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DLN: 93493137026420

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

2008

OMB No 1545-0047

Inspection

Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE **B** Check if applicable Please use IRS Address change 5-3065445 label or Doing Business As E Telephone number Name change print or type. See Specific (602) 343-8423 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 59,109,975 445 N 5TH STREET SUITE 600 Termination tions. City or town, state or country, and ZIP + 4 PHOENIX, AZ 85004 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for JEFFREY TRENT PHD ΓYes **Γ**Nο affiliates? 445 N FIFTH STREET 600 PHOENIX, AZ 85004 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status **✓** 501(c) (3) **◄** (insert no) (If "No," attach a list See instructions) Group Exemption Number 🕨 **Web site: ►** www tgen org **K** Type of organization

✓ Corporation

trust

association L Year of Formation 2002 M State of legal domicile AZ Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box 🗂 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . 22 405 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 23 612,002 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . Net unrelated business taxable income from Form 990-T, line 34 64.317 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 48,715,607 40,267,050 Program service revenue (Part VIII, line 2g) . 18,650,112 18,077,572 4,605,406 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 493,546 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 204,892 271,807 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 72,176,017 59,109,975 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 24,055,529 25,630,754 10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 34,194,014 31,179,506 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 18 58,249,543 56,810,260 19 Revenue less expenses Subtract line 18 from line 12 13,926,474 2,299,715 89 Beginning of Year **End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 37.180.477 42.716.831 21 Total liabilities (Part X, line 26) 18,085,079 18,951,477 22 Net assets or fund balances Subtract line 21 from line 20 19,095,398 23,765,354 Part II 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 2010-05-17 Sign Here ELIZABETH MONTEMAYOR CFO Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 「 Preparer's ERNST & YOUNG US LLP Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 TWO NORTH CENTRAL AVENUE STE 2300 Phone no (602) 322-3000 PHOENIX, AZ 85004

May the IRS discuss this return with the preparer shown above? (See instructions) .

Yes No

Cat No 11282Y

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

1	Briefly describe the organiza	ation's mission					
2	Did the organization t the prior Form 990 or		ant program se	rvices during the year	which were not listed on	┌ Yes ┌ No	_
	If "Yes," describe the	se new services on Sc	hedule O				
3	Did the organization of services?			-	nducts any program	┌ Yes ┌ No	
	If "Yes," describe the	se changes on Schedu	ıle O				
4	Section 501(c)(3) an	d (4) organizations an	d 4947(a)(1) t	e organization's three rusts are required to r rogram service reporte	largest program services by report the amount of grants a ed	expenses and allocations to	
4a	(Code SEE SCHEDULE O) (Expenses \$	4,232,943	including grants of \$) (Revenue \$	5,647,174)	
4b	(Code SEE SCHEDULE O) (Expenses \$	3,408,484	including grants of \$) (Revenue \$	5,438,364)	
4c	(Code SEE SCHEDULE O) (Expenses \$	3,521,718	including grants of \$) (Revenue \$	3,974,787)	_
4d		ces (Describe in Sch					_
	(Expenses \$		luding grants o	·) (Revenue \$	3,017,247)	_
4e	Total program servi	e expenses \$	33,565,64	5 Must equal Part IX,	, Lıne 25, column (B).		

art TV	Check	klist 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
	Parts VI, VII, VIII, IX, or X as applicable	11	163	
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		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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	Yes	
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? If "Yes," complete Schedule F, Part II	15		No
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? If "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		No
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		Νο
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		Νο
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		Νο
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
b	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	25a		N o
ь	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 IV	28a		N o
		204		NO
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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		No
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	Yes	
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		No
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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 48			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2Ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	7-	V	
L	return?	3a 3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	162	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i>	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		NO
D	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 contribution of \$75 or more?	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
٠	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them)			
4-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A	<u> A. Governing</u>	Body and	<u>Management</u>	t

			res	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 24			
Ь	Enter the number of voting members that are independent 1b 22			
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	Yes	
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νο
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		Νο

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		Νο
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 another's website upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ELIZABETH MONTEMAYOR

445 N 5TH ST

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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Former Highest compensated employee Key employee Officel Institutional Trustee Individual Trustee			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

			(e tion that a		y)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Institutional Trustee Individual Trustee or Director		Former Highest compensated employee Key employee Officer Institutional Trustee or Director			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
			-							
			_				\vdash			
			1				\vdash			
1b Total							•	3,553,293	3	387,216

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►52

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
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 J for such individual	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		No

Section B. Independent Contractors

1 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
UNIVERSITY OF TEXAS PO BOX 4390 HOUSTON, TX 772104390	RESEARCH SERVICES	333,769
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 352940109	RESEARCH SERVICES	1,207,035
NORTHERN ARIZONA UNIVERSITY PO BOX 4070 FLAGSTAFF, AZ 860114070	RESEARCH SERVICES	575,534
FRED HUTCHINSON CANCER CENTER PO BOX 19024 SEATTLE, WA 981091024	RESEARCH SERVICES	562,771
ARIZONA STATE UNIVERSITY PO BOX 3602 TEMPE, AZ 852873602	RESEARCH SERVICES	487,414
2 Total number of independent contractors (including those in 1) where the organization	·	12

