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DLN: 93493289009552

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 12-01-2010 and ending 11-30-2011 A For the 2010 D Employer identification number C Name of organization THE TRANSLATIONAL GENOMICS RESEARCH INST FDN B Check if applicable 33-1092191 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (602) 343-8423 400 E VAN BUREN SUITE 850 Terminated G Gross receipts \$ 6,025,718 City or town, state or country, and ZIP + 4 PHOENIX, AZ 85004 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes MICHAEL BASSOFF SAME AS CABOVE H(b) Are all affiliates included? PHOENIX, AZ 85004 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW HELPTGEN ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 2004 M State of legal domicile AZ Summary Part I Briefly describe the organization's mission or most significant activities BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS RESEARCH INSITUTE (TGEN) Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 19 Number of independent voting members of the governing body (Part VI, line 1b) . 4 15 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 145 Total number of volunteers (estimate if necessary) 6 7a Total 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 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 64,426 5,881,499 Rayenue Program service revenue (Part VIII, line 2g) . 0 0 10,552 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 142,156 271 2,063 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 75,249 6,025,718 13 6,338,185 6,629,446 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 364,065 879,547 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,150,831}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 157,428 587,250 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,859,678 8,096,243 19 Revenue less expenses Subtract line 18 from line 12 . -6,784,429 -2,070,525 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 10,351,117 9,909,027 Total assets (Part X, line 16) . 2,297,856 21 Total liabilities (Part X, line 26) . 669,421 22 9,681,696 7,611,171 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-10-15 Signature of officer Sign Here Type or print name and title Check if self-Preparer's signature Date PTIN employed 🕨 🛭 preparer's name Paid Firm's name 🕨 ERNST & YOUNG US LLP

Firm's address FTWO NORTH CENTRAL AVENUE STE 2300

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

PHOENIX, AZ 85004

Preparer

Use Only

Phone no 🕨 (602) 322-

Γ Nο

Fım's EIN

Yes

Par	t III		of Program Servi				\
1	Brief		rganızatıon's mıssıon				· · · · · · · · · · · · · · · · · · ·
			_		TRANSLATIONAL G	ENOMICS RESEARCH IN	STITUTE (TGEN)
2	the pi	rıor Form 990 or	990-EZ?		rices during the year	which were not listed on	┌ Yes ┌ No
			e new services on So				
3	servi	ces?			changes in how it cor	iducts, any program	┌ Yes ┌ No
	If "Ye	s," describe thes	e changes on Schedu	ıle O			
4	Section	on 501(c)(3) and	501(c)(4) organizat	ions and section		argest program services b re required to report the an ervice reported	
4a	(Code	e SCHEDULE O) (Expenses \$	6,629,446	ncluding grants of \$	6,629,446) (Revenue \$)
4b	(Cod	e) (Expenses \$	ır	ncluding grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$	11	ncluding grants of \$) (Revenue \$)
	_						
4d			es (Describe in Sch	•			,
		enses \$		uding grants of \$) (Revenue \$)
4e	Tota	ıl program service	e expenses ⊩ \$	6,629,446			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{m{g}}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \blacksquare	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Volume No.			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	Yes	

Form 990 ((2010)						Page
Part V	Statements Regarding Other IRS Filings and Tax Complian Check if Schedule O contains a response to any question in this Part V						
-						Voc	No

