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Form **990** 

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 benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

	r the 3	2009 calendar ve	ar, or tax year beginning 07	7-01-2009 and ending 06-30-20	10		
B Cho			C Name of organization		10	D Employer ide	ntification number
	fress ch	nange use IRS	THE TRANSLATIONAL GENOM	IICS RESEARCH INSTITUTE		75-306544	5
┌ Nar	ne chai	label or print or	Doing Business As			E Telephone nu	mber
_	ıal retui	type. See		box if mail is not delivered to street addr	raca) Daam (suita	(602) 343-8	3423
	mınated	Instruc-	445 N 5TH STREET SUITE 60	ess) Room/suite	<b>G</b> Gross receipts	\$ 72,403,389	
	ended i		City or town, state or countr	v. and ZIP + 4			
_		n pending	PHOENIX, AZ 85004	//			
			 ime and address of principa	lofficer	H/p) To th	 	£
		JEFFR	LEY TRENT PHD		affilia	ıs a group return ıtes?	⊤Yes ▼ No
			I FIFTH STREET 600 NIX,AZ 85004				
						I affiliates include	ed?
<b>I</b> Ta	x-exem	npt status 🔽 501(	c) (3) <b>4</b> (insert no)	7(a)(1) or 527		ip exemption nui	
y W	ebsit e	# WWW TGEN	O RG				
		ganization 🔽 Corpor	ation Trust Association	Other ►	<b>L</b> Year of fo	rmation 2002 M	State of legal domicile AZ
Pa	rt I	Summary					
	1	Briefly describe t SEE SCHEDULE		r most significant activities			
ပ္							
Governance							
<u>ş</u>	١,	Chack this hav		ntinued its operations or dispose	d of more than	25% of its not a	ccatc
ခဲ့ ဖြ			•				
		_		body (Part VI, line 1a) ne governing body (Part VI, line 1			1
Activities &			employees (Part V, line 2a)				40
5			rolunteers (estimate if nece			6	6
ပ္				n Part VIII, column (C), line 12			
		-		Form 990-T, line 34		7 b	
				,	Prio	or Year	Current Year
	8	Contributions ai	nd grants (Part VIII, line 1	h)		40,267,050	50,530,395
≘	9		- '	g)		18,077,572	21,824,292
Rayenu	10			, lines 3, 4, and 7d)		493,546	56,756
产	11	Other revenue (	Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)		271,807	-8,054
	12		add lines 8 through 11 (mu	ne	59,109,975	72 402 200	
	13					0	72,403,389
	14			olumn (A), line 4)		0	
	15		compensation, employee be	5-	<del></del>		
8		10)	ompensation, employee se	ments (rare 1%, coranii (xx), iiies		25,630,754	26,404,168
Expenses	16a	Professional fun	draising fees (Part IX, colu	mn (A), line 11e)		0	С
핓	Ь	Total fundraising ex	penses (Part IX, column (D), line	25) <b>►</b> 0			
	17			11a-11d, 11f-24f)		31,179,506	40,729,464
	18			ual Part IX, column (A), line 25)		56,810,260	67,133,632
. 02	19	Revenue less ex	kpenses Subtract line 18 fi	rom line 12		2,299,715	5,269,757
Net Assets or Fund Balances						g of Current 'ear	End of Year
tage 1	20	Total assets (Pa	art X, line 16)			42,716,831	68,826,227
보고 보고 보고	21					18,951,477	24,254,283
žĒ	22	Net assets or fu	nd balances Subtract line	21 from line 20		23,765,354	44,571,944
Pai	rt II	Signature B	lock				
				mined this return, including accompanyin on of preparer (other than officer) is bas			
			,	· ( (			,
Sign		<u> </u>				05-16	
Here		Signature of offi			Date		
ner		ELIZABETH MON					
пеr		T . The or brille lia	and the	B=4:	Charle &	Dec	
mer				Date	Check If	Preparer's identif	ying number
		Preparer's			self-	(see instructions)	
——Paid		signature			self- empolyed •	(see instructions)	
Paid	arer's		ers Ernst & Young Us LLP			(see instructions)	
——Paid		signature  Firm's name (or you	P	ENUE STE 2300		,	

# Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE SCHEDULE O

2		n undertake any signific or 990-EZ?			which were not listed on	└ Yes ✓ No
	•	nese new services on S				i res i no
3	Dıd the organization	n cease conducting, or	make significar			┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sched	lule O			
4	Section 501(c)(3) a		tions and section	on 4947(a)(1) trusts a	largest program services b re required to report the am service reported	•
4a	(Code	) (Expenses \$	7,068,691	ıncludıng grants of \$	) (Revenue \$	5,051,615 )
	SEE SCHEDULE O					
4b	(Code SEE SCHEDULE O	) (Expenses \$	10,185,639	including grants of \$	) (Revenue \$	9,058,950 )
4c	(Code SEE SCHEDULE O	) (Expenses \$	8,986,394	including grants of \$	) (Revenue \$	7,713,727 )
	Other program ser	vices (Describe in Scl	hedule O )			
	(Expenses \$	20,177,669 ind	cluding grants o	f\$	) (Revenue \$	)
4e	Total program serv	/ice expenses►\$	46,418,39	3		

riiwwa Cileckiistoi keauliea scileaule	<b>Checklist of Required Schedule</b>	art IV
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			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		N o
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		Νο
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% 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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
-------	------------	-----------	----------	------------	---------	------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 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 (see	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
L	return?	3a 3b		Νο
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ► LU  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
3	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	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			

445 N 5TH ST PHOENIX,AZ 85004 (602) 343-8508

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			
Ь	Enter the number of voting members that are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		1.0	
4.0			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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		
	Let the Chates with which a consentative forms 000 to measured to be filed \$0.7			
17	List the States with which a copy of this Form 990 is required to be filed ►AZ			
18	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	ınızatıor	n 🕨
	FLIZABETH MONTEMAYOR	-		

# Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \ 59

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOKAKE CONSTRUCTION SERVICES INC 5013 E WASHINGTON STREET SUITE 100 PHOENIX, AZ 85034	CONSTRUCTION SVCS	1,975,490
QUARLES BRADY STREICH LANG TWO N CENTRAL AVENUE PHOENIX, AZ 85004	LEGAL SERVICES	399,584
WILLIS OF ARIZONA 11201 N TATUM BLVD SUITE 300 PHOENIX, AZ 85028	INSURANCE BROKER	362,380
ERNST YOUNG LLP DEPT 6793 LOS ANGELES, CA 90084	AUDIT SERVICES	288,283
5AM SOLUTIONS 1625 N 11TH AVENUE PHOENIX, AZ 85007	LEGAL SERVICES	165,531
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►9	who received more than	

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141,703

Form 99			6 B					Page <b>9</b>
Part V	<u> </u>	Statement of	of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
its its	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
s, g	С	Fundraising eve	ents <b>1</b> c					
#£ #E	d	Related organiz	ations 1d	22,196,065				
<u>.</u> .	e	Government grants	s (contributions) <b>1e</b>	24,689,352				
fior F S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	3,644,978	İ			İ
iba Ta	g	Noncash contri	butions included in					
튵쓸		lines 1a-1f \$	78,661					
ပည	h	Total. Add lines	s 1a-1f	· · · •	50,530,395			
9				Business Code				
Program Service Revenue	2a	RESEARCH CONTR	ACTS	900,099	21,824,292	21,824,292		
Re√	ь							
<u>9</u> 2	c							
Mer.	d							
5	e							
∑. Za	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a-2f		21,824,292			
	3		ome (including dividen					
		and other simila	aramounts)	▶	56,756			56,756
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties			0			
	ر ا	Carre Branks	(ı) Real	(11) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental incor	me or (loss)					
	7a b	Gross amount from sales of assets other than inventory Less cost or	(i) Securities	(II) O ther				
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gaın or (los	s)	▶	0			
une	8a	Gross income for events (not included) \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
the	ь		penses b					
Ò	С		(loss) from fundraising	events 🟲	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b		penses b	_				
	C 102		loss) from gaming acti	vities •	0			
	IVa	Gross sales of returns and allo						
	b	_	oods sold <b>b</b>		_			
	С		(loss) from sales of inve		0			
	11~	Miscellaneous		Business Code 900,099	-8,054	-8,054		
	11a b	ALL OTHER RE	VENUE	300,033	0,034	0,054		
								<del>                                     </del>
	c d	All other revenu						
	e e	Total. Add lines		<u></u>				
	12		See Instructions .		-8,054	24.045.055		
	ı				72,403,389	21,816,238		56,756

# Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			ns (B), (C), and (B)	(D).   (C)	(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0	1							
5	Compensation of current officers, directors, trustees, and key employees	4,132,204	0	4,132,204	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	0	0	0						
7	Other salaries and wages	18,752,245	12,640,338	6,111,907	0						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	725,932	399,263	326,669	0						
9	Other employee benefits	1,208,398	714,619	493,779	0						
10	Payroll taxes	1,585,389	871,964	713,425	0						
11	Fees for services (non-employees)										
а	Management	0	0	0	0						
b	Legal	644,725	0	644,725	0						
c	Accounting	363,501	0	363,501	0						
d	Lobbying	0	0	0	0						
e	Professional fundraising See Part IV, line 17	0			0						
f	Investment management fees	0	0	0	0						
g	Other	10,394,015	9,600,338	793,677	0						
12	Advertising and promotion	13,343	0	13,343	0						
13	Office expenses	14,433,866	11,964,444	2,469,422	0						
14	Information technology	0	0	0	0						
15	Royalties	0	0	0	0						
16	Occupancy	6,207,500	4,666,746	1,540,754	0						
17	Travel	948,372	312,963	635,409	0						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	284,692	133,805	150,887	0						
20	Interest	432,397	0	432,397	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	6,627,832	5,037,152	1,590,680	0						
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	289,348	9,621	279,727	0						
	total expenses shown on line 25 below )										
a	SEMINARS AND EDUCATION	118,569	17,785	100,784	0						
Ь	RELOCATION	118,603	20,376	98,227	0						
С.	DUES AND SUBSCRIPTIONS	93,496	22,983	70,513	0						
d	RECRUITMENT	57,126	5,996	51,130	0						
e	ALL OTHER EXPENSES	-297,921	0	-297,921	0						
f ar	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	67,133,632	46,418,393	20,715,239	0						
26	Joint costs. Check here ► ☐ 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										

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			5,824,453	1	7,199,848
	2	Savings and temporary cash investments			12,031,549	2	15,891,240
	3	Pledges and grants receivable, net			6,241,624	3	26,562,608
2	4	Accounts receivable, net			1,351,557	4	2,213,175
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		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		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			90,985	8	0
⋖	9	Prepaid expenses and deferred charges			944,371	9	1,097,455
*	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	37,055,787			
	ь	Less accumulated depreciation	10b	21,499,450	15,717,244	10c	15,556,337
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			515,048	15	305,564
	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,716,831	16	68,826,227		
	17	Accounts payable and accrued expenses .			5,723,876	17	8,536,832
	18	Grants payable		18			
	19	Deferred revenue	3,596,375	19	5,385,172		
	20	Tax-exempt bond liabilities		20			
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			9,434,141	23	10,018,599
	24	Unsecured notes and loans payable to unrelated third parties			0	24	8,116
	25	Other liabilities Complete Part X of Schedule D			197,085	25	305,564
	26	Total liabilities. Add lines 17 through 25			18,951,477	26	24,254,283
مي		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete l	ines 27			
9		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			8,403,359		13,686,508
ñ	28	Temporarily restricted net assets			15,361,995	28	30,885,436
Fund Balance	29	Permanently restricted net assets				29	
æ		Organizations that do not follow SFAS 117, check here ► ar	d con	ıplet e			
ō		lines 30 through 34.				20	
eţs	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	inas		22.765.254	32	44 574 044
Net	33	Total labelities and not people (find belones			23,765,354	33	44,571,944
	34	Total liabilities and net assets/fund balances			42,716,831	34	68,826,227

# Part XI Financial Statements and Reporting

			Yes	No
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	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

# OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

		e organiz		ARCH INSTITUTE					Employer ide	ntification n	ımber					
11112 1	KANSLA	I IONAL GL	NOTICS RESEA	ARCH INSTITUTE					75-3065445	5						
Pa	rt I	Reas	on for Pul	olic Charity State	us (All org	anızatıons r	nust comple									
The	organiz			foundation because												
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).														
2	Γ	Aschoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Att	ach Schedule	e E )									
3	Γ	A hospi	tal or a coop	erative hospital serv	/ice organiza	ation describe	ed in <b>section</b>	170(b)(1)(A	)(iii).							
4	Γ			organization operate y, and state	ed in conjunc	tion with a ho	ospital descri	bed in <b>sectio</b>	on 170(b)(1)	( <b>A)(iii).</b> Ente	r the					
5	Γ	_	-		ated for the benefit of a college or university owned or operated by a governmental unit described in											
6	Γ	A federa	al, state, or	local government or g	governmenta	al unit descril	oed in <b>sectior</b>	170(b)(1)(	A)(v).							
7	<b>▽</b>	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in section 170(b)(1)(A)(vi) (Complete Part II )													
8	Г			described in <b>section</b> :		.)(vi) (Comp	lete Part II)									
9	Г	Anorga	nization tha	t normally receives	(1) more tha	n 331/3% of	its support fr	om contribut	tions, membe	rship fees, ai	nd gro	ss				
		receipts	from activi	ties related to its exe	empt functio	ns—subject t	o certain exc	eptions, and	(2) no more	than 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	<b>9(a)(2).</b> (Con	nplete Part I	II)							
10	Γ	Anorga	nızatıon org	anızed and operated	exclusively	to test for pu	blic safety S	ee <b>section 5</b> 0	9(a)(4).							
11	Γ	one or r	nore publicly	anized and operated / supported organization oes the type of suppo b	tions describ	bed in sectioi zation and co	n 509(a)(1) o	r section 50 11e through	9(a)(2) See	•	a)(3).	Check				
e	Γ	other th	-	x, I certify that the o on managers and othe	-		•	•	•	•	•					
f		check t	his box	eceived a written det						supporting o	rganız	ation,				
g			g persons?	006, has the organız	ation accept	led any gift o	Continuation	i ii oiii aiiy oi	tile							
				ectly or indirectly co	ntrols, eithe	r alone or tog	ether with pe	rsons descr	ıbed ın (ıı)		Yes	No				
		and (III)	below, the g	overning body of the	the support	ed organizati	on?			11g(i)						
		(ii) a fa	mıly membe	r of a person describe	ed ın (ı) abo	ve?				11g(ii)						
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) abo	ove?			11g(iii)						
h		Provide	the followin	g information about t	he supporte	d organizatio	n(s)									
	(i) Name suppor	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lise your gove docume	e ion in ted in rning nt?	(v) Did you not organization col (i) of support	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	A m	vii) ount of oport?				
				instructions))	Yes	No	Yes	No	Yes	No						

Total

## 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.) Part II

	(Complete only if y	od checked the	box on the s,	, or o or rait i	••/		
	ection A. Public Support endar year (or fiscal year beginning						T
Care	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do no	t 29,992,14	30,038,918	48,715,607	40,267,050	28,334,33	177,348,054
	include any "unusual						
2	grants ") Tax revenues levied for the						<del> </del>
_	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						
4	<b>Total.</b> Add lines 1 through 3	29,992,14	30,038,918	48,715,607	40,267,050	28,334,33	0 177,348,054
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						F7 026 604
	supported organization) included						57,836,694
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support . Subtract line 5						119,511,360
	from line 4						119,311,300
	ection B. Total Support	I					
Сак	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2009	<b>(f)</b> Total
7	A mounts from line 4	29,992,149	83,242	48,715,607	40,267,050	28,334,330	177,348,054
8	Gross income from interest,						
	dividends, payments received						
	on securities loans, rents,	36,506	83,242	230,227	492,533	56,756	899,264
	royalties and income from						
_	similar sources  Net income from unrelated			+			_
9	business activities, whether or						
	not the business is regularly			65,317			65,317
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss	761,982	874,059	204,892	271,807	22,188,010	24,300,750
	from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						202,613,385
12	Gross receipts from related activit	ties, etc (See ins	tructions )			12	86,193,763
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a 5	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>						▶□
S	ection C. Computation of Pu	blic Support	Dercentage				
14	Public Support Percentage for 200			11 column (f))		14	58 985 %
15	Public Support Percentage for 200	•		(.,,		15	81 251 %
	33 1/3% support test—2009. If the	•	•	on line 12 and l	uno 14 io 33 1/20/		
LUG	and <b>stop here.</b> The organization qu				mie 14 i3 33 1/3/0	or more, chec	► ✓
b	<b>33 1/3% support test—2008.</b> If th	-			a, and line 15 is 3	3 1/3% or mor	e, check this
	box and <b>stop here.</b> The organization	·		-			▶┌
17a	10%-facts-and-circumstances test						<b></b>
	is 10% or more, and if the organization me						
	organization	.c.s the lacts all	a cheamstances	cost The Organiz	anon quannes as a	a publicly supp	orted ▶□
Ь	10%-facts-and-circumstances test	<b>—2008.</b> If the org	ganızatıon dıd not d	heck a box on lir	ne 13, 16a, 16b, o	r 17a and line	,
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organize	ation meets the "	facts and circums	ances" test The	organization quali	ifies as a publi	
18	supported organization  Private Foundation If the organiza	tion did not chas	k a hov on line 12	16a 16h 17a a	r 17h chack this b	nov and son	<b>►</b> □
	instructions	cion dia not chec	k a box on tille 13,	10a, 10b, 1/a 0	i i / D, CHECK UHS [	JOA GIIU SEE	<b>▶</b> □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493145003191

# OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal	revenue ocivice				Inspe	ction
If the	-	inswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (	Political C	am pai	gn Activit	ies),
		ganizations Complete Parts I-A and B Do not complete Part I-C				
		er than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete	ata Part LF	ł		
	1 / 1	ations Complete Part I-A only	ste i ait Fb	'		
	•	inswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (	Lobbvina	Activit	ties), the	า
	-	ganizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A			•	
• Sec	tion 501(c)(3) or	ganizations that have NOT filed Form 5768 (election under section 501(h)) Complete Pa	art II-B Do	not cor	nplete Part	II-A
If the	organization a	inswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	35a (rega	rding p	oroxy tax)	, the n
<ul><li>Sec</li></ul>	tion 501(c)(4), (5	5), or (6) organizations. Complete Part III				
	ne of the organiz	ation NOMICS RESEARCH INSTITUTE	nployer ide	ntıfıcat	ion numbe	r
INC	I KANSLATIONAL GE		-3065445	5		
Part	I-A Comple	ction 52		anizatio	n.	
	•					
1		ription of the organization's direct and indirect political campaign activities in Part I' $$	V			
2	Political expend	ditures	<b>F</b>	\$		
3	Volunteer hours					
Part	I-B Comple	ete if the organization is exempt under section 501(c)(3).				
1	Enter the amou	nt of any excise tax incurred by the organization under section 4955	▶	\$		
2	Enter the amou	nt of any excise tax incurred by organization managers under section 4955	<b>►</b>	\$		
3	If the organizat	ion incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correctio	n made?			☐ Yes	☐ No
ь	If "Yes," descri	be in Part IV				
Part	I-C Comple	ete if the organization is exempt under section 501(c) except se	ction 50	1(c)(	3).	
1	Enter the amou	nt directly expended by the filing organization for section 527 exempt function activ	ities 🕨	\$		
		nt of the filing organization's funds contributed to other organizations for section 52	7			
	exempt funtion		<b>F</b>	\$		
3	Total exempt fu	nction expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	b <b>&gt;</b>	<b>.</b>		

Did the filing organization file Form 1120-POL for this year? ┌ Yes State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

	edule C (Form 990 or 990-EZ) 2009  rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT fi	led F	orm		age <b>3</b> 3
	(election under section 501(h)).	(a	a)	Τ	(b)	
		Yes	No	,	A mour	nt .
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5),	or s		<b>.</b>
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 of less.  Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\ <u> </u>		octio	<u> </u>
e L	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	••
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					
Со	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	l Part	II-B, lın	e 1ı		
	Identifier Reference Explanat	ion				

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DLN: 93493145003191

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

ernal Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspection
Name of the organi	izat ion ENOMICS RESEARCH INSTITUTE		Emp	loyer identification number
THE TRANSLATIONAL GI	ENOPIES RESEARCH INSTITUTE		75-3	3065445
		dvised Funds or Other Similar	Funds	or Accounts. Complete if th
organiz	zation answered "Yes" to Form 99	(a) Donor advised funds		<b>b)</b> Funds and other accounts
Total number a	t end of year	(a) Bener davised lands	`	by rainas and other accounts
	tributions to (during year)			
Aggregate grar	nts from (during year)			
Aggregate valu	e at end of year			
		isors in writing that the assets held in d organization's exclusive legal control?	onor advı	sed Yes No
used only for c		donor advisors in writing that grant fun efit of the donor or donor advisor, or for	•	
art II Conse	rvation Easements. Complete	if the organization answered "Yes'	' to Forn	n 990, Part IV, line 7.
Protection Preservati Complete lines	- ·		a certifie	ically importantly land area d historic structure onservation
easement on ti	he last day of the tax year			Held at the End of the Year
Total number o	of conservation easements		2a	ricia de tric Eria di tric Tear
Total acreage	restricted by conservation easements		2b	
_	servation easements on a certified his		2c	
Number of con	servation easements included in (c) a	cquired after 8/17/06	2d	
Number of con	servation easements modified, transfe	erred, released, extinguished, or termina	ated by th	ie organization during
the taxable yea	ar ►			
Number of stat	es where property subject to conserva	ation easement is located 🕨		
Does the organ		g the periodic monitoring, inspection, ha	andling of	violations, and Yes No
Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easo	ements d	uring the year ►
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	nts durıng	g the year 🕨 \$
	servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of s	ection	☐ Yes ☐ No
balance sheet, the organizatio	and include, if applicable, the text of t n's accounting for conservation easen		ıal staten	nents that describes
Comple	ete if the organization answered '	ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8.		
art, historical t	reasures, or other similar assets held	116, not to report in its revenue state for public exhibition, education or rese nancial statements that describes these	arch ın fu	
historical treas	·	116, to report in its revenue statemen public exhibition, education, or researcl s		·
(i) Revenues i	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$
(ii) Assets inc	luded in Form 990, Part X			<b>▶</b> \$
	tion received or held works of art, hist nts required to be reported under SFA	orıcal treasures, or other sımılar assets S 116 relatıng to these items	for finan	
Revenues inclu	uded in Form 990, Part VIII, line 1			<b>►</b> \$
• Assets include	ed in Form 990, Part X			<b>▶</b> \$

ar	<b>Till</b> Organizations Maintaining Co	llections of Art	, Hist	toric	<u>al Tre</u>	asu	ires, or (	<u> 2the</u>	<u>r Similai</u>	ASSE	ts (co.	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e follo	wing th	at ar	e a signific	ant ι	ise of its co	llection	า	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they	further	the o	organizatio	n's e	xempt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
a i	t IV Escrow and Custodial Arrang						n answere	ed "Y	'es" to For	m 990	),	
	Part IV, line 9, or reported an ar		•									
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons	or other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng tal	ble				1			
_										A mou	Int	
с	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete											
	D	(a)Current Year 6,373,964	(b)	Prior Y	ear 309,126	(c)⊺	wo Years Bac	k (d	)Three Years	Back (e	:)Four Ye	ears Back
•	Beginning of year balance	0,373,964		0,	10,000			+				
b	Contributions	786,808			422,245			+				
c	Investment earnings or losses	780,808		'	422,243			+				
d	Grants or scholarships	484,769			367,407			+				
е	Other expenditures for facilities and programs	464,769			307,407							
f	Administrative expenses											
g	End of year balance	6,676,003		6,	373,964							
_	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	0 %										
- b	Permanent endowment ► 0 %											
	100 000 of											
c a	Term endowment • 100.000 %  Are there endowment funds not in the posse	ssion of the organiza	stion t	hat ar	o hold s	and a	dministore	d for	tho			
u	organization by	ssion of the organize	ition t	nat ai	e neid e	and c	idiiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization							•		3b	Yes	
	Describe in Part XIV the intended uses of th											
ēΤ	t VI Investments—Land, Building	s, and Equipme	nt. Se	<u>ee Fo</u> T	rm 990	0, Pa	art X, line	10.	1			
	Description of investment				Cost or otl (investme		( <b>b)</b> Cost or o		(c) Accumu depreciat		( <b>d</b> ) Boo	k value
а	Land											
b	Buildings											
c	Leasehold improvements						4,97	1,003	1,1	59,186	3	3,811,817
d	Equipment						28,24	5,925	17,2	59,722	10	,976,203
e	Other						3,83	8,959	3,0	70,642		768,317