Form 9	t	Statement of Revenue					Page '
VII				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
- Ab	1a	Federated campaigns 1a					,
ants	b	Membership dues					
g mo	С	Fundraising events					
Contributions, gifts, grants and other similar amounts	d	Related organizations1d	4,545,907				
ns, imi	е	Government grants (contributions) 1e	21,033,938				
utio er s	f	All other contributions, gifts, grants, and similar amounts not included above	14,687,205				
音音	g	1f Noncash contributions included in					
and	9	lines 1a-1f \$					
	h	Total (Add lines 1a-1f)	· · .	40,267,050			
<u> 9</u>	3-		ess Code	47 577 570	47 577 570		
venu	2a b	RESEARCH CONTRACTS CASEWORKS ADMINISTRATIVE SERVICES	900,099 561,000	17,577,572 500,000	17,577,572	500,000	
2 <u>2</u>	c		301,000	300,000		300,000	
Š	d						
38 =	e						
Program Serwce Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
	3	► \$ 18,077,572 Investment income (including dividends, i	ınterest				
		other similar amounts)		492,533			492,53
	4	Income from investment of tax-exempt bond proce	eeds .	0			
	5	Royalties		0			
		(I) Real (II) P	ersonal				
	6a b	Gross Rents Less rental					
	C	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	<u> </u>		▶				
	7a	Gross amount 1,013	Other				
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses Gain or (loss) 1,013					
	d	Net gain or (loss)		1,013			1,01
		<u> </u>	•				
	8a	Gross income from fundraising events (not including					
		\$ of contributions reported on line					
¥.		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
eve		\$15,000 a					
i.	Ь	Less direct expensesb					
Other Revenue	С	Net income or (loss) from fundraising ever	nts ▶	0			
_	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	b c	Less direct expensesb Net income or (loss) from gaming activities		0			
		<u> </u>	>				
	10a	Gross sales of inventory, less returns and allowances					
	_	a					
	b c	Less cost of goods sold b Net income or (loss) from sales of invento	ırv	0			
			ess Code				
	11a		561,000	112,002		112,002	
	ь	SERVICES TO MPI EURO CONVERSION	900,099	91,212			91,21
	С	AMNESTIX LICENSE	900,099	54,167			54,16
		AGREEMENT		14,426			14,42
	d e	All other revenue Total. Add lines 11a-11d		,5			2.,12
		\$	271,807	E0 100 075	17 [77 [70]	(12.002	(5) 25
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6 8c,	5d, 7d,	59,109,975	17,577,572	612,002	653,35
	1	9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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	0			
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	3,553,293	0	3,553,293	0
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	18,465,799	12,431,372		0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,616,876	905,451	711,425	0
9	Other employee benefits	432,637	253,538	179,099	0
10	Payroll taxes	1,562,149	874,803	687,346	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	614,558	27,897	586,661	0
c	Accounting	263,337	0	263,337	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,107,837	6,712,838	1,394,999	0
12	Advertising and promotion	198,525	27,256	171,269	0
13	Office expenses	10,457,823	8,424,088	2,033,735	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,309,253	238,717	4,070,536	0
17	Travel	1,207,192	399,488	807,704	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	269,091	125,306	143,785	0
20	Interest	217,374	0	217,374	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,473,042	2,898,635	1,574,407	0
23	Insurance	286,273	13,555	272,718	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	295,997	147,237	148,760	0
b	SEMINARS AND EDUCATION	245,870	12,675	233,195	0
c	RECRUITMENT	119,768	41,291	78,477	0
d	RELOCATION	113,566	31,498	82,068	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	56,810,260	33,565,645	23,244,615	0
26	Joint Costs. Check if 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
	Daiance	

					(A) Beginning of year		(E End o	B) fyear
	1	Cash—non-interest-bearing			11,947,926	1		5,824,453
	2	Savings and temporary cash investments			6,322,927	2	1	2,031,549
	3	Pledges and grants receivable, net			5,659,534	3		6,241,624
	4	Accounts receivable, net			2,730,548	4		1,351,557
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			0	8		90,985
S	9	Prepaid expenses and deferred charges			554,111	9		944,371
Assets	10a	· · · · · · · · · · · · · · · · · · ·			·			· · · · · · · · · · · · · · · · · · ·
8		Land, buildings, and equipment cost basis	10a	31,088,606				
-	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	15,371,362	9,067,723	10c	1	5,717,244
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.	Part VII	I		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			897,708	15		515,048
	16	Total assets. Add lines 1 through 15 (must equal line 34)			37,180,477	16		12,716,831
	17	Accounts payable and accrued expenses .			5,804,781	17		5,723,876
	18	Grants payable				18		
	19	Deferred revenue			2,999,325	19		3,596,375
	20	Tax-exempt bond liabilities				20		
e 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			6,776,907	23		9,434,141
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,504,066	25		197,085
	26	Total liabilities. Add lines 17 through 25			18,085,079	26	1	8,951,477
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			5,668,286	27		8,403,359
Ba	28	Temporarily restricted net assets			13,427,112	28	1	5,361,995
Fund	29	Permanently restricted net assets				29		
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	plete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances		19,095,398	33	2	23,765,354	
_	34	Total liabilities and net assets/fund balances			37,180,477	34		12,716,831
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

ParitXI	Financial	Statements	and Reporting

				i
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		No
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493137026420

