



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990**Return of Organization Exempt From Income Tax**

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 11/30, 2010**B** Check if applicable

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

400 E. VAN BUREN, SUITE 850

City or town, state or country, and ZIP + 4

PHOENIX, AZ 85004

F Name and address of principal officer

MICHAEL BASSOFF

400 E. VAN BUREN, SUITE 850 PHOENIX, AZ 85004

D Employer identification number

33-1092191

E Telephone number

(602) 343-8423

G Gross receipts \$ 75,249.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No" attach a list (see instructions)

H(c) Group exemption number**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website WWW.HELPTGEN.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation 2004 **M** State of legal domicile AZ**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities		
		BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	50.
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,918,909.	64,426.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,484.	10,552.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	271.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,955,393.	75,249.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,259,390.	6,338,185.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	462,528.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	534,251.	157,428.
	19	Revenue less expenses Subtract line 18 from line 12	5,988,112.	6,859,678.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,067,281.	-6,784,429.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	10,267,142.	10,351,117.
			785,648.	669,421.
		9,481,494.	9,681,696.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		10/17/11
	Signature of officer	Date
	Michael Bassoff, President	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRENDA GRIESEMER	Brenda Griesemer	10/16/2011		
	Firm's name	Firm's EIN			
	ERNST & YOUNG U.S. LLP	34-6565596			
	Firm's address	Phone no			
	TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004	602/322-3000			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2010)

16

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL
GENOMICS RESEARCH INSTITUTE (TGEN).**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 6,338,185. including grants of \$ 6,338,185.) (Revenue \$ _____)
SEE SCHEDULE O**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 6,338,185.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
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 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b 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	11b	X
c 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	11c	X
d 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	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
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? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☒ X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a <u>2</u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b <u>0</u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c <u>X</u>	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a <u>0</u>		
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 (see instructions). 2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b		
4a 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		X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u> 5a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a 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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d <u> </u>		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 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		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a <u> </u>		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b <u> </u>		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders. 11a <u> </u>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b <u> </u>		
12a 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. 12b <u> </u>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b <u> </u>		
c Enter the amount of reserves on hand. 13c <u> </u>		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19	
b Enter the number of voting members included in line 1a, above, who are independent	16	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **ARIZONA**

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **ELIZABETH MONTEMAYOR, 400 E. VAN BUREN, SUITE 850 PHOENIX, AZ 85004**
602-343-8508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BASSOFF PRESIDENT TGEN FOUNDATION	40.00	X		X				0.	437,239.	15,791.
(2) JOSE CARDENAS DESIGNATED DIRECTOR/TGEN CHAIR	1.00	X						0.	0.	0.
(3) BENNETT DORRANCE CHAIRMAN/DESIGNATED DIRECTOR	1.00	X		X				0.	0.	0.
(4) JERRY BISGROVE DIRECTOR	1.00	X						0.	0.	0.
(5) KARL ELLER DIRECTOR	1.00	X						0.	0.	0.
(6) DIANE HALLE DIRECTOR	1.00	X						0.	0.	0.
(7) LEE HANLEY DIRECTOR	1.00	X						0.	0.	0.
(8) MIKE INGRAM DIRECTOR	1.00	X						0.	0.	0.
(9) CATHERINE IVY DIRECTOR	1.00	X						0.	0.	0.
(10) KEN KENDRICK SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0.
(11) RICHARD LEHMANN TREASURER/DIRECTOR	1.00	X		X				0.	0.	0.
(12) F. FRANCIS NAJAFI DIRECTOR	1.00	X						0.	0.	0.
(13) THE HONORABLE SKIP RIMSZA DIRECTOR	1.00	X						0.	0.	0.
(14) RAY THURSTON DIRECTOR	1.00	X						0.	0.	0.
(15) PHIL FRANCIS DIRECTOR	1.00	X						0.	0.	0.
(16) JEFFREY M. TRENT, PHD DESIGNATED DIRECTOR/TGEN PRES	1.00	X						0.	1,046,046.	17,553.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) TERESA BURLESON DESIGNATED DIRECTOR/TGEN COO	1.00	X						0.	375,130.	17,553.
(18) TROY RICHARDS DIRECTOR	1.00	X						0.	0.	0.
(19) HOWARD YOUNG DIRECTOR	1.00	X						0.	0.	0.
(20) DENISE MCCLINTIC ASSOCIATE VP MAJOR GIFTS	40.00					X		0.	166,962.	10,071.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0.	2,025,377.	60,968.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	2,025,377.	60,968.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 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 individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	64,426.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		64,426			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,552.			10,552
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	ALL OTHER REVENUE	900099	271			271.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		271				
12	Total revenue. See instructions		75,249.		0	10,823	