15,556,337

(a) Description of security or category	Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives  Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
<b>7</b> • • • • • • • • • • • • • • • • • • •		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2		
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	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 Re	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)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
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	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
C 0 ~~	oplate this part to provide the descriptions required for Part II, lines 3, 5, and 0, Part III, lines 1, and 4, Pai	r+ I\/ li	nac 1h and 2h

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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. Also complete this part to provide any additional information

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
SCHEDULE D, PART X - FIN 48 FOOTNOTE		IN FISCAL 2009, THE INSTITUTE ADOPTED A "MORE LIKELY THAN NOT" THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN UNCERTAIN TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INSTITUTE RECOGNIZES INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN OTHER EXPENSES, IF THEY EXIST

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DLN: 93493145003191

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

	ne of the organization	MICC DECEADO	III INCTITUTE			Employer ide	ntification number
нь	TRANSLATIONAL GENO	MICS RESEARC	HINSIIIUIE			75-306544	5
Pa	<b>General Infor</b> "Yes" to Form 9			de the United States	. Complete	ıf the organ	nization answered
1	For grantmakers. Doe assistance, the grante	es the organiza es' eligibility fo	tion maintain r or the grants or	ecords to substantiate tassistance, and the se	lection criter	na used to a	ward
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the
3	Activites per Region (Us	se Schedule F-1	(Form 990) ıf add	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	y listed in (d) im service, ecific type of ) in region	(f) Total expenditures for region
	ope (Including Iceland and enland)	0	0	, ,	SOFTWARE DEVELOPME	≣NT	1,400,000

Totals . . . . ▶

1,400,000

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information.  Explanation
	+	

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Travel for companions

DLN: 93493145003191

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

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Ciliai	Nevenue Service	FAt	tach to Form 99	90.	. F See separate instructions.		IIISP		
	ne of the organiz TRANSLATIONAL GEN	ation NOMICS RESEARCH INSTITUTE				Employer identif	ication nu	mber	
						75-3065445			
Pa	rt I Questic	ons Regarding Compe	nsation						
								Yes	N
.a		. , ,	•		y of the following to or for a person l de any relevant information regardii				
	<b>▼</b> First-class	or charter travel	Г	-	Housing allowance or residence for	personal use			

Payments for business use of personal residence

	□ Tax idemnification and gross-up payments     □ H	lealth or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above		1b	Yes	
2	Did the organization require substantiation prior to reimbursin officers, directors, trustees, and the CEO/Executive Director,		2	Yes	
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	establish the compensation of the			
		Vritten employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, sor a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	,	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based com	pensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of				
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, line 1a, d compensation contingent on the net earnings of	ıd the organizatıon pay or accrue any			
а	The organization?		6a		No
Ь	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, line 1a, of payments not described in lines 5 and 6? If "Yes," describe in		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs se				

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JEFFREY M TRENT PHD	(I) (II)	746,703 0	232,685 0	66,658 0	9,800 0	7,753 0	1,063,599	232,685 0
TERESA BURLESON	(I) (II)	334,354 0	24,276 0	16,500 0	9,800 0	4,261 0	389,191 0	0
ELIZABETH MONTEMAYOR	(I) (II)	210,941 0	10,000	9,220	7,616 0	7,406 0	245,183	0
DANIEL VON HOFF	(1) (11)	503,723 0	421,153 0	22,000 0	9,800 0	4,003 0	960,679 0	421,153 0
MARY ANNE GUERRA	(ı) (ıı)	106,149 0	0	6,769 0	3,832 0	2,793 0	119,543 0	0
EDWARD SUH	(ı) (ıı)	237,066 0	23,457 0	38,500 0	9,800	5,991 0	314,814 0	0
SPYRO MOUSSES	(ı) (ıı)	202,488 0	35,500 0	11,809 0	9,447 0	5,991 0	265,235 0	0
JOHN CARPTEN	(ı) (ıı)	211,362 0	50,000 0	13,443 0	7,733 0	5,991 0	288,529 0	0
JAMES HARRIS	(ı) (ıı)	247,056 0	20,000 0	38,500 0	7,565 0	6,403 0	319,524 0	0
MICHAEL BERENS	(ı) (ıı)	251,349 0	12,875 0	27,668 0	9,727 0	5,991 0		0

### 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	Ret urn Ref erence	Explanation
SCHEDULE J, PART I, LINE 1A		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 TRENT AT THE PARADISE VALLEY 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		DEFERRED COMPENSATION REPRESENTS AGREEMENTS FOR THE PRESIDENT AND CHIEF SCIENTIFIC OFFICER OF THE INSTITUTE AND THE EXECUTIVE VICE PRESIDENT AND DIRECTOR OF TGEN A FIVE-YEAR AGREEMENT WITH THE PRESIDENT AND CHIEF SCIENTIFIC OFFICER OF THE INSTITUTE WAS ENTERED INTO ON JULY 1, 2007, WITH A COMPLETION AND PAYMENT DATE IN THE FISCAL YEAR 2010 DURING 2010, AND IN CONNECTION WITH THE EXECUTION OF THE AFFILIATION AGREEMENT, THE INSTITUTE TERMINATED THE DEFERRED COMPENSATION AGREEMENT WITH THE PRESIDENT AND CHIEF SCIENTIFIC OFFICER RESULTING IN A LUMP SUM DISTRIBUTION PAYMENT OF \$232,685 THE INSTITUTE PAID \$421,154 TO THE EXECUTIVE VICE PRESIDENT AND DIRECTOR OF TGEN UNDER HIS DEFERRED COMPENSATION DURING FISCAL 2009, THE FINAL YEAR OF THE DEFERRED COMPENSATION AGREEMENT

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(a) Name of interested person

PINNACLE WEST CAPITAL

APPLIED BIOLIFE TECHAPPLERA

DLN: 93493145003191

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

#### Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? principal amount purpose committee? Τо From Yes Yes Yes Nο Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship (c) A mount of organization's between interested

transaction

142,571

person and the

organization

WILLIAM POST/CEO

DAVID DUGGAN/KEY

EMPLOYEE

(d) Description of transaction

148,767 INVESTMENT SERVICES

TECH/APPLERA

APPLIED BIO/LIFE

revenues?

Νo

Νo

### **SCHEDULE M** (Form 990)

# **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**Employer identification number** Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Х 1 58,283 VENDOR PRICING/QUOTE 25 Other ► ( EQUIPMENT ) O ther **►**( \_\_\_\_\_ 26 Other ►( \_\_ 27 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used No 30a **b** If "Yes," describe the arrangement in Part II 31 Νo Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

**Additional Data** 

**SCHEDULE 0** 

**Identifier** 

Identifier

INTRODUCTION

FOR FY 10

Return

Reference

efile GRAPHIC print - DO NOT PROCESS

Return

Software ID: **Software Version:** 

Name: THE TRANSLATIONAL GENOMICS RESEARCH **INSTITUTE** 

**EIN:** 75-3065445

As Filed Data -DLN: 93493145003191 OMB No 1545-0047

**Supplemental Information to Form 990** 

**Explanation** 

(Form 990) Complete to provide information for responses to specific questions on Department of the Treasury Internal Revenue Service ► Attach to Form 990. Name of the organization

Form 990 or to provide any additional information. THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

**Employer identification number** 

75-3065445

Inspection

Reference ORGANIZATION'S FORM 990, PART THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) IS A NONPROFIT BIOMEDICAL MISSION STATEMENT I, LINE 1, AND RESEARCH INSTITUTE FOCUSED ON DEVELOPING EARLIER DIAGNOSTICS AND SMARTER PART III, LINE 1 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 Identifier** Return **Explanation** Reference

DESCRIPTION OF	FORM 990,	LINE 4A - PROGRAM SERVICE ACTIVITY #1 TGEN'S NEUROGENOMICS DIVISION, IN CONJUNCTION
PROGRAM SERVICE	PART III,	WITH OTHER LEADERS IN ALZHEIMER'S DISEASE (AD) GENETICS RESEARCH, HAS UNDERTAKEN A
ACCOMPLISHMENTS	LINES 4A -	LARGE COLLABORATIVE EFFORT TO IDENTIFY EVERY GENETIC VARIATION THAT RESULTS IN
	4C	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 GENOTYPING 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 TGEN CLINICAL RESEARCH SERVICES CLINICIANS FOCUS ON
		CLINICAL TRIALS WITH TARGETED AGENTS AND GENOMICS-BASED INDIVIDUALIZED THERAPY THE
		TCRS, WITH AN INITIAL FOCUS ON CANCER, ALLOWS THE UNIQUE OPPORTUNITY FOR TGEN TO
		TRANSITION ITS LABORATORY-BASED RESEARCH TO PATIENT CARE CENTERED ON INDIVIDUALIZED
		THERAPY
<u> </u>	1	1