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

HE T	RANSLA	TIONAL GENOM	IICS RESEARCH IN	STITUTE							
									-306544!		
	rt I			harity Status (to be co					Instruct	ions)	
	organız		•	ation because it is (Please				•			
1	<u> </u>	•		nurches, or association of ch			1 Section	170(Ь)(1)((A)(i).		
2	<u> </u>			t ion 170(b)(1)(A)(ii). (Attac							
3		A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Г	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın
		Section 170)(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).									
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3%	of its supp	ort from c	ontributior	ıs, membe	rship fees	s, and gross
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	t to certair	n exceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (less sectio	on 511 tax	() from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509((a)(4). (Se	ee instruc	tions)
11	Γ	Anorganiza	ation organized	and operated exclusively fo	r the bene	efit of, to p	erform the	e functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza					_		. III . O. t. b. s. v.
_	_	a ∏T				- Functioi	-	_	d		III - Other
е	ı	•	-	rtify that the organization is agers and other than one or			•			•	•
		section 50		agers and other than one or	тоге рав	nely supp	orica orga	inizacions .	acsembed	III Section	1303(4)(1) 01
f		If the organ	nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	ng organizatio <u>n,</u>
		check this						ē.,			Γ
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the)		
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes No
			·	ng body of the the supported		_				11g	
			· -	erson described in (i) above	_					11g(
			•	ty of a person described in (hove?				11g(
h				nation about the organizatio			supports			[3(/
						5					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv)]	Is the	(v) Did	you notify	(vi) I	s the	(vii) A mount of
	Supp	orted	. ,	(described on lines 1-9	organiz	zation in	the orga	anızatıon	organiz	ation in	support?
	0 rgan	nization		above or IRC section		listed in		i) of your		rganized	
				(See Instructions))		verning ment?	sup	port?	In the	US?	
					Yes		Voc	l Na	Vaa	N-	1
					1 65	No	Yes	No	Yes	No	
								1			
								 			
								<u> </u>			

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 of	11 IIIIe 5, 7, 0F	0 01 Part I.)				
	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")	16,052,958	29,992,149	30,038,918	48,715,607		40,267,050	165,066,682
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge	46.050.050						
4	Total. Add line 1-3	16,052,958	29,992,149	30,038,918	48,715,607	'	40,267,050	165,066,682
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							26,764,822
6	(f) Public Support subtract line 5 from line							138,301,860
	4							
	otal Support	() 2 2 2 4 1	(1) 2005	() 2 2 2 5	(N 2 2 2 7 1		T	(6) =
	endar year (or fiscal year beginning in)	(a) 2004 16,052,958	(b) 2005	(c) 2006 30,038,918	(d) 2007 48,715,607		2008	(f) Total 165,066,682
7	A mounts from line 4 Gross income from interest, dividends,	10,032,936	30,300	30,030,910	40,713,007	•	+0,207,030	103,000,002
8	payments received on securities loans, rents, royalties and income from similar sources	10,586	36,506	83,242	230,227	492,533		853,094
9	Net income from unrelated business activities, whether or not the business is regularly carried on				65,317			65,317
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,118,803	761,982	874,059	204,892		271,807	4,231,543
11	Total Support (Add lines 7 through 10)							170,216,636
12	Gross receipts from related activities, etc	(See instruction	s)			12		75,462,393
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(3)	▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		81.251 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		74.892 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and circumstances and circumstances" and circumstances.	If the organization its and circumstances The	on did not check ances" test, che e organization qu	a box on line 1: eck this box and ialifies as a pub	stop here. Exp licly supported	laın ın organı	Part IV ho zation	w the
	10% Facts and Circumstances Test - 2007. Immore, and if the organization meets the "fact the organization meets the "facts and circumstantes and circumstant	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	l stop here. Exp publicly suppor	laın ın ted or	Part IV ho ganızatıon	
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	a, 100, 1/a or	1/D, CHECK THIS	оох а	nu see	.

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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	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						
12	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	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	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

Name of organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number

75-3065445

	contributions of \$1,000 or less for the ye						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-							
	Transferee's name, address, a	(e) Transfer of nd ZIP 4		hip of transferor to transferee			
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
				Description of now gift is neig			
_							
-	Transferee's name, address, a	(e) Transfer of nd ZIP 4		hip of transferor to transferee			
-	Transferee's name, address, a	Transfer of		hip of transferor to transferee			
a) No. from	Transferee's name, address, a (b) Purpose of gift	Transfer of	Relations	(d)			
from	(b)	Transfer of and ZIP 4	Relations	(d)			
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of	Relations	(d) Description of how gift is held			
from	(b)	(c) Use of gift (e) Transfer of	Relations	(d)			
From Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift Transfer of	Relations	(d) Description of how gift is held			
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of	Relations	(d) Description of how gift is held hip of transferor to transferee (d)			
a) No. from	(b) Purpose of gift Transferee's name, address, a	(c) Transfer of (c) Use of gift Transfer of	Relations	(d) Description of how gift is held of transferor to transferee (d) Description of how gift is held of transferor to transferee (d) Description of how gift is held of transferor to transferee (d) Description of how gift is held of transferor to transferee			
a) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (c) Use of gift	Relations gift Relations	(d) Description of how gift is held hip of transferor to transferee (d)			