the number reported in Box 3 of Form 1096 Enter -0- if not applicable the number of Forms W-2G included in line 1a Enter -0- if not applicable g (gambling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and Tax lents filed for the calendar year ending with or within the year covered by this the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the calendar year, did the organization have an interest in, or a signature or other authority in financial account in a foreign country (such as a bank account, securities account, or other financial into the filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts are organization a party to a prohibited tax shelter transaction at any time during the tax year? To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? The organization have annual gross receipts that are normally greater than \$100,000, and did the catalog of the organization include with every solicitation an express statement that such contributions or got tax deductible? The organization have annual gross receipts that are normally greater than \$100,000, and did the catalog of the organization include with every solicitation an express statement that such contributions or got tax deductible? The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an exprovided to the payor? The did the organization notify the donor of the value of the goods or services provided?	5a 5b 5c 6a 6b	Yes	No No No
the number of Forms W-2G included in line 1a Enter -0- if not applicable a organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and Tax vents filed for the calendar year ending with or within the year covered by this ast one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a organization have unrelated business gross income of \$1,000 or more during the it imeduring the calendar year, did the organization have an interest in, or a signature or other authority in annotal account in a foreign country (such as a bank account, securities account, or other financial nt)? specification as party to a prohibited tax shelter transaction at any time during the tax year? by taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? The toline 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did the cation solicit any contributions that were not tax deductible? The organization include with every solicitation an express statement that such contributions or got tax deductible? The organization receive a payment in excess of \$75 made party as a contribution and partly for goods and es provided to the payor?	1c 0 2b 3a 3b 4a 5a 5b 5c 6a ifts 6b 7a	Yes	No No No
a organization comply with backup withholding rules for reportable payments to vendors and reportable grounding (gambling) winnings to prize winners? The number of employees reported on Form W-3, Transmittal of Wage and Tax ents filed for the calendar year ending with or within the year covered by this cast one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) are organization have unrelated business gross income of \$1,000 or more during the companization have unrelated business gross income of \$1,000 or more during the financial account in a foreign country (such as a bank account, securities account, or other financial int)? The financial account in a foreign country (such as a bank account, securities account, or other financial int)? The organization aparty to a prohibited tax shelter transaction at any time during the tax year? The organization aparty to a prohibited tax shelter transaction at any time during the tax year? The line 5a or 5b, did the organization file Form 8886-T? The line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did the zation solicit any contributions that were not tax deductible? The organization include with every solicitation an express statement that such contributions or got tax deductible? The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and es provided to the payor?	1c 0 2b 3a 3b 4a 5a 5b 5c 6a ifts 6b 7a	Yes	No No No
the number of employees reported on Form W-3, Transmittal of Wage and Tax ents filed for the calendar year ending with or within the year covered by this seast one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) are organization have unrelated business gross income of \$1,000 or more during the set of this year? If "No," provide an explanation in Schedule O set it is during the calendar year, did the organization have an interest in, or a signature or other authority infinancial account in a foreign country (such as a bank account, securities account, or other financial int)? Set organization and party to a prohibited tax shelter transaction at any time during the tax year? Set organization a party to a prohibited tax shelter transaction at any time during the tax year? Set organization have annual gross receipts that are normally greater than \$100,000, and did the cation solicit any contributions that were not tax deductible? Set organization receive a payment in excess of \$75 made party as a contribution and party for goods and es provided to the payor?	2b 3a 3b 4a 5a 5b 5c 6a affts 6b 7a	Yes	No No No
the test filed for the calendar year ending with or within the year covered by this cast one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) are organization have unrelated business gross income of \$1,000 or more during the composition of the calendar year, did the organization have an interest in, or a signature or other authority infinancial account in a foreign country (such as a bank account, securities account, or other financial int)? It is, enter the name of the foreign country structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts are organization a party to a prohibited tax shelter transaction at any time during the tax year? If a to line 5a or 5b, did the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the cation solicit any contributions that were not tax deductible? If the sum of lines is returned to the organization include with every solicitation an express statement that such contributions or got tax deductible? If the sum of lines is returned to the payor? If the sum of lines is returned to e-file (see instructions) are contributions and partly for goods and es provided to the payor?	2b 3a 3b 4a 5a 5b 5c 6a ifts 6b 7a		No No No
If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) as organization have unrelated business gross income of \$1,000 or more during the see," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b 4a 5a 5b 5c 6a afts 6b 7a		No No No
e organization have unrelated business gross income of \$1,000 or more during the	3a 3b 4a 5a 5b 5c 6a afts 6b 7a		No No No
s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b 4a 5a 5b 5c 6a afts 6b 7a		No No No
interpolation in Schedule O	3b 4a 5a 5b 5c 6a afts 6b 7a		No No No
infinancial account in a foreign country (such as a bank account, securities account, or other financial int)?	5a 5b 5c 6a affts 6b 7a		No No
structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts to e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b 5c 6a offts 6b 7a		No
the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b 5c 6a offts 6b 7a		No
y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? "" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c 6a 6b 7a		No
the organization have annual gross receipts that are normally greater than \$100,000, and did the zation solicit any contributions that were not tax deductible?	5c 6a 6b 7a		
the organization have annual gross receipts that are normally greater than \$100,000, and did the zation solicit any contributions that were not tax deductible?	6a 6b 7a		No
zation solicit any contributions that were not tax deductible?	6a 6b 7a		No
ot tax deductible?	6b d 7a		
izations that may receive deductible contributions under section 170(c). e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an es provided to the payor?			1
es provided to the payor?			
, and the organization notify the donor of the value of the goods of services provided.	''		No
e organization sell, exchange, or otherwise dispose of tangible personal property for which it was require			
rm 8282?	. 7c		No
e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
ct ⁷	7e		No
e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . organization received a contribution of qualified intellectual property, did the organization file Form 8899			No
ed?	7g		
organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a 7h		
pring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Droporting organization, or a donor advised fund maintained by a sponsoring organization, have excesses so holdings at any time during the year?	8		
oring organizations maintaining donor advised funds.	•		+
e organization make any taxable distributions under section 4966?	9a		
e organization make a distribution to a donor, donor advisor, or related person?	9b		_
n 501(c)(7) organizations. Enter Ion fees and capital contributions included on Part VIII, line 12 10a			
receipts, included on Form 990, Part VIII, line 12, for public use of club			
es			
Income from members or shareholders			
income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them)			
n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
s," enter the amount of tax-exempt interest received or accrued during the			
n 501(c)(29) qualified nonprofit health insurance issuers.			
	13a		
organization licensed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report on Schedule O			-
See the instructions for additional information the organization must report on Schedule O			
the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans			1
See the instructions for additional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states the the organization is licensed to issue qualified health plans			No
	n 501(c)(12) organizations. Enter Income from members or shareholders	In 501(c)(12) organizations. Enter Income from members or shareholders	n 501(c)(12) organizations. Enter Income from members or shareholders