**Explanation** 

TGEN RESEARCH MOVED FORWARD IN FY10 AT A PACE FAR GREATER THAN ANY PREVIOUS YEAR THIS

CONVERTING THAT KNOWLEDGE AS QUICKLY AS POSSIBLE INTO DIAGNOSTIC TESTS AND THERAPEUTICS FOR IMPROVED PATIENT CARE OUR RESEARCH COLLABORATIONS WERE MANY AND VARIED IN TERMS OF BREADTH AND SCOPE AND LOCATION - MANY LOCALLY, OTHERS NATIONALLY AND GLOBALLY LOCALLY,

OUR COLLABORATIONS WITH BANNER HEALTH, MAYO CLINIC, SCOTTSDALE HEALTHCARE, BANNER RESEARCH INSITUTE AND OTHER HOSPITALS AND HEALTH CARE PROVIDERS FOCUSED ON NUMEROUS

NARRATIVE PROVIDES AN OVERVIEW OF THESE SUCCESSES AND REINFORCES OUR MISSION OF DETERMINING THE ROOT GENETIC CAUSES OF NUMEROUS DISEASES AND DISORDERS AND THEN

ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS NEW ENGLAND JOURNAL OF MEDICINE, NATURE GENETICS, PLOS, BLOOD, CANCER RESEARCH, AND A HOST OF OTHER DISEASE-ASSOCIATED PUBLICATIONS (E.G. DIABETES, MOLECULAR CANCER THERAPEUTICS, NEUROLOGY, JOURNAL OF WOMEN'S HEALTH, ETC.)  Identifier Return Explanation		TYPES OF CANCER NEUROLOGIC MPARRIMENTS, AND METABOLIC DISORDERS TGENS RESEARCH HAD A PRESENCE ACROSS THE STATE IS INCLUDED OUR ONGOING EPRORTS TO ASSIST THE ARZONA DEPARTMENT OF HEALTH SERVICES (ADAS) WITH STATE-OF-THE-ART TESTING FOR THE HIM SWINE FLU, LOOKING FOR WAYS TO HELP TRACK DRUG-RESISTANT MUTATIONS, FIND NEW TREATMENTS AND AVOD A PANDEM. TOGEN FACULTY PRESENTED DETAILS ABOUT TORN STEST IN EARLY NOVEMBER 2009 AT THE 4TH ANNUAL MEETING OF THE INFECTIOUS DISEASES SOCIETY OF AMERICA (DSA) IN HILLADE. PHIA THE 4TH ANNUAL MEETING OF THE INFECTIOUS DISEASES SOCIETY OF AMERICA (DSA) IN HILLADE. PHIA THE UNIVERSITY OF ARZONA STABLISHED THE SOUTHWEST COMPREHENSIVE CENTER FOR DRUG DISCOVERY AND DEVELOPMENT THROUGH A \$7.5 MILLON NIH GRANT THE NEW CENTER FOR DRUG DISCOVERY AND DEVELOPMENT THROUGH A \$7.5 MILLON NIH GRANT THE NEW CENTER WILL ALLEW THE BOTTLE-BOOK THAT EXST BETWEEN THE LABORATORY -BASED DISCOVERY OF PROMISING THERAPEUTC TARGETS AND THE LUTTHER GOAL OF DEUT BENENDA HER. AS AFE AND EFFECTIVE DRUGS OF ADDRESS UNIVER MEMORITHM. AND THE AND THE ART THE AND THE ART THE AND THE ART THE ARD THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ART THE ARD THE ARD THE ARD THE ART THE ARD THE ARD THE ARD THE ART THE ARD THE ARD THE ARD THE ART THE ARD THE ARD THE ARD THE ART THE ARD
<u>'</u>		ACROSS SEVERAL DISEASES IN DOGS THAT SIMILARLY AFFLICT HUMANKIND (INCLUDING CANCER, DEAFNESS, MULTIPLE SCLEROSIS, HEART DEFECTS, OBESITY, NEUROLOGIC DISORDERS AND OTHERS) AN IMPORTANT PART OF THE PCHP IS THE CANINE HEREDITARY CANCER CONSORTIUM (CHCC), WHICH WAS A RECENTLY FUNDED AARA NATIONAL CANCER INSTITUTE AWARD TO TGEN. THE VAN ANDEL RESEARCH INSTITUTE (VARI) AND THE NATIONAL CANCER INSTITUTE LAUNCHED THE CHCC TO STUDY NATURALLY OCCURRING CANCERS IN DOGS TO BETTER UNDERSTAND WHY BOTH PETS AND PEOPLE GET SICK. TGEN'S RESEARCH RESULTS APPEAR IN A NUMBER OF SCIENTIFIC AND MEDICAL JOURNALS AND ADD TO THE GROWING KNOWLEDGE BASE OF MOLECULAR RESEARCH AND MEDICINE. IN FY10, TGEN RESEARCHERS PUBLISHED THEIR RESEARCH RESULTS IN NUMEROUS SCHOLARLY PEER-REVIEWED ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES. THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS NEW ENGLAND JOURNAL OF MEDICINE, NATURE GENETICS, PLOS, BLOOD, CANCER RESEARCH, AND A HOST OF OTHER DISEASE-ASSOCIATED PUBLICATIONS (E.G. DIABETES, MOLECULAR CANCER THERAPEUTICS, NEUROLOGY,
	Return Reference	Explanation

BLOOD CANCER INVESTIGATORS FOUND THAT MUTATIONS IN A GENE CALLED COORF15, OR STG, ARE

ASSOCIATED WITH THE RISK OF DEVELOPING FOLLICULAR LYMPHOMA THIS IS A CANCER OF THE BODY'S DISEASE-FIGHTING NETWORK WHOSE RATES HAVE NEARLY DOUBLED IN THE PAST THREE DECADES CITATION GENETIC VARIANTS AT 6P21 33 INFLUENCE FOLLICULAR LYMPHOMA RISK CHRISTINE F SKIBOLA, PAIGE M BRACCI, ERAN HALPERIN, LUCIA CONDE, DAVID W CRAIG, LUZ AGANA, KELLY IYADURAI, NIKOLAUS BECKER, ANGELA BROOKES-WILSON, JOHN D CURRY, JOHN SPINELLI, ELIZABETH A HOLLY, JACQUES RIBY, LUOPING ZHANG, ALEXANDRA NIETERS, MARTYN T SMITH, KEVIN M BROWN NATURE GENETICS 41, 873-875 (20 JULY 2009) 2 ANALYSES OF CLINICAL TRIAL RESULTS, PUBLISHED SEPTEMBER 2 IN THE NEW ENGLAND JOURNAL OF MEDICINE, SHOW A POTENTIAL NEW INVESTIGATIONAL THERAPY FOR ADVANCED AND METASTATIC BASAL CELL SKIN CANCER THE STUDY, CONDUCTED AT TGEN CLINICAL RESEARCH SERVICE (TCRS) AT SCOTTSDALE HEALTHCARE AND TWO OTHER SITES APPEARS TO DEMONSTRATE TUMOR SHRINKAGE AND LIMITED SIDE EFFECTS THESE FINDINGS ARE SIGNIFICANT BECAUSE NO PROVEN THERAPY EXISTS FOR ADVANCED BASAL CELL CARCINOMA (BCC) BCC IS THE MOST COMMON CANCER IN THE UNITED STATES WITH ABOUT ONE MILLION NEW CASES DIAGNOSED EACH YEAR ARIZONA HAS ONE OF THE HIGHEST