Software ID: **Software Version:**

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH

INSTITUTE

Form 990, Part VII - Section Aaa	,									
		Posit t	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	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
JEFFREY M TRENT PHD , PRESIDENT AND SCIENTIFIC DIR	40 0	х		х				797,020	0	196,331
BETSEY BAYLESS , DIRECTOR	1 0	Х						0	0	0
RICHARD L BOALS , DIRECTOR	1 0	X						0	0	0
GOVERNOR JAN BREWER , DIRECTOR	1 0	X						0	0	0
JOSE CARDENAS ,				.,						
DIRECTOR/CHAIRMAN	1 0	Х		Х				0	0	0
SUSAN CLARK-JOHNSON , DIRECTOR	1 0	Х						0	0	0
MICHAEL CROWPHD , DIRECTOR	1 0	Х						0	0	0
BENNETT DORRANCE , DIRECTOR/SECRETARY	1 0	x		Х				0	0	0
ROBERT BULLA , DIRECTOR	1 0	Х						0	0	0
HONORABLE DIANE ENOS , DIRECTOR	1 0	Х						0	0	0
PETER S FINE , DIRECTOR	1 0	Х						0	0	0
BERT A GETZ , DIRECTOR	1 0	Х						0	0	0
JOHN MURPHY , DIRECTOR/TREASURER	1 0	Х		х				0	0	0
JEFFREY MOORAD , DIRECTOR	1 0	Х						0	0	0
JOHN D HAEGER PHD , DIRECTOR	1 0	Х						0	0	0
KEITH R MCKENNON , DIRECTOR	1 0	Х						0	0	0
HONORABLE PHIL GORDON , DIRECTOR	1 0	Х						0	0	0
T LON OWEN PHD , DIRECTOR	1 0	Х						0		0
CINDY PARSEGHIAN , DIRECTOR	1 0	Х						0	0	0
WILLIAM J POST , DIRECTOR	1 0	Х						0	0	0
FRANKLYN G PRENDERGAST MD PHD , DIRECTOR	10	х						0	0	0
HONORABLE JIM SLATTERY , DIRECTOR	1 0	Х						0	0	0
ROBERT N SHELTON PHD , DIRECTOR	1 0	Х						0	0	0
RICHARD SILVERMAN , DIRECTOR	1 0	Х						0	0	0
GOVERNOR JANET NAPOLITANO , DIRECTOR (THROUGH 1/2009)	1 0	Х						0	0	0
TERESA BURLESON , CHIEF OPERATING OFFICER	40 0			х				362,159	0	13,736
ELIZABETH MONTEMAYOR , CHIEF FINANCIAL OFFICER	40 0			х				236,144	0	19,287
DANIEL VON HOFF , EXECUTIVE VICE PRESIDENT	40 0				х			499,026	0	77,530
MARY ANNE GUERRA , PRESIDENT, TGEN ACCELERATORS	40 0				х			405,349	0	15,865
EDWARD SUH , CHIEF INFORMATION OFFICER	40 0					х		292,849	0	14,175

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Aat	-										
		(C) Position (check all that apply)				II				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustae 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	
SPYRO MOUSSES , SENIOR INVESTIGATOR	40 0					х		272,832	0	14,175	
JOHN CARPTEN , SENIOR INVESTIGATOR	40 0					Х		234,319	0	13,746	
STEPHANIE MCRAE , GENERAL COUNSEL	40 0					Х		234,078	0	8,807	
DAVID DUGGAN , INVESTIGATOR	40 0					Х		219,517	0	13,564	

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445

Pa	organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to FOIII 99	(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 advis 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 bendinpermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No
Par	t II Conservation Easements. Complete		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., recreation Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified his		2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	tion easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ig, 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 financial	• •
Par	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
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 researd	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	ublic 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 X

3	Using the organization's accession and other									ntinuea)
•	items (check all that apply)	records, effect diff	01 (11	C 101	iowing that ar	a significant a	150 01 105 0011	CCCIOII	!	
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	v the	y further the	organization's ex	xempt purpo:	se in		
5	During the year, did the organization solicit o	or receive donations	ofart	t, hıs	torical treasi	ures or other sım	nılar	_		_
	assets to be sold to raise funds rather than t	•						•	Yes	No
Par	Part IV, line 9, or reported an an					anızatıon answ	ered "Yes"	to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets	not	Γ,	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				1			
								A mou	nt	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
4_	Decimina of very halance	(a)Current Year 6,309,126	(b) Prior	Year (c)IV	wo Years Back (d)	Three Years Ba	ick (e)	Four Ye	ears Back
1a	Beginning of year balance	10,000								
Ь	Contributions									
c	Investment earnings or losses	422,245								
d	Grants or scholarships	267.407								
e	Other expenditures for facilities and programs	367,407								
f	Administrative expenses									
g	End of year balance	6,373,964								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🕨									
С	Term endowment ► 100 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition t	hat	are held and a	admınıstered for	the			
	organization by								Yes	No
	(i) unrelated organizations			•			_	3a(i)		No_
L	(ii) related organizations						[3a(ii)	V	N o
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							3b	Yes	
	t VI Investments—Land, Buildings					art V line 10				
Fel	t VI investments—Land, buildings	s, and Equipmen	11. 3		<i>'</i>	l '				
	Description of investment				Cost or other is (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion	(d) Bo	ok value
1a	Land						1	L		
b	Buildings		-							
c	Leasehold improvements					4,610,142	824	,407	:	3,785,735
d	Equipment		•			23,090,302	12,129	,670	10	0,960,632
_e	Other					3,388,162	2,417	,285		970,877

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	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation 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, II	ne 15.		
(a) Descri			(b) Book value
ALL OTHER ASSETS			211,678
DUE FROM FOUNDATION			303,370
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		
Part X Other Liabilities. See Form 990, Part 3			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ALL OTHER LIABILITIES	197,085		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	197,085		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART V - ENDOWMENTS		TGEN'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.

