and those employees with conflicts are sent for further review to the Foundation President and/or Chief Operating Officer to ensure a plan is set forth. Updates to the list are handled on an as needed basis based on contract reviews and employee information.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCESS USED TO DETERMINE COMPENSATION	TGen Foundation does not have any direct employees Compensation is determined by The Translational Genomics Research Institute (Tgen) using the following process. TGen's Governance and Executive Compensation Committee will act in an "advice and consent" capacity reviewing the recommendations for the President and Scientific Director regarding the compensation of disqualified persons and forwarding final recommendations to the full Board for approval. Disqualified persons (except for the President and Scientific Director) will not be present for, or participate in, Committee deliberations concerning their compensation (other than to answer questions). The President and Scientific Director will participate in the deliberations concerning the compensation of direct reports. During the decision-making process, the Committee will adhere to the Executive Compensation philosophy. The Committee is authorized (and provided with sufficient funding) to annually engage outside independent compensation and legal advisors when deemed necessary and advisable. The Committee will comply with the "Rebuttable Presumption of Reasonableness" under Section 4958 of the Internal Revenue Code whenever possible. The Committee will review and understand the Internal Revenue Code provisions dealing with "excess benefit transactions concerning Disqualified Persons' compensation." When developing a compensation philosophy, TGen kept in mind the following factors. The TGen mission and strategy. The TGen culture Trends in compensation in the external environment Trends in recruitment of new employees. Trends in organizational employee turnover TGen's life cycle stage.

ldentifier	Return Reference	Explanation
FORM 990,	AVAILABILITY OF GOVERNING	FINANCIAL STATEMENTS TO THE GENERAL PUBLIC TGEN FOUNDATION PROVIDES
PART VI, LINE	DOCUMENTS, CONFLICT OF INTEREST	ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
19	POLICY, AND	STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART VII	HOURS DEVOTED TO RELATED ORGANIZATIONS	THE ORGANIZATION DOES NOT DIRECTLY HAVE ANY EMPLOYEES THE FOLLOWING INDIVIDUALS REPORTED IN PART VII ARE PAID BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO TGEN FOUNDATION MICHAEL BASSOFF DENISE MCCLINTIC CHRISTINE FLEMING THESE INDIVIDUALS DEVOTE 40 HOURS PER WEEK TO TGEN FOUNDATION AND NO HOURS PER WEEK TO TGEN THE FOLLOWING INDIVIDUALS REPORTED IN PART VII ARE PAID BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO TGEN JEFFREY TRENT TERESA BURLESON THEY DEVOTE 40 HOURS PER WEEK TO TGEN AND 1 HOUR PER WEEK TO TGEN FOUNDATION

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2	CONSOLIDATED AUDITED FINANCIAL STATEMENTS	AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE ISSUED FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE AND ITS AFFILIATES NO STAND-ALONE AUDIT FOR TGEN FOUNDATION IS PERFORMED THE TGEN FOUNDATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

DLN: 93493137026280

2008

OMB No 1545-0047

SCHEDULE R (Form 990)

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

epartment of the Treasury ternal Revenue Service				Open to Publi Inspection	С		
lame of the organization HE TRANSLATIONAL GENOMICS RES	EARCH		Employer identific	ation number			
NSTITUTE FOUNDATION		33-1092191					
Part I Identificatio	n of Disregarded Entities						
Name, address, a	(A) nd EIN of disregarded entity	(B) Primary activity l	(C) Legal domicile (state or foreign country)	(D) Total income Er	(E) nd-of-year assets	(F) Direct controlling entity	
Part II Identificatio	n of Related Tax-Exempt Organizat	ions					
Name, address, ar	(A) nd EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	
THE TRANSLATIONAL GENOMICS RE	SEARCH INST						
445 NORTH 5TH STREET PHOENIX, AZ85004 75-3065445		RESEARCH	AZ	501(C)(3)	7	NA	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	nicile Direct controlling te or entity eign		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General manag partne	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions	with Related	Organizations
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Part	V Transactions with Related Organizations						
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Durii	ng the tax year, did the orgranization engage in any of the following transactions w	vith one or more related organizations listed in Parts II-	IV?				
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b G	ift, grant, or capital contribution to other organization(s)			1b	Yes		
c G	ıft, grant, or capıtal contribution from other organization(s)			1 c		No	
d L	oans or loan guarantees to or for other organization(s)			1d		No	
e L	oans or loan guarantees by other organization(s)			1e		No	
f S	ale of assets to other organization(s)			1f		No	
	urchase of assets from other organization(s)			1g		No	
	xchange of assets			1h		No	
	ease of facilities, equipment, or other assets to other organization(s)			1i		No	
j Lease of facilities, equipment, or other assets from other organization(s)							
k P	erformance of services or membership or fundraising solicitations for other organi	ızatıon(s)		1k	Yes		
I Pe	erformance of services or membership or fundraising solicitations by other organiz	zation(s)		11		No	
m S	haring of facilities, equipment, mailing lists, or other assets			1m		No	
n S	haring of paid employees			1n		No	
o R	eımbursement paid to other organization for expenses			10		No	
p R	eimbursement paid by other organization for expenses			1р	Yes		
a 0	ther transfer of cash or property to other organization(s)			1q		No	
	ther transfer of cash or property from other organization(s)			1r		No	
2 If (1) (2)	the answer to any of the above is "Yes," see the instructions for information on when the second sec	tho must complete this line, including covered relationsh (B) Transaction type(a-r)	ips and transaction thresholds (C) Amount Involved				
(4)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					

Software ID: Software Version:

EIN: 33-1092191

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INSTITUTE FOUNDATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		(C) Position (check all that apply)							(F)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MICHAEL BASSOFF , PRESIDENT/DESIGNATED DIRECTOR	40 0	Х		х				0	422,975	14,175	
JOSE CARDENAS , DESIGNATED DIRECTOR	1 0	Х						0	0	0	
BENNETT DORRANCE , CHAIRMAN/DESIGNATED DIRECTOR	1 0	Х		х				0	0	0	
JERRY BISGROVE , DIRECTOR	1 0	Х						0	0	0	
KARL ELLER , DIRECTOR	1 0	Х						0	0	0	
DIANE HALLE , DIRECTOR	1 0	Х						0	0	0	
LEE HANLEY , DIRECTOR	1 0	Х						0	0	0	
MIKE INGRAM , DIRECTOR	1 0	Х						0	0	0	
CATHERINE IVY , DIRECTOR	1 0	Х						0	0	0	
KEN KENDRICK , SECRETARY/DIRECTOR	1 0	×		х				0	0	0	
RICHARD LEHMANN , TREASURER/DIRECTOR	1 0	×		х				0	0	0	
F FRANCIS NAJAFI , DIRECTOR	1 0	Х						0	0	0	
SKIP RIMSZA , DIRECTOR	1 0	Х						0	0	0	
RAY THURSTON , DIRECTOR	1 0	Х						0	0	0	
DAVID REESE , DIRECTOR (THROUGH 2/2009)	1 0	×						0	0	0	
JEFFREY M TRENT PHD , DESIGNATED DIRECTOR	1 0	Х						0	797,020	16,279	
TERESA BURLESON , DESIGNATED DIRECTOR	1 0	Х						0	362,159	13,736	
CHRISTINE FLEMING , VP - TGEN FDN (THROUGH 1/2/09)	40 0					Х		0	226,862	9,633	
DENISE MCCLINTIC , ASSOCIATE VICE PRESIDENT	40 0					х		0	165,139	9,374	