		STATES WITH ABOUT ONE MILLION NEW CASES DIRKONSED BLOCKY YEAR ARZONAL HAS ONE OF THE HIGHEST INCIDENCES OF SKIN CANCER IN THE WORLD CITATION INHIBITION OF THE HEGGEROS PATHWAY N ADVANCED BASAL-CELL CARCINCIAN DANIEL D VON HOFF, M.D., PATRICIA M. LORUSSO, D.O., CHARLES M. RUDIN, M.D., P.H.D., JOSHAC IN EXECUTY, M.D., P.H.D., ROBERTI, YALOH, P.H.D., RADULTIBES, M.D., CLEN J. WESS S.M.D., MITESH J. BORAD, M.D., CHRISTINE I. HARN, M.D., H.D., JULET BRAHMER, M.D., HOWARD M. MACKEY, P.H.D., BRITTAM L.L.M., PHARMON, VIALTER C.D. ARGENINE, M.S., ALMES C. MARSTERS J.R., P.H.D., PREDERICJ. DE SALVIAGE, P.H.D., AND JENNIFER A.L. LOW, M.D., P.H.D. PUBLISHED AT WWW. NEMI OKS 58PT 7, 2009.3 TIGSN CLINICAL RESEARCH SERVICES AT SCOTTSCALE HEALTHCARE ANOLOUGED SEPTERS J.R., P.H.D., PREDERICJ. DE CALIVAGE, P.H.D., AND JENNIFER A.L. LOW, M.D., P.H.D. PUBLISHED AT WWW. NEMI OKS 58PT 7, 2009.3 TIGSN CLINICAL RESEARCH SERVICES AT SCOTTSCALE HEALTHCARE ANOLOUGED SEPTERS J.R., P.H.D., PREDERICJ. P.H.D., P.H
		THIAZOLIDINEDIONE (TZD) THERAPY, VARIES AMONG TREATED INDIVIDUALS AMERICAN DIABETES ASSOCIATION
ldentifier	Return	Explanation
identifier	Reference	Explanation
CLINICAL RESEARCH		ESTABLISHED IN 2006, TCRS, A STRATEGIC ALLIANCE WITH SCOTTSDALE HEALTHCARE (SHC), PROVIDES A DIRECT CLINICAL RESEARCH SITE FOR TGEN TCRS BRINGS NEW CLINICAL RESEARCH INTO THE COMMUNITY, TO THOSE PATIENTS WHO WOULD OTHERWISE HAVE TO TRAVEL SOMEPLACE ELSE FOR ACCESS TO NEW THERAPIES OR PREVENTION AGENTS THESE CLINICAL TRIALS GIVE OPTIONS THAT DID NOT EXIST BEFORE TO PHOENIX-AREA PATIENTS AS WELL AS PATIENTS FROM ALL OVER THE COUNTRY TCRS CLINICIAN, UNDER THE

	PHOENT AGENT OF THE VICE THE VICE AGENT OF THE V	**AS OR MEVENTION AGENTS THESE CLINICAL TRAILS GIVE OFFINEDS THAT ID DIVID EXTS ITS PORT ID  ANA REA PATENTS AS WELL AS PATIENTS ROWN ALL OVER THE COUNTRY TORS CLINICAN, UNDER THE  ION TIGEN PHYSICIAN-IN-CHIEF DR DANIEL VON HOFF, FOCUS ON CLINICAL TRIALS WITH TARGETED  S AND GENOMICS—BASED INDIVIDUALIZED THEAPY TORS WORKS IN COLLABORATION WITH  IANS IN THE LOCAL ARIZONA COMMUNITY AND ACROSS THE US TO PROVIDE OPTIONS FOR THE CARE  IR PATENTS TORS SERVES AS AN INTERNATIONAL REFERRAL CENTRE FOR PATIENTS FROM ANYWHERE  WORLD EVERY PATIENT WITH A PHYSICIAN REFERRAL IS WELCOME, PROVIDED THEY MEET THE  EMENTS IN SOME CASES, THE PATIENT MAY BE EVALUATED THROUGH THE NEW CLINIC, BUT RECEIVE  MENT FROM THEIR REFERRING PHYSICIAN WE WORK FLEXELY TO BISINETS THE BEST AND MOST  ETE CARE FOR PATIENTS PATIENT ARTICIPATION IN CLINICAL TRIALS AT TORS - 125 VISITS PER MONTH  FUNDING IS OFTEN THE LIFEBLOOD OF RESEARCH IN FYO9, TOEN INVESTIGATORS SUBMITTED 149  STOTALING ST609,26,068 TEGEN WAS AWARDED 15 GRANTS, TOTALING S126,56,51,11114  SITCAL ARISE STEVILLE OF THE STATE OF
	APPLIC	ASED ON DISCOVERIES STEMMING FROM TGEN-LED RESEARCH AND FILED 21 PROVISIONAL PATENT ATIONS COMMERCIALIZATION / SPIN OFFS IN TERMS OF COMMERCIALIZATION AND COMPANY TION, TGEN SIGNED 3 LICENSE AGREEMENTS IN FY10
ldentifier	Return	Explanation
CONTRACTS AND COLLABORATIONS	Reference	TGEN SIGNED A TOTAL OF 386 CONTRACTS IN FY10, BROKEN DOWN AS FOLLOWS 1 TGEN SIGNED 87 CONFIDENTIAL DISCLOSURE AGREEMENTS (CDA) IN FY10 2 TGEN SIGNED 102 MATERIAL TRANSFER AGREEMENTS (MTA) IN FY10 3 TGEN SIGNED 85 RESEARCH COLLABORATIONS (ANY WITH LOCAL AND STATE AFFILIATIONS) IN FY10, INCLUDING AGREEMENTS THAT FURTHER RESEARCH INTO A HOST OF DISEASES, INCLUDING BRAIN CANCER, MELANOMA, ALZHEIMER'S AND AUTISM 4 ADDITIONALLY, TGEN SIGNED 18 CONSULTING AGREEMENTS, 69 PROFESSIONAL SERVICES AGREEMENTS, 9 COMMERCIALIZATION LICENSES, AND 16 AGREEMENTS COVERING MISCELLANEOUS ACTIVITIES JOB CREATION 36 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED IN FY10 WITH SALARIES AND

BENEFITS TOTALING APPROXIMATELY \$2,550,475 SALARIES FOR TEMPORARY POSITIONS (THOSE POSITIONS CREATED FOR A FINITE PERIOD OF TIME) TOTALED \$160,000 AND STUDENT SALARIES WERE JUST OVER \$390,000, BRINGING THE OVERALL TOTAL TO \$3,100 475 TGEN STAFF NOW TOTAL 284, OF WHICH 83 PERCENT HOLD A COLLEGE DEGREE (48 PERCENT HOLD AN ADVANCED DEGREE) FY 10 POSITIONS FILLED INCLUDE ADMINISTRATIVE ASSISTANT ASSOCIATE INVESTIGATOR DEVELOPMENT ASSOCIATE BIOINFORMATICIAN BIOINFORMATICIAN II CLINICAL INFORMATICS PROGRAMMER CLINICAL TRANSLATIONAL RESEARCH DIVISION, DEPUTY DIRECTOR DESKTOP SUPPORT SPECIALIST GRANT PROGRAM MANAGER OPERATIONS MANAGER POST-DOCTORAL FELLOW RESEARCH ASSOCIATE RESEARCH ASSOCIATE II SOFTWARE ENGINEER SOFTWARE QA ENGINEER SENIOR INVESTIGATOR SENIOR STAFF SCIENTIST STAFF SCIENTIST WE HAVE STRESSED IN THE PAST THAT INTERNSHIPS SERVE AS A PIPELINE TO TGEN IN TERMS OF FUTURE RECRUITMENT AND SUPPORT THE STATEWIDE INITIATIVE TOWARDS EDUCATION AND DEVELOPMENT FOR THE STUDENTS IN THE LIFE SCIENCES ADDITIONALLY, TGEN IS A PROVING GROUND WHERE TALENTED UNDERGRADUATES GAIN VALUABLE EXPERIENCE PRIOR TO RETURNING TO EARN ADVANCED DEGREES AT ONE OF THE STATE'S THREE UNIVERSITIES TGEN HIRED FOUR SUCH CANDIDATES IN FY10, WHILE 14 EMPLOYEES RETURNED TO UNIVERSITY TO FURTHER THEIR BIOMEDICAL EDUCATION EDUCATION AND PUBLIC OUTREACH INTERNSHIPS 2010 SAW 44 BIOSCIENCE STUDENTS COMPLETING THE 2010 HELIOS SCHOLARS PROGRAM AT TGEN, AND 23 NON-HELIOS STUDENTS CONDUCTING INTERNSHIPS - SCIENTIFIC AND ADMINISTRATIVE - IN A NUMBER OF TGEN LABS AND DEPARTMENTS SIXTEEN FEMALES AND 28 MALES COMPRISED THE HELIOS SCHOLARS, BROKEN DOWN AS FOLLOWS 32 PERCENT HIGH SCHOOL, 57 PERCENT UNDERGRADUATE, AND 11 PERCENT GRADUATE/MEDICAL SCHOOL SEVENTEEN FEMALES AND SIX MALES COMPRISED THE 23 NON HELIOS STUDENTS CONDUCTING INTERNSHIPS AT TGEN IN FY 10, BROKEN DOWN AS FOLLOWS 9 PERCENT HIGH SCHOOL, 70 PERCENT UNDERGRADUATE, AND 21 PERCENT GRADUATE/MEDICAL SCHOOL NEW IN FY 10 (FALL '09), TGEN AND THE PHOENIX BIOSCIENCE HIGH SCHOOL LAUNCHED A PILOT INTERNSHIP PROGRAM FOR THEIR SENIOR STUDENTS THE STUDENTS RECEIVE CREDIT IN EXCHANGE FOR THE COMPLETION OF A MINIMUM NUMBER OF HOURS (120) IN A RESEARCH LAB ENVIRONMENT TEACHER TRAINING PROGRAM IN FY10, TGEN COMPLETED ITS SECOND YEAR OF A 5-YEAR TRAINING AWARD IN COLLABORATION WITH NORTHERN ARIZONA UNIVERSITY TO CONDUCT A SUMMER GENOMICS WORKSHOP FOR TEACHERS AND GRADUATE STUDENTS AS PART OF AN NSF GRANT CALLED BIOTECHNOLOGY INTEGRATION OPPORTUNITIES FOR TEACHER EDUCATION AND CONTENT (BIOTEC) THIS GRANT PARTNERS THE COLLEGE OF ENGINEERING AND NATURAL