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As Filed Data -

DLN: 93493137026420

Employer identification number

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection**

THE	TRANSLATIONAL GENO	MICS RESEARC	CH INSTITUTE				
						75-306544	
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	e if the orgar	nization answered
1	For grantmakers. Doe	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grant	s or
	_	_		assistance, and the se		_	
	the grants of assistan						, 105 / 10
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsıd	e the
3	Activites per Region (U:	se Schedule F-1	(Form 990) If add	ditional space is needed)			
				(d) Activities conducted in	(e) If activi	ty listed in (d)	
		(b) Number of	(c) Number of	region (by type) (ie,			(f) Total expenditures in
	(a) Region	offices in the	employees or			pecific type of	region
		region	agents in region	the region)	service(s) in region	_
Euro	pe (Including Iceland and	0	0	Program Services	SOFTWARE		
Gree	enland)				DEVELOPM	ENT	
	nls ▶	0	0				

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1				l	

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493137026420

Employer identification number

OMB No. 1545-0047

Schedule J (Form 990)

Name of the organization

ın Part III

Department of the Treasury

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.

2008

Open to Public Inspection

THE	TRANSLATIONAL GENOMICS RESEARCH INSTITUTE			• •			
				75-3065445			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First class or charter travel		·	_			
	Travel for companions	Ė	Payments for business use of perso				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,		, , , , ,	ment or	1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D		· · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		·	3			
	✓ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Pa	art V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pay	ymen	t?		4a		No
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des		· · · · · · · · · · · · · · · · · · ·	n-fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, pai		•				

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(A) Name		W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JEFFREY M TRENT PHD	(ı) (ıı)	707,979 0	51,273 0	37,768 0	189,252 0	7,079 0	993,351	357,30
TERESA BURLESON	(ı) (ıı)	324,659 0	22,000 0	15,500 0	9,200 0	4,536 0	375,895	181,13
ELIZABETH MONTEMAYOR	(ı) (ıı)	202,827 0	22,000 0	11,317 0	8,545 0	10,742 0	255,431	119,654
DANIEL VON HOFF	(ı) (ıı)	465,526 0	13,000 0	20,500	74,200 0	3,330 0	576,556 0	253,446
MARY ANNE GUERRA	(ı) (ıı)	328,274 0	55,567 0	21,508 0	9,200 0	· ·	421,214	175,255
EDWARD SUH	(ı) (ıı)	227,937 0	33,014 0	31,898 0	9,200 0	1	307,024	150,78
SPYRO MOUSSES	(ı) (ıı)	202,488 0	57,1 41 0	13,203	9,200 0		287,007	155,767
JOHN CARPTEN	(ı) (ıı)	211,362 0	9,717 0	13,240	8,771 0	1	248,065	112,30
STEPHANIE MCRAE	(ı) (ıı)	196,050 0	22,610 0	15,418 0	8,674 0		242,885	113,38
DAVID DUGGAN	(ı) (ıı)	175,365 0	29,869 0	14,283 0	8,161 0		233,081	(
	(i)							
	(ii)				-		-	
	(i) (ii)						+	
	(i)						+	
	(ii)							1

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	Explanation
SCHEDULE J SUPPLEMENTAL INFORMATION		SCHEDULE J, PART I, LINE 1 - First Class Travel is permitted by Executive staff only and must, per TGEN policy, be pre-approved by the Chief Operating Officer TGEN does provide membership to Dr Jeffrey Trent, President of TGEN, at a Country Club This expense was pre-approved by the Chief Operating Officer These expenses were not considered as taxable compensation to the recipient SCHEDULE J, PART I, LINE 7 - Some of the persons listed in Form 990, Part VII were paid bonuses which were based on accomplishments of specific milestones and/or performance bases SCHEDULE J, PART II, COL C - Dr Trent's compensation agreement calls for a bonus payment of \$500,000 plus earnings or losses payable effective June 30, 2012 Annual increments are reported as deferred
-		
-		

Software ID: Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

							
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	1 ' '	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JEFFREY M TRENT (I	(i) 707,979 (i) 0	51,273 0	37,768	189,252 0	7,079	993,351	357,303 0
TERESA BURLESON (II	(i) 324,659 (i) 0	22,000	15,500	9,200 0	4,536	375,895	181,138 0
ELIZABETH (I	(i) 202,827 (i) 0	22,000	11,317	8,545 0	10,742	2 255,431	119,654 0
DANIEL VON HOFF (II		13,000	20,500	74,200 0	3,330	576,556	253,446 0
MARY ANNE GUERRA (II	(i) 328,274 (i) 0	55,567 0	21,508	9,200	6,665	421,214	175,255 0
EDWARD SUH (II	(i) 227,937 (i) 0	33,014	31,898	9,200 0	4,975	307,024	150,781 0
SPYRO MOUSSES (I	(i) 202,488 (i) 0	57,141 0	13,203	9,200	4,975	287,007	155,767 0
JOHN CARPTEN (II	1) 211,362 1) 0	9,717	13,240	8,771 0	4,975	248,065	112,301 0
STEPHANIE MCRAE (II		22,610	15,418	8,674 0	133	242,885	113,381 0
DAVID DUGGAN (II	1) 175,365 1) 0	29,869	14,283	8,161	5,403	233,081	0 0