ELIZABETH MONTEMAYOR 400 E VAN BUREN SUITE 850

PHOENIX, AZ 85004 (602) 343-8508

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
	-	•	165	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			NI-
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		Yes	
13	Does the organization have a written whistleblower policy?	12c 13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_		
17	List the States with which a copy of this Form 990 is required to be filed▶AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

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

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

1a Complete this table for all persons required to be listed 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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	age Position (check all rs that apply)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) MICHAEL BASSOFF PRESIDENT	24 0	х		х				0	436,648	29,123
(2) JERRY BISGROVE BOARD MEMBER	1 0	х						0	0	0
(3) BENNETT DORRANCE BOARD MEMBER / CHAIRMAN	1 0	х		х				0	0	0
(4) KARL ELLER BOARD MEMBER	1 0	х						0	0	0
(5) PHIL L FRANCIS BOARD MEMBER	1 0	х						0	0	0
(6) DIANE HALLE BOARD MEMBER	1 0	х						0	0	0
(7) LEE T HANLEY BOARD MEMBER	1 0	х						0	0	0
(8) MIKE INGRAM BOARD MEMBER	1 0	х						0	0	0
(9) CATHERINE IVY BOARD MEMBER	1 0	х						0	0	0
(10) KEN KENDRICK BOARD MEMBER / SECRETARY	1 0	х		х				0	0	0
(11) RICHARD J LEHMANN BOARD MEMBER / TREASURER	1 0	х		х				0	0	0
(12) F FRANCIS NAJAFI BOARD MEMBER	1 0	х						0	0	0
(13) WILLION J POST BOARD MEMBER	1 0	х						0	0	0
(14) TROY RICHARDS BOARD MEMBER	1 0	х						0	0	0
(15) THE HONORABLE SKIP RIMSZA BOARD MEMBER	1 0	х						0	0	0
(16) RAY THURSTON BOARD MEMBER	1 0	х						0	0	0 Form 990 (2010)

\$100,000 in compensation from the organization **F**0

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

Naı	(A) me and Title	(B) Average hours per		tion that a			ıll		(D) Reportable compensation from the	(E) Reportable compensation from related	,	(F) Estima amount o compens	ited f other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	c	from t organizati relati organiza	he on and ed
(17) HOWARD YOU BOARD MEMBER		1 0	х						C)	0		0
(18) TESS BURLES BOARD MEMBER	ON	1 0	х						(438,4	63		21,555
(19) JEFFREY M T BOARD MEMBER	RENT PHD	2 0	х						(1,043,4	05	303,	
(20) DENISE MCC ASSOCIATE VICE P		40 0					х		(167,1	60		7,878
							<u> </u>						
											-		
1b Sub-Tota	1				٠.	<u> </u>	'	 					
c Total fro	m continuation sheets	to Part VII, Sec	tion A				>						
d Total (ad	ld lines 1b and 1c).			•	•			+	0	2,085,676	'	3	361,586
	nber of individuals (incl 0 in reportable compen					ted	above) who	received more tha	an			
												Yes	No
	rganization list any fori a? <i>If "Yes," complete Sch</i>							ee,o	r highest compens	ated employee	3		No
	ndividual listed on line : lion and related organiz										4	Yes	
, ,	person listed on line 1a rendered to the organiz						,		•	or individual for •	5	103	N o
<u> </u>	Tadas 1 10												
1 Complete	Independent Con this table for your five	hıghest comper		ndep	ende	ent c	ontra	ctors	that received mor	e than			
<u> </u>	\$100,000 of compensation from the organization (A) Name and business address (B) Description of services									(C) Compen			
											1	,	
											7		
2 Total numi				- 4 1					d abaya) who wasay		\dashv		