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,338,185.	6,338,185.		
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.		
5 Compensation of current officers, directors, trustees, and key employees	238,709.	0.	23,871.	214,838.
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	69,283.	0.	6,928.	62,355.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits	56,073.	0.	5,607.	50,466.
10 Payroll taxes	0.	0.	0.	0.
11 Fees for services (non-employees)				
a Management	0.	0.	0.	0.
b Legal	576.	0.	576.	0.
c Accounting	0.	0.	0.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services See Part IV, line 17	0.			0.
f Investment management fees	0.	0.	0.	0.
g Other	66,911.	0.	66,911.	0.
12 Advertising and promotion	30,877.	0.	3,088.	27,789.
13 Office expenses	62,422.	0.	6,242.	56,180.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	31,281.	0.	3,128.	28,153.
17 Travel	13,294.	0.	0.	13,294.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	7,139.	0.	3,570.	3,569.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	2,707.	0.	2,707.	0.
23 Insurance	0.	0.	0.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25 column (A) amount, list line 24f expenses on Schedule O)				
a SEMINARS AND EDUCATION	3,667.		367.	3,300.
b DUES AND SUBSCRIPTIONS	2,584.			2,584.
c RECRUITMENT	396.		396.	
d ALL OTHER EXPENSES	-64,426.		-64,426.	
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	6,859,678.	6,338,185.	58,965.	462,528.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	3,164,527.
	2 Savings and temporary cash investments	5,732,940.	2	1,734,742.
	3 Pledges and grants receivable, net	4,362,848.	3	5,353,165.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,833.	9	8,966.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 168,169.		
	b Less accumulated depreciation	10b 156,301.	10c	11,868.
	11 Investments - publicly traded securities	68,117.	11	0.
	12 Investments - other securities See Part IV, line 11	67,964.	12	70,684.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,865.	15	7,165.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,267,142.	16	10,351,117.	
Liabilities	17 Accounts payable and accrued expenses	83,573.	17	47,434.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	702,075.	25	621,987.
	26 Total liabilities. Add lines 17 through 25	785,648.	26	669,421.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	580,912.	27	134,667.
	28 Temporarily restricted net assets	8,838,489.	28	9,484,936.
	29 Permanently restricted net assets	62,093.	29	62,093.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,481,494.	33	9,681,696.
	34 Total liabilities and net assets/fund balances	10,267,142.	34	10,351,117.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,249.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,859,678.
3	Revenue less expenses Subtract line 2 from line 1	3	-6,784,429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,481,494.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,984,631.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,681,696.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 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	X	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
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		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Employer identification number

33-1092191

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,804,855	5,598,863	4,359,865	721,605	64,426	15,549,614
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,804,855	5,598,863	4,359,865	721,605	64,426	15,549,614
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						4,783,520
6 Public support. Subtract line 5 from line 4						10,766,094

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,804,855	5,598,863	4,359,865	721,605	64,426	15,549,614
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	250,673	188,867	74,077	33,934	10,552	558,103
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					271	271
11 Total support. Add lines 7 through 10						16,107,988
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	66.84 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	60.75 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) 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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 **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.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information (See instructions)ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
ALL OTHER INCOME					271.	271.
TOTALS					<u>271.</u>	<u>271.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Employer identification number

33-1092191

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

JSA

OE1268 1 000

47473I 1546

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	62,093	62,093	62,093		
b Contributions					
c Net investment earnings, gains, and losses	3,676	7,353	6,606		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,676	7,353	6,606		
f Administrative expenses					
g End of year balance	62,093	62,093	62,093		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0.0000 %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	11,053	11,053	0
d Equipment	0	40,791	40,791	0
e Other		116,325	104,457	11,868
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				11,868

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		

Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		

Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	

Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO TGEN	621,987.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	621,987.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENTS

SCHEDULE D, PART V

THE INSTITUTE'S POLICY FOR APPROPRIATING THE DISTRIBUTION OF ITS SUMMER INTERNSHIP PROGRAM ENDOWMENT HAS BEEN DESIGNED TO SUPPORT A SPECIFIC NUMBER OF SUMMER INTERNS EACH YEAR FOR THE NEXT 25 YEARS. THE INSTITUTE CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. THE INSTITUTE CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (1) THE ORIGINAL VALUE OF THE GIFT DONATED TO THE PERMANENT ENDOWMENT, (2) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (3) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT.

FIN 48 FOOTNOTE

SCHEDULE D, PART X

IN FISCAL 2010, 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.

THE ADOPTION OF THE MORE LIKELY THAN NOT THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS HAD NO SIGNIFICANT IMPACT ON THE INSTITUTE'S CONSOLIDATED FINANCIAL STATEMENTS FOR THE FIVE MONTHS ENDED NOVEMBER 30, 2010.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INST EDN

Employer identification number

33-1092191

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part

It can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE TRANSLATIONAL GENOMICS RESEARCH INSTITU 445 N 5TH STREET, SUITE 600	75-3065445	501(C)(3)	6,338,185	0	N/A	N/A	SUPPORT GENOMICS RESEARCH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

JSA

0E1288 2 4731 1546

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PROCESS FOR MONITORING USE OF GRANT FUNDS IN THE U.S.

SCHEDULE I, PART I, LINE 2

THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT TGEN, A RELATED

501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND

DEVELOPMENT FUNCTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23**

▶ **Attach to Form 990** ▶ **See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Employer identification number

33-1092191

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

Yes No

1b X

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 X

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

4a X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a X

b Any related organization?

5b X

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

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

a The organization?

6a X

b Any related organization?

6b X

If "Yes" to line 6a or 6b, describe in Part III.