SCIENCES, THE COLLEGE OF EDUCATION AT NORTHERN ARIZONA UNIVERSITY, AND TGEN IN ORDER TO

INTERDISCIPLINARY PREPARATION OF GRADUATE STUDENTS IN BIOTECHNOLOGY EDUCATIONAL AND

ENHANCE INQUIRY-BASED SCIENCE TEACHING IN GRADES 5, 7, AND 9 WHILE EXPANDING THE

PUBLIC TOURS IN FY 10, TGEN HOSTED 46 PUBLIC TOURS FOR A DIVERSE RANGE OF COMMUNITY MEMBERS AND ORGANIZATIONS (TOTALING NEARLY 1,000 IN NUMBER), AS WELL AS SENT REPRESENTATIVES INTO THE COMMUNITY TO PRESENT AT FUNCTIONS, CAREER AND EDUCATIONAL FAIRS STIMULATING GROWTH OF ARIZONA'S LIFE SCIENCE INDUSTRIES AN IMPORTANT FACTOR IN CONTINUING TGEN'S SUCCESS IS COMMUNICATION WITH VARIOUS STAKEHOLDERS AND THE BROADER ARIZONA COMMUNITY TOWARD THAT GOAL, TGEN SR LEADERSHIP PARTICIPATES IN A MYRIAD OF COMMUNITY-RELATED ACTIVITIES THROUGH PRESENTATIONS AT REGIONAL MEETINGS AND AS A MEMBER OR PARTICIPANT OF VARIOUS COMMITTEES AND GROUPS, INCLUDING THE ARIZONA ALZHEIMER'S CONSORTIUM BOARD, ARIZONA BIOSCIENCE ROADMAP STEERING COMMITTEE AND ARIZONA BIOSCIENCE ROADMAP EDUCATION & WORKFORCE DEVELOPMENT COMMITTEE. ARIZONA SKILL STANDARDS COMMISSION, ARIZONA TECHNOLOGY COUNCIL, GREATER PHOENIX LEADERSHIP, NSF STEP GRANT ADVISORY BOARD- FOR ESTRELLA MOUNTAIN CC AND MORE **Identifier** Return **Explanation** Reference **MEDIA** TGEN REMAINS ACTIVE IN PURSUING POSITIVE EARNED MEDIA EXPOSURE FOR THE INSTITUTE'S RESEARCH AND PHILANTHROPIC ACTIVITIES MEDIA EXPOSURE RAISES AWARENESS AND BRINGS ADDED CREDIBILITY TO THE INSTITUTE AND THE STATE IN TOTAL, TGEN RECEIVED GREATER THAN 1300 MEDIA MENTIONS IN FY10 IN VARIOUS TRADE AND PUBLIC MEDIA LOCALLY, NATIONALLY AND INTERNATIONALLY WHILE CITING TGEN SPECIFICALLY, THESE ARTICLES AND NEWS BRIEFS HELP BUILD A GREATER PRESENCE FOR THE CONTINUOUSLY EXPANDING BIOMEDICAL SCIENCE INITIATIVES OCCURRING IN ARIZONA MEDIA OUTLETS INCLUDE FOX10 NEWSMAKER SUNDAY BUSINESS WIRE STATES NEWS SERVICE THE ARIZONA REPUBLIC PHOENIX BUSINESS JOURNAL ARIZONA BUSINESS GAZETTE ARIZONA DAILY STAR JEWISH NEWS OF GREATER PHOENIX GRAND RAPIDS PRESS THE STAR-LEDGER (NEWARK, N J ) PLAIN DEALER (CLEVELAND) ASIAN NEWS INTERNATIONAL (ANI) BIOTECH WEEK PR NEWSWIRE MARKETWIRE THE HILL LIFE SCIENCE WEEKLY HEALTH & MEDICINE WEEK GENOMEWEB ON-LINE TGEN'S ON-LINE PRESENCE CONTINUES TO INCREASE ON AN ANNUAL BASIS WITH TWO ACTIVE SITES (TGEN AND THE TGEN FOUNDATION) MORE THAN 1 2 MILLION PAGE VIEWS WERE RECORDED IN FY10 THE WEB SERVES AS A PORTAL TO ALLOW ARIZONAN'S - AND OTHERS WORLDWIDE- TO LEARN ABOUT THE RESEARCH AND DISCOVERIES COMING OUT OF TGEN LABS ADDITIONALLY, THE TGEN FOUNDATION WEB PAGES ALLOW SUPPORTERS TO CREATE MEMORIALS AND FUNDRAISING PAGES IN SUPPORT OF TGEN'S EFFORTS TO DEVELOP IMPROVED DIAGNOSTIC TOOLS AND NEW THERAPEUTICS THAT TARGET A HOST OF DISEASES TGEN'S RECENTLY LAUNCHED SOCIAL MEDIA (FACEBOOK, TWITTER) PROVIDES A FURTHER OPPORTUNITY TO COMMUNICATE WITH NUMEROUS CONSTITUENCIES THROUGH EVER-INCREASING MEDIUMS **Identifier** Return **Explanation** Reference **BUSINESS AND** FORM 990, MICHAEL BITTNER AND EDWARD SUH HAVE A BUSINESS RELATIONSHIP DANIEL VON HOFF AND **FAMILY** PART VI, EDWARD SUH HAVE A BUSINESS RELATIONSHIP JEFFREY TRENT, DANIEL VON HOFF AND EDWARD SUH LINE 2 **RELATIONSHIPS** HAVE A BUSINESS RELATIONSHIP RICHARD BOALS, ROBERT BULLA AND WILLIAM POST HAVE A BUSINESS RELATIONSHIP DESCRIPTION TO SIGNIFICANT CHANGES TO BY LAWS FORM 990, PART VI, LINE 4 EFFECTIVE 12/1/09, TGEN AMENDED ITS BY LAWS THE PRIMARY UPDATE WAS TO IDENTIFY CHANGE IN THE BOARD OF DIRECTORS AND TO IDENTIFY VAN ANDEL RESEARCH INSTITUTE AS THE SOLE MEMBER TGEN NOW HAS A BOARD OF DIRECTORS AND A GOVERNING BOARD THE BOARD OF DIRECTORS HAS THE VOTING POWER AND AUTHORITY OVER THE ORGANIZATION FORM 990, PART VI, LINE 6 As of

ldent	ifier		1	eturn erence	Explanation							
1				THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED INFORMATION PROVIDED BY THE FINANCE DEPARTMENT THE 990 IS THE BY MANAGEMENT IN THE FINANCE DEPARTMENT AND POSTED ON THE BWEBSITE								
ldentifier	Explanation											
PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST			990, I, LINE	DIRECTOR BY THE CH FINANCIAL REVIEW TO	JES A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS TO ALL LEVEL POSITIONS AND ABOVE IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED HIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE CHIEF L OFFICER, AND THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER O CHIEF OPERATING OFFICER TO ENSURE A PLAN IS SET FORTH UPDATES TO THE HANDLED ON AN AS NEEDED BASIS BASED ON CONTRACT REVIEWS AND EMPLOYEE TION							
ldentifier Return Reference					Explanation							
PROCESS USED FORM 990, TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND												