DLN: 93493137026420

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Internal Revenue Service Name of the organization

art I Excess Benefit Trans	actions /s	oction E01/	c)/3) and coo	ion EO:	1 (6)//		5-306						
To be completed by organiz										'. Part	V . lıne	40b	
		The state of the s	<u> </u>								c) Corr		
1 (a) Name of disqual	med person			(b) Des	criptio	n of transa	action				Yes	No	
		·											
2 Enter the amount of tax imposed			igers or disqual	fied per	sons d	uring the y	ear u	nder •-	_				
section 4958									\$ —				
3 Enter the amount of tax, If any, o		•		zation .	• •		<u> </u>		\$_ <u></u>				
Loans to and/or From To be completed by organ				0∩ Part	TV lin	e 26 or F	orm Q	۹0-F	7 Part	V line	382		
To be completed by organ			1 0111011119	oo, r arc	T , , , , , , , , , , , , , , , , , , ,	e 20, 01 1 ·		JU-L.		F)	1		
(a) Name of interested person and	(b) Loa from		(c)Original p	uncinal				(e) In		Approved		(g)Written	
purpose	organiz		amount	(d)Balance due		1		1 '	by board or committee?		agreement?		
	То	From	1			Yes No		Yes No		Yes No			
	10	110111	1					110	103	110	103	+	
tal				- \$									
To be completed by or					an D	art TV Jur	na 27						
•	(1												
(a) Name of interested person		(b)Relationship between interested person and the organization (c)					(c)A mount of grant or type of assistance						
						1							
		· • ·	-1	_									
art IV Business Transactio To be completed by or					an p	art IV lur	10 2º	a 29	h or	286			

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
MOLECULAR PROFILING INSTITUTE	TRENT & VON HOFF/BD MEM	128,044	MGMT AND OTHER SERVICES		No
PINNACLE WEST CAPITAL	WILLIAM POST/CEO	144,538	INVESTMENT SERVICES		No

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Supplemental Information to Form 990

DLN: 93493137026420 OMB No 1545-0047

Open to Public Inspection

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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.

Employer identification number

75-3065445

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1, AND PART III, LINE 1	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) IS A NONPROFIT BIOMEDICAL RESEARCH INSTITUTE FOCUSED ON DEVELOPING EARLIER DIAGNOSTICS AND SMARTER TREATMENTS BY EMPLOYING INNOVATIVE ADVANCES ARISING FROM THE HUMAN GENOME PROJECT AND APPLYING THEM TO THE DEVELOPMENT OF DIAGNOSTICS, PROGNOSTICS AND THERAPIES FOR CANCER, NEUROLOGICAL DISORDERS, DIABETES AND OTHER COMPLEX DISEASES

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A - 4C	LINE 4A - PROGRAM SERVICE ACTIVITY #1 TGEN'S NEUROGENOMICS DIVISION, IN CONJUNCTION WITH OTHER LEADERS IN ALZHEIMER'S DISEASE (AD) GENETICS RESEARCH, HAS UNDERTAKEN A LARGE COLLABORATIVE EFFORT TO IDENTIFY EVERY GENETIC VARIATION THAT RESULTS IN INCREASED RISK FOR ALZHEIMER'S DISEASE BY SCANNING THE GENOME OF THOUSANDS OF INDIVIDUALS BOTH WITH AND WITHOUT AD, WE WILL IDENTIFY THE GENETIC VARIANTS THAT CONTRIBUTE A SIGNIFICANT INCREASED RISK FOR DEVELOPING AD THESE GENETIC VARIANTS CAN BE USED BOTH TO PROVIDE NEW INFORMATION ABOUT THE CAUSES OF AD AND AS A DIAGNOSTIC TOOL TO DETERMINE AN INDIVIDUAL'S INNATE GENETIC RISK FOR THE DISORDER LINE 4B - PROGRAM SERVICE ACTIVITY #2 TGEN'S GENOTY PING TECHNOLOGY CENTER ANALYZES BITS OF DNA CALLED SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS) WHICH GIVE RESEARCHERS THE POWER TO IDENTIFY DISEASE-CAUSING GENES, ASSOCIATIONS, AND DNA SIGNATURES, ALL OF WHICH HAVE PROFOUND IMPLICATIONS FOR DETECTION, PROGNOSIS AND THERAPEUTIC INTERVENTION THE SNP GENOTY PING CENTER OFFERS INNOVATIVE SOLUTIONS THAT ADDRESS THE REQUIREMENTS FOR FLEXIBILITY, SIMPLICITY, THROUGHPUT, ECONOMY, AND ACCURACY LINE 4C - PROGRAM SERVICE ACTIVITY #3 THE PHARMACEUTICAL GENOMICS DIVISION IS DEDICATED TO ACCELERATING THE DRUG DISCOVERY PROCESS BY DEVELOPING NEW TECHNOLOGIES AND INTEGRATED SYSTEMS BIOLOGY APPROACHES IN ORDER TO TRANSLATE GENOMIC DATA RAPIDLY TO NEW ANTI-CANCER DRUG COMPOUNDS THE PURPOSE OF THE LAB IS TO DEVELOP AND DISCOVER SMALL MOLECULE, ANTIBODY, AND NUCLEIC ACID BASED AGENTS TO TARGET THE MOST PROMISING GENE AND GENE PRODUCTS FOR ADVANCEMENT TO PRECLINICAL AND CLINICAL TESTING THIS RESEARCH IS SETTING THE STAGE FOR THE ABILITY TO RAPIDLY AND EFFECTIVELY TRANSLATE GENOMICS INTO ADVANCES IN ANTI-CANCER DRUG DEVELOPMENT