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

7 X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL BASSOFF	(i) 0. (ii) 415,239.	0. 0.	0. 22,000.	0. 9,800.	0. 5,991.	0. 453,030.	0. 437,239.
2 DENISE MCCLINTIC	(i) 0. (ii) 159,098.	0. 0.	0. 7,864.	0. 6,292.	0. 3,779.	0. 177,033.	0. 166,962.
3 JEFFREY M. TRENT, PHD	(i) 0. (ii) 746,703.	0. 232,685.	0. 66,658.	0. 9,800.	0. 7,753.	0. 1,063,599.	0. 1,046,046.
4 TERESA BURLESON	(i) 0. (ii) 334,354.	0. 24,276.	0. 16,500.	0. 9,800.	0. 7,753.	0. 392,683.	0. 375,130.
5	(i) (ii)	 	 	 	 	 	
6	(i) (ii)	 	 	 	 	 	
7	(i) (ii)	 	 	 	 	 	
8	(i) (ii)	 	 	 	 	 	
9	(i) (ii)	 	 	 	 	 	
10	(i) (ii)	 	 	 	 	 	
11	(i) (ii)	 	 	 	 	 	
12	(i) (ii)	 	 	 	 	 	
13	(i) (ii)	 	 	 	 	 	
14	(i) (ii)	 	 	 	 	 	
15	(i) (ii)	 	 	 	 	 	
16	(i) (ii)	 	 	 	 	 	

Schedule J (Form 990) 2010

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.

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 SINCE THEY WERE REIMBURSEMENTS FOR BUSINESS USE.

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.

COMPENSATION REPORTED ON PRIOR FORM 990

SCHEDULE J, PART II

THE ORGANIZATION HAS CHANGED ITS FISCAL YEAR END FROM 6/30 TO 11/30 IN YEAR 2010. THIS RETURN IS FOR THE PERIOD 7/1/10-11/30/10. THEREFORE, THE COMPENSATION REPORTED ON THIS SCHEDULE J FOR INDIVIDUALS REPORTED ON PART VII IS THE SAME AS ON THE FORM 990 FOR YEAR END 6/30/10. THEREFORE, COL

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.

F REFLECTS THE ENTIRE AMOUNTS REPORTED IN COLUMNS BI-III BECAUSE

COMPENSATION REPORTED ON THIS FORM 990 HAS ALREADY BEEN DISCLOSED ON A

PREVIOUSLY FILED FORM 990.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART I, LINE 1, AND PART III, LINE 1

BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS
RESEARCH INSTITUTE (TGEN).

DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION RAISES FUNDS FOR
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN). THE PROGRAM
SERVICE ACCOMPLISHMENTS OF TGEN ARE LISTED BELOW:

INTRODUCTION

THE RESEARCH AND CLINICAL WORK OF TGEN IS FOCUSED ON DISCOVERING THE
UNDERLYING CAUSES OF DISEASE PROGRESSION AND IMPROVING THE LIVES OF THOSE
AFFLICTED WITH DISEASE. NUMEROUS ACCOMPLISHMENTS HAVE POSITIONED TGEN
WELL IN TERMS OF GROWTH AND SCIENTIFIC ACHIEVEMENT. HIGHLIGHTS INCLUDE
RESEARCH AND CLINICAL ADVANCES; PEER REVIEWED SCIENTIFIC PAPERS; GRANTS
AND CONTRACTS; NEW PHILANTHROPIC INITIATIVES; AND CONTINUED
EDUCATION/OUTREACH EFFORTS.

THE FOLLOWING IS AN OVERVIEW OF OUR MOST RECENT SUCCESSES AND REINFORCES
OUR MISSION OF DISCOVERING THE GENETIC CAUSES OF DISEASES AND DISORDERS
AND TRANSLATING THAT KNOWLEDGE AS QUICKLY AS POSSIBLE INTO DIAGNOSTIC
TESTS AND THERAPEUTICS FOR PATIENTS.

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

PEER-REVIEWED LABORATORY RESEARCH PUBLICATIONS AND PRESENTATIONS

SINCE ITS INCEPTION, THE RESEARCH AND CLINICAL ASPECTS OF TGEN HAVE FOCUSED SOLELY ON THE PATIENT AS AN END POINT. AT TGEN, OUR FACULTY WORK TO DISCOVER THE UNDERLYING CAUSE OF DISEASE PROGRESSION AND RESISTANCE TO THERAPY AND WHY SOME INDIVIDUALS ENCOUNTER DEBILITATING DISEASES AND OTHERS LIVE HEALTHY LIVES. OUR CLINICAL TRIALS -IN COLLABORATION WITH SCOTTSDALE HEALTHCARE- NOT ONLY OFFER HOPE TO PATIENTS SUFFERING FROM MANY TYPES OF CANCER, THE RESULTS SERVE TO INFORM OUR RESEARCH STUDIES. SUPPORTED BY A NEW WAVE OF TECHNOLOGY, TGEN'S RESEARCH AND CLINICAL EFFORTS REMAIN EQUAL TO THE STRENGTHS AND CAPABILITIES OF ANY OF TODAY'S LEADING RESEARCH AND CLINICAL INSTITUTES.