12/1/09, the sole member of Tgen is Van Andel Research Institute, a Michigan charitable trust. Line 7a Van Andel Research Institute, as the sole member of Tgen, appoints elected directors to Tgen's board of directors from a list of individuals presented by the Nominating Committee Line 7b Van Andel Research

Institute, as the sole member of Tgen, retains certain approval rights as outlined in the bylaws

identifier	Reference		Explanation				
PROCESS USED TO DETERMINE COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B	CONSENT' CAPACITY REVIEW DIRECTOR REGARDING THE CORECOMMENDATIONS TO THE PRESIDENT AND SCIENTIFIC DIDELIBERATIONS CONCERNING PRESIDENT AND SCIENTIFIC DICOMPENSATION OF DIRECT RADHERE TO THE EXECUTIVE COPROVIDED WITH SUFFICIENT FAND LEGAL ADVISORS, WHE WITH THE "REBUTTABLE PRESIDENTE CODE WHENEVER FREVENUE CODE WHENEVER FREVENUE CODE PROVISIONS DISQUALIFIED PERSONS' COMMEPT IN MIND THE FOLLOWING TRENDS IN COMPENSATION IN	XECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND WING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC OMPENSATION OF DISQUALIFIED PERSON AND FORWARDING FINAL FULL BOARD FOR APPROVAL DISQUALIFIED PERSONS (EXCEPT FOR THE RECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE OF THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS) THE RECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE PORTS DURING THE DECISION MAKING PROCESS, THE COMMITTEE WILL COMPENSATION PHILOSOPHY THE COMMITTEE IS AUTHORIZED (AND SUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION IN DEEMED NECESSARY AND ADVISABLE THE COMMITTEE WILL COMPLY SUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL POSSIBLE THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING INPENSATION" WHEN DEVELOPING A COMPENSATION PHILOSOPHY TGEN OF FACTORS THE TGEN MISSION AND STRATEGY THE TGEN CULTURE IN THE EXTERNAL ENVIRONMENT TRENDS IN RECRUITMENT OF NEW ANIZATIONAL EMPLOYEE TURNOVER TGEN'S LIFE CYCLE STAGE				
ldenti	fier	Return Reference	Explanation				
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,  AND FINANCIAL STATEMENTS TO THE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED TO THE GENERAL PUBLIC UPON REQUE							

DLN: 93493145003191

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OMB No 1545-0047

Open to Public

# SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Employer identific	Employer identification number				
THE TRANSPALIDINAL GENOPICS RESEARCH INSTITUTE				75-3065445		
Part I Identification of Disregarded Entities (Complete	ıf the organization a	answered "Yes" on	Form 990, Part 1	(V, line 33.)		
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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	3,265,088	1,091,122	TGEN ACC MGT	
INT'L BIOSCIENCES COMMERCIALIZATION LLC 445 NORTH FIFTH STREET 6TH FLOOR PHOENIX, AZ 85004 27-2987735	LICENSING	AZ			NA	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes" on	Form 990, Part IV	, line 34 because it had one	
(a) Name, address, and EIN of related organization	<b>(b)</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	FUND RAISING	AZ	501(C)(3)	7	, NA	
PHOENIX, AZ 85004 33-1092191	TOND KALSING	74	301(0)(3)	,		
VAN ANDEL RESEARCH INSTITUTE						
333 BOSTWICK AVENUE STE 850	MEDICAL RSRCH	MI	501(C)(3)	4	, NA	
GRAND RAPIDS, MI 49503 52-2000823						

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	<b>(j</b> Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f)	)	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary ad	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	11v, line 34, 35, or 36.)		V					
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?	_		<u> </u>				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b		No				
c Gift, grant, or capital contribution from other organization(s)		1c	Yes	<u> </u>				
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)		<b>1</b> g		No				
h Exchange of assets		1h		No				
i Lease of facilities, equipment, or other assets to other organization(s)		1i		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				
I Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees		1n		No				
o Reimbursement paid to other organization for expenses		10	Yes					
p Reimbursement paid by other organization for expenses		<b>1</b> p		No				
<b>q</b> O ther transfer of cash or property to other organization(s)		1q		No				
r Other transfer of cash or property from other organization(s)		1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	anchine and transaction thr	acholds						
(a)	(b)		(c)					
Name of other organization	Transaction type(a-r)	Amount	involve	ed				
(1) TRANSLATIONAL GENOMICS INSTITUTE FOUNDATION	С		4,25	9,390				
(1) See Additional Data Table								
(2)								
(3)								
(4)								
···								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
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Software ID: Software Version:

**EIN:** 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH

INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average	Posi	((	:)		11		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
ivallie allu Title	hours per		hat a		)			compensation from the	compensation from related	amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JEFFREY M TRENT PHD PRESIDENT/DIRECTOR	40 0	Х		х				1,046,046	0	17,553	
GOVERNOR JAN BREWER DIRECTOR	1 0	X						0	0	0	
JOSE CARDENAS DIRECTOR/CHAIRMAN	1 0	Х		x				0	0	0	
BENNETT DORRANCE DIRECTOR/SECRETARY	1 0	Х		x				0	0	0	
ROBERT BULLA DIRECTOR	1 0	Х						0	0	0	
PETER S FINE DIRECTOR	1 0	Х						0	0	0	
JEFFREY MOORAD 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	0	
CINDY PARSEGHIAN DIRECTOR/TREASURER	1 0	Х		х				0	0	0	
WILLIAM J POST DIRECTOR	1 0	Х						0	0	0	
DAVID J GULLEN MD DIRECTOR	1 0	Х						0	0	0	
RICHARD SILVERMAN DIRECTOR	1 0	Х						0	0	0	
JOHN KENNEDY DIRECTOR	1 0	Х						0	0	0	
DAVID VAN ANDEL DIRECTOR	1 0	Х						0	0	0	
BETSEY BAYLESS DIRECTOR	1 0	Х						0	0	0	
R RICHARD L BOALS DIRECTOR	1 0	Х						0	0	0	
SUSAN CLARK JOHNSON DIRECTOR	1 0	Х						0	0	0	
MICHAEL CROW PHD DIRECTOR	1 0	Х						0	0	0	
HONORABLE DIANE ENOS DIRECTOR	1 0	Х						0	0	0	
BERT A GETZ DIRECTOR	1 0	Х						0	0	0	
JOHN D HAEGER PHD DIRECTOR	1 0	Х						0	0	0	
JOHN MURPHY DIRECTOR	1 0	Х						0	0	0	
KEITH R MCKENNON DIRECTOR	1 0	Х						0	0	0	
FRANKLYN G PRENDERGAST MD PHD DIRECTOR	1 0	Х						0	0	0	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and	a o p oa									
(A) Name and Title	(B) (C) Average Position (check all hours that apply)							(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROBERT N SHELTON PHD DIRECTOR	1 0	Х						0	0	0
HONORABLE JIM SLATTERY DIRECTOR	1 0	Х						0	0	0
TERESA BURLESON CHIEF OPERATING OFFICER	40 0			х				375,130	0	14,061
ELIZABETH MONTEMAYOR CFO/ASSIST TREASURER	40 0			х				230,161	0	15,022
DANIEL VON HOFF EXECUTIVE VICE PRESIDENT	40 0				x			946,876	0	13,803
EDWARD SUH CHIEF INFORMATION OFFICER	40 0				x			299,023	0	15,791
SPYRO MOUSSES SENIOR INVESTIGATOR	40 0				x			249,797	0	15,438
JOHN CARPTEN SENIOR INVESTIGATOR	40 0				x			274,805	0	13,724
JAMES HARRIS VP BUSINESS DEVELOPMENT	40 0				x			305,556	0	13,968
MICHAEL BERENS PROFESSOR	40 0				x			291,892	0	15,718
MARY ANNE GUERRA PRESIDENT, TGEN ACCELERATORS	40 0						х	112,918	0	6,625

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SEMINARS AND EDUCATION	118,569	17,785	100,784	0
RELOCATION	118,603	20,376	98,227	0
DUES AND SUBSCRIPTIONS	93,496	22,983	70,513	0
RECRUITMENT	57,126	5,996	51,130	0
ALL OTHER EXPENSES	-297,921	0	-297,921	0