		PRODUCTS FOR ADVANCEMENT TO PRECLINICAL AND CLINICAL TESTING THIS RESEARCH IS SETTING THE STAGE FOR THE ABILITY TO RAPIDLY AND EFFECTIVELY TRANSLATE GENOMICS INTO ADVANCES IN ANTI-CANCER DRUG DEVELOPMENT
ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4	introduction This report highlights TGen's capacity to impact a broad spectrum of diseases – locally and globally, and serves as an overview of activities across all areas of TGen in that resport. FY 09 proved to be a productive year. Through TGen's sustanced officition and vision around a collaborative model, we contributed to fare well disease the challenges presented by a down economy. The strength of our accenter programs enabled us to pursue a number of appricant opportunities over the past year by busined no both established and new relationships. Natable research advanced to the past year by busined no both established and new relationships. Natable research advanced and productive and the past of the American Association of Concert map in this device the past year of the American Association of the past year to be the development of making and and how under-oxpression of general and research held in April both semming from work at TGen Clinical Research Services (TGRs) at Sociation is the April both semming from work at TGen Clinical Research Services (TGRs) at Sociation is health of the American Association of Concert Research held in April both semming from work at TGen Clinical Research Past Past Past Past Past Past Past Past

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990,	J. Hutton ML, Melquist S, Petersen RC, Alexander GE, Caselli RJ. Papassotropoulos A, Stephan DA. Huenterman MJ. Neurobiol Aging 2008 See 11. [Epib sheed of print] December 2008 Research led by Dr. Matthew Mencheman, a recently promoted hevesigator in the Neuroperomons. Division, reported in the December edition of Human Melecular Genetics about the dentification of a gine that could help explain why some poole lose their hearing as they ago Catton GRMV "arrains Canfer Succeptibity" of Age-Related Hearing Impairment. Rick A Friedman, Lut Van Laer, Matthew J. Huentelman, Sonal S. Sheth, Els Van Eyker, Jason J. Comeveaux, Wishbar D. Terme, Rebecce F. Holgerin, Scholl S. Sheth, Els Van Eyker, Jason J. Comeveaux, Wishbar D. Terme, Rebecce F. Holgerin, J. Sheth, 2018 S. Sheth, Els Van Eyker, Jason J. Comeveaux, J. Markha D. Terme, Reference H. Latinering, J. Jose N. Fayard, John V. Peerson, David W. Craig, Dietrich A. Stephan, and Giy Van Carrip Hum Mol Genet. 2009 Feb. 13,144 (785-98. Equip 2000 Dec. J. January 2009 A cover story in Molecular Cancer Research helpitighted the continuing work of Dr. Parnale Potlock, researcher Michael Gartside and other Ticen scientists and collaborators in the causes of melanoma. The published results revealed a gene that mutuates and different ways in different kinds of cancer. This work began more than six years ago in Dr. Jeffrey Trent's sib at the National Institutes of Health Citation. Loss-Of-Turineton FCHEZ Mutations in Melanoma Mehale and the Markham State of the August Citation. Loss-Of-Turineton FCHEZ Mutations in Melanoma Mehale and the Mutations in Alexander Mutations in Melanoma. Programment of the parent drug Passodi, improved spatial learning and working memory in model-agod and the particular states. Programment Mehale G. Gartside, Huabito Chen. Omar A brahm. Sara A Byron, Amy V. Curts, Candie L. Wellens, Ana Bergston, Lucra M. Yud. Anna V. Blissenkow, Junghong Ms., John A. Curtin, Plair Hyder, Ussuld. L. Harper, Erica Redesel, Craham. Mann, Jeffrey M. Trent. Bors C.

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4	roms of total dollar value TCen was awarded 14 grants, totaling \$1,207,081, with an additional 135 grants pending and in reviews totaling \$125,006,587 Additionally, TCen received \$17,722,428 from FYO8 at 27 percent of total grants, bringing the awarded total for FYO9 to \$18,829,000 TCens's success rate currently rests at 27 percent of total grants submitted, placing the institute nearly eight percent higher than the national average Highlights include 1 in May, the national Stand Up to Cancer instantive awarded atotal of \$74 Percent of total grants submitted, placing the institute nearly eight percent higher than the national average Highlights include 1 in May, the national Stand Up to Cancer instantive awarded a total of \$74 Physician-h-Chef Dr Daniel View In 617 willice-direct the propect. 2 The National Institutes of Health (NH) through its National Center for Research Resources awarded a one-year grant, totaling \$1,996,810, to DC \$30, a senior investigation and TCens's Chef Information Officer, that will allow TCen to work with Arzona State University in doubling our supercomputing capabilities 3 NHIs National Center institute awarded a five-year subcontracted grant, totaling \$537,205, to Dr Revin Brown, an associate investigator in TCen's Integrated Cancer Genomes Division He is looking for mutations in genes that predispose people to pancreate cancer 4 NHIS-National Institute of Allergy and Infectious Diseases awarded a four-year subcontracted grant, totaling \$574,304, to Dr. Paul Keim, director of TCen's Pathoge, ophiral dosages of drugs to suppress viruses and minimize drug resistance, and optimizing drug combinations - aimed at helping avoid a flu panderno. 5 NHIS National Cancer Institute awarded a nearly four-year subcontracted grant, totaling \$515,824, to TCen, which is assisting Wake Forest University's School of Medicine in William Pathogen and the sease of Disonderd and the pathogen pathogen and the sease of Disonderd and the pathogen pathogen and the sease of Disonderd and the pathogen pathogen