NOWHERE IS THIS MORE EVIDENT THAN WITH TGEN'S SEQUENCING CAPABILITIES. TGEN'S WORK IN THE AREA OF WHOLE GENOME SEQUENCING (WGS) ALLOWS US TO DIG DEEPER INTO THE GENOME THAN EVER BEFORE BY PROVIDING MORE INFORMATION AND INCREASING OUR PROBABILITY OF IDENTIFYING SOMETHING SIGNIFICANT. WGS PROVIDES THE MOST COMPLETE SET OF COMPARISONS BETWEEN A PATIENT'S NORMAL DNA AND THAT FOUND IN A PATIENT'S CANCEROUS TUMORS. THOUGH IN ITS EARLY STAGES, THE USE OF WGS AS A DIAGNOSTIC, AND IN FACT A THERAPEUTIC AID TO THE PHYSICIAN'S "TOOLKIT," IS PART OF THE FUTURE IN MEDICINE HAPPENING AT TGEN TODAY. THE LONG-TERM HOPE IS THAT DOCTORS WILL LEVERAGE THIS INFORMATION TO INFORM DECISIONS ABOUT PATIENT CARE.

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

A MAJOR INITIATIVE CENTERS ON CANINE GENETICS. THE PROGRAM FOR CANINE HEALTH AND PERFORMANCE (PCHP) IS A TGEN/VARI INTER-INSTITUTIONAL PROGRAM DEVELOPED TO ACCELERATE THE PATH TO DISCOVERY OF CAUSATIVE GENETIC LESIONS 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. 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.

SELECT HIGHLIGHTS INCLUDE:

A. THE BISGROVE TRIAL, HEADED BY TGEN PHYSICIAN-IN-CHIEF DR. DANIEL VON HOFF, CONTINUES TO BEAR FRUIT WITH THE LATEST PUBLICATION OF A PAPER HIGHLIGHTING THE BENEFITS OF MOLECULAR PROFILING OF PATIENTS' TUMORS TO DISCOVER BEST TREATMENTS AND EXTENDING PROGRESSION-FREE CANCER SURVIVAL. THE PAPER WAS INITIALLY PUBLISHED ONLINE OCTOBER 4 IN THE JOURNAL OF CLINICAL ONCOLOGY. CITATION: "PILOT STUDY USING MOLECULAR PROFILING OF PATIENTS' TUMORS TO FIND POTENTIAL TARGETS AND SELECT TREATMENTS FOR

Name of the organization	Employer identification number
THE TRANSLATIONAL GENOMICS RESEARCH INST FDN	33-1092191

THEIR REFRACTORY CANCERS." DANIEL D. VON HOFF, JOSEPH J. STEPHENSON JR.,
PETER ROSEN, DAVID M. LOESCH, MITESH J. BORAD, STEPHEN ANTHONY, GAYLE
JAMESON, SUSAN BROWN, NINA CANTAFIO, DONALD A. RICHARDS, TOM R. FITCH,
ERNESTO WASSERMAN, CRISTIAN FERNANDEZ, SYLVAN GREEN, WILLIAM SUTHERLAND,
MICHAEL BITTNER, ARLET ALARCON, DAVID MALLERY, AND ROBERT PENNY. JCO
PUBLISHED ONLINE ON OCTOBER 4, 2010; DOI: 10.1200/JCO.2009.26.5983.

B. THE LOSS OF A GENE KNOWN AS INPP5A COULD PREDICT THE ONSET, AND TRACK
THE PROGRESSION, OF AN AGGRESSIVE TYPE OF SKIN CANCER, ACCORDING TO A
STUDY BY THE ARIZONA CANCER CENTER, MAYO CLINIC AND TGEN PUBLISHED IN
CANCER PREVENTION RESEARCH. TARGETING INPP5A COULD PROVIDE PHYSICIANS
WITH BETTER WAYS TO PREVENT AND TREAT CUTANEOUS SQUAMOUS CELL CARCINOMA,
OR SCC, A SKIN CANCER THAT OFTEN SPREADS TO OTHER PARTS OF THE BODY.

CITATION: "LOSS OF INOSITOL POLYPHOSPHATE 5-PHOSPHATASE IS AN EARLY EVENT
IN DEVELOPMENT OF CUTANEOUS SQUAMOUS CELL CARCINOMA." ALEKSANDAR SEKULIC,
SU Y. KIM, GALEN HOSTETTER, STEPHANIE SAVAGE, JANINE G. EINSPAHR, ANIL
PRASAD, PAUL SAGERMAN, CLARA CURIEL-LEWANDROWSKI, ROBERT KROUSE, G.
TIMOTHY BOWDEN, JAMES WARNEKE, DAVID S. ALBERTS, MARK R. PITTELKOW, DAVID
DICAUDO, BRIAN J. NICKOLOFF, JEFFREY M. TRENT AND MICHAEL BITTNER. CANCER
PREV RES; 3(10); 1277-83. ©2010 AACR.

C. TGEN INVESTIGATORS DISCOVERED A TREATMENT METHOD THAT MAY HELP OVARIAN
CANCER PATIENTS WHO NO LONGER RESPOND TO CONVENTIONAL CHEMOTHERAPY. A
SCIENTIFIC PAPER PUBLISHED IN THE SEPTEMBER ISSUE OF THE JOURNAL
GYNECOLOGIC ONCOLOGY DESCRIBES HOW THE INHIBITION OF A PROTEIN, CHEK1,

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

MAY BE AN EFFECTIVE ELEMENT TO INCORPORATE INTO THERAPIES FOR WOMEN WITH OVARIAN CANCER. THE RESEARCH LED BY TGEN'S DR. DAVID AZORSA, A SENIOR INVESTIGATOR, AND DR. SHILPI ARORA, A STAFF SCIENTIST, FOUND THAT INHIBITING CHEK1 BY A SMALL MOLECULE KNOWN AS PD 407824, ENABLED OVARIAN CANCER CELLS TO BE ATTACKED AGAIN BY CISPLATIN, A WIDELY USED PLATINUM-BASED CHEMOTHERAPY DRUG FOR WOMEN WITH OVARIAN CANCER. CITATION: "RNAI SCREENING OF THE KINOME IDENTIFIES MODULATORS OF CISPLATIN RESPONSE IN OVARIAN CANCER CELLS." SHILPI ARORA, KRISTEN M. BISANZ, LOURDES A. PERALTA, GARGI D. BASU, ASHISH CHOUDHARY, RAOUL TIBES, DAVID O. AZORSA. GYNECOL ONCOL (2010), DOI: 10.1016/J.YGYNO.2010.05.006.

D. RESEARCHERS AT TGEN, THE VAN ANDEL RESEARCH INSTITUTE (VARI) AND THE VIRGINIA G. PIPER CANCER CENTER AT SCOTTSDALE HEALTHCARE DISCOVERED A BIOMARKER THAT COULD HELP IN THE TREATMENT OF PATIENTS WITH AN AGGRESSIVE TYPE OF LUNG CANCER. USING A PARTICULAR BIOMARKER, RESEARCHERS MIGHT BETTER PREDICT WHICH PATIENTS WITH SMALL CELL LUNG CANCER ARE RESISTANT TO EXISTING DRUG THERAPIES AND WHICH ONES COULD BENEFIT FROM NEW THERAPIES TAILORED TO THEIR SPECIFIC NEEDS, ACCORDING TO A SCIENTIFIC PAPER PUBLISHED JUNE 14 IN THE JOURNAL OF THORACIC ONCOLOGY. CITATION: "MICRORNA 92A-2*, A BIOMARKER PREDICTIVE FOR CHEMORESISTANCE AND PROGNOSTIC FOR SURVIVAL IN SMALL CELL LUNG CANCER PATIENTS." AARATI R. RANADE, DAVID CHERBA, SHRAVAN SRIDHAR, PATRICK RICHARDSON, CRAIG WEBB, ANOOR PARIPATI, BRAD BOWLES, AND GLEN J. WEISS. J THORAC ONCOL. 2010 AUG; 5(8):1273-8.

Name of the organization	Employer identification number
THE TRANSLATIONAL GENOMICS RESEARCH INST FDN	33-1092191

E. THE FIRST STUDY OF EWING'S SARCOMA THAT SCREENED HUNDREDS OF GENES BASED ON HOW THEY AFFECT CELL GROWTH HAS IDENTIFIED TWO POTENTIAL ANTI-CANCER DRUG TARGETS, ACCORDING TO A SCIENTIFIC PAPER PUBLISHED IN THE AUGUST EDITION OF THE JOURNAL MOLECULAR CANCER. TGEN RESEARCHERS USED RNAI-BASED PHENOTYPIC, OR LOSS-OF-FUNCTION SCREENING, A METHOD OF SILENCING HUNDREDS OF INDIVIDUAL GENES IN A HIGH-THROUGHPUT FORMAT, TO ANALYZE 572 KINASES THAT ARE EXPRESSED IN HUMAN CELLS. KINASES ARE ENZYMES THAT MODIFY OTHER PROTEINS. USING THIS TECHNIQUE, THE AUTHORS DISCOVERED TWO PROTEIN KINASES WITH IMPORTANT ROLES IN THE GROWTH AND SURVIVAL OF EWING'S SARCOMA CELLS. CANCER CELLS DIED WHEN INVESTIGATORS STOPPED THE NORMAL FUNCTION OF THE TWO PROTEIN KINASES CALLED STK10 AND TNK2. CITATION: "RNAI PHENOTYPE PROFILING OF KINASES IDENTIFIES POTENTIAL THERAPEUTIC TARGETS IN EWING'S SARCOMA." SHILPI ARORA, IRMA M GONZALES, R. TANNER HAGELSTROM, CHRISTIAN BEAUDRY, ASHISH CHOUDHARY, CHAO SIMA, RAOUL TIBES, SPYRO MOUSSES, AND DAVID O AZORSA. MOLECULAR CANCER 2010, 9:218 DOI:10.1186/1476-4598-9-218.

F. THE FIRST STUDY TO SHOW THAT HYPOMETHYLATION OCCURS EARLY IN THE DEVELOPMENT OF MULTIPLE MYELOMA, A COLLABORATION OF TGEN AND MAYO CLINIC, WAS PUBLISHED IN CANCER RESEARCH. CITATION: "DNA METHYLATION ANALYSIS DETERMINES THE HIGH FREQUENCY OF GENIC HYPOMETHYLATION AND LOW FREQUENCY OF HYPERMETHYLATION EVENTS IN PLASMA CELL TUMORS." BODOUR SALHIA, ANGELA BAKER, GREGORY AHMANN, DANIEL AUCLAIR, RAFAEL FONSECA, AND JOHN CARPTEN. CANCER RES SEPTEMBER 1, 2010 70:6934-6944; PUBLISHED ONLINE FIRST AUGUST 24, 2010; DOI:10.1158/0008-5472.CAN-10-0282.