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PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4	This "enterprise effort" may formivarious operating subsidiaries to pursue specific joint venture projects TGen's commercial subsidiary will be able to accept investments, joint ventures, exclusive arrangements, and the full range of creative mechanisms for commercialization it, is intended that dividends, gains, or profits, which are remitted to TGen will be used to provide general support for fix research efforts Invention Disclosures invention Disclosures are filed through TGen's Office of Technology Transfer (OTT) as the first step tow and a possible patent application or other appropriate form of intellectual property protection. TGen filed 48 invention disclosures in FYO9 based on discoveres stemming from TGen-led research Commercialization. Spin Offs in terms of commercialization and company formston, TGen spun off two companies in FYO9 MedTrust Online, a reliable one-stop medical information source for conclogists, and Cataput Bio, a non-profit group designed to help transform emerging research discoveres into business opportunities. A third company. Casework Genetics, utilizes, through a licensing agreement, a process stemming from Associate Investigator Dr. David Craig and colleagues' published report in PLoS Genetics that proved possible the use of bioinformatics to detect a single individual's SNP profile in publicly available aggregate distasets. Contracts and Collaborations TGen signed a total of 374 contracts in EVO9 (a 31 precent increase over FYO8), broken down as follows 1. TGen signed 101 confidential disclosure agreements (CDA) in FYO9 CDAs create a confidential relationship betw een TGen and a host of potential collaborators/gentines. While not all CDAs result in a formal collaboration or partnership, they do provide a number of institutes and companies (locally, nationally and internationally) a greater picture of TGen's capabilities and reflect postively as a whole on Anzona's biomedical science pursuits. 2. TGen signed 58 Research Collaborations with local and state affiliations) in FYO9

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4	15 Washington University RCA – Initial focus to be expanding upon and validating known information about genes associated with various stages of endometrial cancer to potentially develop a prognostic and/or therepeutic (research by USP – Block & Goodfelow) 1.6 ClassConffibilities (Master Research Services Agroement & Statement of Work - "Collular Genome LRG1 Synthetic Lethal Screen (From Principle College Lethal & Scene Lethal & Screen (Endometrial College Lethal & College Lethal & Scene Lethal & Screen (Endometrial College Lethal & Screen (Endometrial College Lethal & Scene Lethal & Screen (Endometrial College Lethal & Scene Lethal & Screen (Endometrial College Lethal & Scene Lethal & Scone) (Screen as the college Lethal & Scone) (Screen & Screen & Screen) (Screen & Screen &

ldentifier	Return Reference	Explanation
BUSINESS AND FAMILY RELATIONSHIPS	FORM 990, PART VI, LINE 2	RICHARD BOALS, ROBERT BULLA AND WILLIAM POST HAVE A BUSINESS RELATIONSHIP MICHAEL BITTNER AND EDWARD SUH HAVE A BUSINESS RELATIONSHIP DANIEL VON HOFF AND MICHAEL BITTNER HAVE A BUSINESS RELATIONSHIP JEFFREY TRENT, DANIEL VON HOFF AND EDWARD SUH HAVE A BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 10	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 PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	TGen issues a conflict of interest questionnaire on an annual basis to all Director level positions and above in addition to any key employees designated by the Chief Operating Officer. The questionnaires are reviewed by the Chief Financial Officer and those employees with conflicts are sent for further review to 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
PROCESS USED TO DETERMINE COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B	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 person 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 with henever 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.

ldentifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING	AND FINANCIAL	FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF	STATEMENTS TO THE	DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
INTEREST POLICY,	GENERAL PUBLIC	STATEMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE IS PART OF CONSOLIDATED AUDITED FINANCIAL STATEMENTS NO STAND-ALONE AUDIT FOR TGEN IS PERFORMED THEREFORE THIS QUESTION IS ANSWERED NO IN ACCORDANCE WITH THE INSTRUCTIONS

Part I Identification of Disregarded Entities

DLN: 93493137026420

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

Internal Revenue Service **Employer identification number** Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

75-3065445

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
TGEN ACCELERATOR MANAGEMENT LLC 445 NORTH 5TH STREET 600 PHOENIX, AZ 85004 75-3065445	GENOMICS	AZ	0	0	NONE
THE CENTER FOR TRANSLATIONAL DRUG DEV 445 NORTH 5TH STREET 600 PHOENIX, AZ 85004 43-2047329	DRUG DEVEL	AZ	4,038,121	1,815,841	Tgen Acc Mgt
Part II Identification of Related Tax-Exempt Organizat	ions		·		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TGEN RESEARCH INSTITUTE FOUNDATION 400 E VAN BUREN SUITE 850	FLIND DATEING				
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA .
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA
PHOENIX, AZ85004 33-1092191	FUND RAISING	AZ	501(C)(3)	7	NA
PHOENIX, AZ85004 33-1092191	FUND RAISING	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)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										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		(C) 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		

Part V	Transactions with Related Organizations
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Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gıft, grant, or capıtal contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	11		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n Sharing of paid employees	1n		No
• Reimbursement paid to other organization for expenses	10	Yes	
p Reimbursement paid by other organization for expenses	1р		No
q Other transfer of cash or property to other organization(s)	1 q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 I	f the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationship	s and transaction thresholds
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	TGEN RESEARCH INSTITUTE FOUNDATION	С	4,545,907
(2)	TGEN RESEARCH INSTITUTE FOUNDATION	L	1,012,252
(3)	TGEN RESEARCH INSTITUTE FOUNDATION	0	303,370
(4)			
(5)			
(6)			

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)	partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		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	000) 2000				