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

SELECT HIGHLIGHTS: PEER-REVIEWED GRANT FUNDING

FROM JULY THROUGH NOVEMBER 2010, TGEN INVESTIGATORS SUBMITTED 56 GRANT APPLICATIONS, TOTALING \$70,304,589. DURING THAT PERIOD, TGEN RECEIVED AWARD NOTICES FOR 11 GRANTS, FELLOWSHIPS, AND SUBCONTRACTS TOTALING \$7,157,675.

A SELECTION OF AWARDS INCLUDE:

A. FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$1.4 MILLION TO DR. DAVID DUGGAN FOR A GENOME-WIDE ASSOCIATION ANALYSIS IN COLORECTAL CANCER.

B. THREE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$1.1 MILLION TO DR. LANCE PRICE TO STUDY THE RISK OF HIV SUSCEPTIBILITY AND INFECTIVITY.

C. FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$765,668 TO DR. MICHAEL BITTNER TO INVESTIGATE CORRELATIONS BETWEEN HIGH-THROUGHPUT BIOMARKERS AND INDIVIDUAL ACUTE RADIATION SENSITIVITY AS PART OF THE DEVELOPMENT OF A BIODOSIMETER.

D. TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$464,750 TO DR. DAVID AZORSA FOR DEVELOPMENT OF THERAPEUTIC TARGETS FOR

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

ORAL CANCERS.

E. FIVE-YEAR GRANT FROM THE NIH TOTALING \$1,306,223 TO DR. MICHAEL BITTNER FOR THE CENTER FOR HIGH-THROUGHPUT MINIMALLY-INVASIVE RADIATIONN BIODOSIMETRY.

F. TWO-YEAR GRANT FROM THE DEPARTMENT OF DEFENSE TOTALING \$861,734 TO DR. LANCE PRICE FOR PROSPECTIVE MOLECULAR CHARACTERIZATION OF BURN WOUND COLONIZATION: NOVEL TOOLS AND ANALYSIS.

G. TWO-YEAR GRANT FROM HOMELAND SECURITY TO DR. PAUL KEIM TOTALING \$525,471 FOR STANDARDS AND ANALYSIS TOOLS FOR NEXTGEN SEQUENCING APPROACHES FOR DETECTING RARE VARIANTS IN BACILLUS ANTHRACIS CULTURES.

ENTERPRISE EFFORTS AND COLLABORATION

TGEN'S OFFICES OF BUSINESS DEVELOPMENT AND TECHNOLOGY TRANSFER WORK TO DEVELOP AN APPROPRIATE ADMINISTRATIVE STRUCTURE TO HANDLE COMMERCIALIZATION OF ITS INTELLECTUAL PROPERTY, AS WELL AS TO DEVELOP EFFECTIVE WAYS TO PARTNER WITH THE COMMERCIAL SECTOR.

THE TECHNOLOGY TRANSFER OFFICE (TTO) FACILITATES AND ACCELERATES THE COMMERCIALIZATION OF TGEN'S SCIENTIFIC DISCOVERIES FOR THE BENEFIT OF HUMAN HEALTH BY,

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

- O IDENTIFYING, PATENTING AND LICENSING NEW TECHNOLOGY;
- O FACILITATING ACCESS AND EXCHANGE OF RESEARCH MATERIALS, TECHNOLOGIES, AND DATA VIA MATERIAL TRANSFER AGREEMENTS (MTAS) OR CONFIDENTIAL DISCLOSURE AGREEMENTS (CDAS);
- O NEGOTIATING COLLABORATIVE RESEARCH AGREEMENTS; AND
- O ASSISTING IN THE FORMATION OF START-UP COMPANIES WHEN APPROPRIATE.

SELECT HIGHLIGHTS: RESEARCH COLLABORATION AGREEMENTS (RCAS) AND
PEER-REVIEWED CONTRACTS

FROM APRIL 1 THROUGH AUGUST 31, TGEN SIGNED 197 AGREEMENTS, INCLUDING 42
RESEARCH COLLABORATION AGREEMENTS, A NEAR DOUBLING OF BOTH TOTAL
AGREEMENTS AND RESEARCH COLLABORATIONS FROM THE PREVIOUSLY REPORTED
PERIOD.

HIGHLIGHTED RESEARCH COLLABORATIONS AND CONTRACTS INCLUDE:

A. SCOTTSDALE HEALTHCARE RESEARCH PLAN 03 - "A PILOT STUDY UTILIZING NEXT
GENERATION TUMOR SEQUENCING TO FIND POTENTIAL TARGETS FOR THERAPY IN
PATIENTS WITH METASTATIC COLORECTAL CANCER (SCRI-CA-002)" (DR. RAMESH
RAMANATHAN) .

B. MAYO CLINIC MASTER RESEARCH COLLABORATION AGREEMENT - MASTER AGREEMENT
GOVERNING ALL FUTURE RESEARCH PLANS.

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

C. FRED HUTCHINSON CANCER RESEARCH CENTER EXHIBIT A-5 TO UMBRELLA
AGREEMENT - "SPECIMEN REPOSITORY & REGISTRY FOR ADENOCARCINOMA LUNG
CANCER" (DRS. CHERYL SELINSKY, KOSTAS PETRITIS AND JASON CHIEN).

D. BANNER HEALTH RESEARCH PLAN - "CHARACTERIZATION OF RESISTANCE
BIOMARKERS TO STANDARD ANTI-CANCER DRUGS PRIOR TO TREATMENT OF OVARIAN
CANCER" (DRS. HEATHER CUNLIFFE AND MATTHEW BORST).

E. SCOTTSDALE HEALTHCARE RESEARCH PLAN 02 - SCOPE OF WORK REVISED
"ADVANCED TREATMENTS FOR ADRENOCORTICAL CANCER" (DRS. KIMBERLY BUSSEY &
MICHAEL DEMEURE)

F. ARIZONA ONCOLOGY SERVICES RCA & RESEARCH PLAN 01 - "CHARACTERIZATION
OF RESISTANCE BIOMARKERS TO STANDARD ANTI-CANCER DRUGS PRIOR TO TREATMENT
OF OVARIAN CANCER" (DRS. HEATHER CUNLIFFE & MATTHEW BORST)

G. MAYO RESEARCH PLAN - "LUNG CANCER BIOMARKER DEVELOPMENT THROUGH
ANALYSIS OF DONATED FLUID AND/OR TISSUE SAMPLES FROM NEWLY DIAGNOSED LUNG
CANCER PATIENTS" (DRS. CHERYL SELINSKY AND HELEN ROSS)

H. UNIVERSITY HOSPITAL OF BASEL RESEARCH PLAN 03 - "VALIDATION OF ACGH
FINDINGS USING FISH AND IHC ASSAYS" (DRS. MICHAEL BARRETT & LUCAS
BUBENDORF)

JOB CREATION

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

29 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED BETWEEN JULY 1 AND
NOVEMBER 30, 2010.

POSITIONS FILLED INCLUDE:

RESEARCH ASSOCIATE

SOFTWARE ENGINEER

RESEARCH ASSOCIATE II

ASSISTANT PROFESSOR

PAUSCH RESEARCH SCHOLAR

STAFF SCIENTIST

RESEARCH ASSOCIATE II

SOFTWARE ENGINEER

POST-DOC FELLOW

WEB DEVELOPER

SR. ADMINISTRATIVE ASSISTANT

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.

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

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 FY10, BROKEN DOWN AS FOLLOWS: 9 PERCENT HIGH SCHOOL, 70 PERCENT UNDERGRADUATE, AND 21 PERCENT GRADUATE/MEDICAL SCHOOL.

TEACHER TRAINING PROGRAM

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 ENHANCE INQUIRY-BASED SCIENCE TEACHING IN GRADES 5, 7, AND 9 WHILE EXPANDING THE INTERDISCIPLINARY PREPARATION OF GRADUATE STUDENTS IN BIOTECHNOLOGY.

STIMULATING GROWTH OF ARIZONA'S LIFE SCIENCE INDUSTRIES

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

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 COMMUNITY COLLEGE AND MORE.

PART V, LINES 1 & 2

THIS RETURN IS FOR THE SHORT PERIOD 07/01/10 - 11/30/10. CONSEQUENTLY, THE INFORMATION PROVIDED IN THESE LINE ITEMS REFLECTS THE CALENDAR YEAR ENDED 12/31/09.

GOVERNANCE STRUCTURE

FORM 990, PART VI, LINES 6, 7A & 7B

LINE 6 - THE SOLE CORPORATE MEMBER OF TGEN FOUNDATION IS THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE.

LINE 7A - TGEN, AS THE SOLE CORPORATE MEMBER OF TGEN FOUNDATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF TGEN FOUNDATION.

LINE 7B - THE SOLE CORPORATE MEMBER'S VOTE SHALL BE REQUIRED ON:

A) THE ELECTION AND REMOVAL OF ELECTED DIRECTORS AS SET FORTH IN THE

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

BYLAWS;

B) THE ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION;

C) THE SALE OF ALL OR SUBSTANTIALLY ALL THE FOUNDATION'S ASSETS IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS;

D) THE AMENDMENT OF THE FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS;

E) THE INSTITUTION, OR CONSENT TO INSTITUTION, OF PROCEEDINGS TO ADJUDICATE THE FOUNDATION BANKRUPT OR INSOLVENT, OR THE FILING OF A PETITION SEEKING OR CONSENTING TO REORGANIZATION OR RELIEF UNDER ANY LAW RELATING TO BANKRUPTCY, INSOLVENCY, OR OTHER RELIEF FOR DEBTORS, OR THE CONSENT TO THE APPOINTMENT OF A RECEIVER, LIQUIDATOR, ASSIGNEE, TRUSTEE, SEQUESTRATOR (OR SIMILAR OFFICIAL) OF THE FOUNDATION OR OF ALL OR ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION IN WRITING OF THE FOUNDATION'S INABILITY TO PAY ITS DEBTS GENERALLY AS THEY BECOME DUE, OR ANY STEPS IN FURTHERANCE OF SUCH ACTION; AND

F) THOSE MATTERS UPON WHICH THE MEMBER IS GRANTED VOTING RIGHTS IN THE ARTICLES OF INCORPORATION, BYLAWS, OR THE ARIZONA NONPROFIT CORPORATION ACT.

THE SOLE CORPORATE MEMBER HAS THE FOLLOWING RESERVE POWERS:

A) APPOINT AND REMOVE THE PRESIDENT;

B) APPROVE THE ESTABLISHMENT OF NEW CORPORATE PARTNERSHIP ENTITIES CREATED OR JOINED BY THE FOUNDATION;

C) APPROVE THE FOUNDATION'S EXECUTION OF MATERIAL CONTRACTS; AND

D) APPROVE THE FOUNDATION'S INCURRENCE OF MATERIAL DEBTS.

Name of the organization	Employer identification number
THE TRANSLATIONAL GENOMICS RESEARCH INST FDN	33-1092191

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.

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW FORM 990
FORM 990, PART VI, LINE 11A
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FINANCE DEPARTMENT. THE 990 IS THEN REVIEWED BY MANAGEMENT IN THE FINANCE DEPARTMENT AND POSTED ON THE BOARD WEBSITE.

PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, LINE 12C
TGEN FOUNDATION ISSUES A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS TO ALL FOUNDATION DIRECTOR LEVEL POSITIONS AND ABOVE IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED BY THE FOUNDATION PRESIDENT AND/OR CHIEF OPERATING OFFICER. THE QUESTIONNAIRES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE FOUNDATION PRESIDENT AND/OR CHIEF OPERATING OFFICER TO ENSURE A PLAN IS SET FORTH. UPDATES TO THE LIST ARE HANDLED ON AN AS NEEDED BASIS BASED ON CONTRACT REVIEWS AND EMPLOYEE INFORMATION.

PROCESS USED TO DETERMINE COMPENSATION
FORM 990, PART VI, LINES 15A AND 15B
TGEN FOUNDATION DOES NOT HAVE ANY DIRECT EMPLOYEES. COMPENSATION IS DETERMINED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USING THE FOLLOWING PROCESS:

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL.

DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS). THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS.

DURING THE DECISION-MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY.

THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS WHEN DEEMED NECESSARY AND ADVISABLE.

THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE. THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING DISQUALIFIED PERSONS' COMPENSATION".

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

WHEN DEVELOPING A COMPENSATION PHILOSOPHY, TGEN KEPT IN MIND THE
FOLLOWING FACTORS:

THE TGEN MISSION AND STRATEGY

THE TGEN CULTURE

TRENDS IN COMPENSATION IN THE EXTERNAL ENVIRONMENT

TRENDS IN RECRUITMENT OF NEW EMPLOYEES

TRENDS IN ORGANIZATIONAL EMPLOYEE TURNOVER

TGEN'S LIFE CYCLE STAGE

AVAILABILITY OF CERTAIN DOCUMENTS TO THE GENERAL PUBLIC

FORM 990, PART VI, LINE 19

TGEN FOUNDATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST.

HOURS DEVOTED TO RELATED ORGANIZATION

FORM 990, PART VII

THE ORGANIZATION DOES NOT DIRECTLY HAVE ANY EMPLOYEES.

THE FOLLOWING INDIVIDUALS REPORTED IN PART VII ARE PAID BY THE
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED TAX-EXEMPT
ORGANIZATION, FOR SERVICES PROVIDED TO TGEN FOUNDATION:

MICHAEL BASSOFF

DENISE MCCLINTIC

Name of the organization

Employer identification number

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

THESE INDIVIDUALS DEVOTE 40 HOURS PER WEEK TO TGEN FOUNDATION AND NO
HOURS PER WEEK TO TGEN.

THE FOLLOWING INDIVIDUALS REPORTED IN PART VII ARE PAID BY THE
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED TAX-EXEMPT
ORGANIZATION, FOR SERVICES PROVIDED TO TGEN:

JEFFREY TRENT

TERESA BURLESON

THEY DEVOTE 40 HOURS PER WEEK TO TGEN AND 1 HOUR PER WEEK TO TGEN
FOUNDATION.

OTHER CHANGES IN FUND BALANCE

FORM 990, PART XI, LINE 5

\$6,338,185 NET ASSETS RELEASED FROM RESTRICTION

646,446 OTHER CHANGES IN FUND BALANCE

\$6,984,631

=====

ATTACHMENT 1FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
INVESTMENT IN SMI	0.
TOTALS	<u>0.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Employer identification number

33-1092191

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) THE TRANSLATIONAL GENOMICS RESEARCH INST 75-3065445 445 NORTH 5TH STREET PHOENIX, AZ 85004	RESEARCH	AZ	501 (C) (3)	7	VARI	X
(2) VAN ANDEL RESEARCH INSTITUTE 52-2000823 333 BOSTWICK AVE, STE 850 GRAND RAPIDS, MI 49503	MEDICAL RSCH	MI	501 (C) (3)	4	N/A	X
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

JSA

474731 1546

0E1307 1 000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(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-of-year assets	(h) Disproportionate allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

	(a) Name of other organization	(b) Transaction type (a-t)	(c) Amount involved	(d) Method of determining amount involved
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
(1)				
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Schedule R (Form 990) 2010

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)