orm 99		•						P
Part V	4111	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
25 72	1a	Federated campai	gns 1a					
₩ = 1	b	Membership dues	1b					
ಕ್ತಾ		Fundraising events						
<u>≉</u> हि	С							
<u>ਰਿੰਦ</u>	d	Related organizati						
£,₩	е	Government grants (co	ontributions) 1e					
올높	f	All other contributions, similar amounts not in	gifts, grants, and 1f cluded above	5,881,499				
<u>ē</u> ∳	q		included in lines 1a-1f \$					
늍늗	_							
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1	a-1f	. •	5,881,499			
<u>a</u>				Business Code				
eu	2a							
, <u>2</u>	b							
9	С							
ž	d							
<i>\$</i>	e							
Program Serwce Revenue	_	All other program	conuco revenue					
- 5	f	All other program	service revenue	<u> </u>				
<u>_</u>	g	Total. Add lines 2	a-2f		0			
	3	Investment incom	e (ıncludıng dıvıdends, ınter	rest				
		and other similar a	amounts)	▶ [142,156			142,156
	4	Income from investme	ent of tax-exempt bond proceeds	▶	0			
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental						
	c	expenses Rental income						
	_	or (loss)						
	d	Net rental income	or(loss)					
		0	(ı) Securities	(II) Other				
	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		n fundraising events					
<u>a</u>		(not including						
ਙ		\$ of contributions re	ported on line 1c)					
<u>ĕ</u>		See Part IV, line 1						
Other Revenue			a					
<u>.</u>		Less direct exper						
5			s) from fundraising events	►	0			
	9a		n gaming activities See					
	ь	Part IV, line 19	. a					
	-	expenses						
			b		-			
ļ			s) from gaming activities		0			
	10a	Gross sales of inv returns and allowa						
		recums and anowa	a a					
	b	Less cost of good						
			ss) from sales of inventory	•	0			
}		Miscellaneous F		Business Code				
ŀ	11a	ALL OTHER REVE		900099	2,063			2,063
	_	ALL OTHER KEVE	.NUE					
	b			ļ				
	C							
		All other revenue						
	е	Total. Add lines 1	1a-11d	· 🕨 📗	2,063			
	4.0	T-1-1	- T L	· .				
	12	Total revenue. See	e Instructions	•	6,025,718	0	0	144,219

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, p, 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	6,629,446	6,629,446		· · · · · · · · · · · · · · · · · · ·
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	603,808	0	60,381	543,427
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	275,739	0	27,574	248,165
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
а	Fees for services (non-employees) Management	0	0	0	0
b	Legal	2,693	0	2,693	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	126,107	0	126,107	0
12	Advertising and promotion	42,935	0	4,293	38,642
13	Office expenses	133,827	0	13,383	120,444
14	Information technology	10,128	0	1,013	9,115
15	Royalties	0	0	0	0
16	Occupancy	75,694	0	7,569	68,125
17	Travel	40,268	0	0	40,268
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	89,278	0	8,928	80,350
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,525	0	5,525	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)				
а	RECRUITMENT	17,625		17,625	0
b	DUES AND SUBSCRIPTIONS	2,817		2,817	0
c	SEMINARS & EDUCATION	2,550		255	2,295
d	ALL OTHER EXPENSES	37,803		37,803	0
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,096,243	6,629,446	315,966	1,150,831
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,164,527	1	254,533
	2	Savings and temporary cash investments	1,734,742	2	6,186,490
	3	Pledges and grants receivable, net	5,353,165	3	3,398,177
	4	Accounts receivable, net	0	4	-1,160
	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)			
sts		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	0	8	5,548
	9	Prepaid expenses and deferred charges	8,966	9	25,252
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 168,1	69		
	b	Less accumulated depreciation 10b 161,8	26 11,868	10c	6,343
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	70,684	12	0
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,165	15	33,844
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,351,117	16	9,909,027
	17	Accounts payable and accrued expenses .	47,434	17	1,854,443
	18	Grants payable		18	
	19	Deferred revenue	0	19	443,413
	20	Tax-exempt bond liabilities		20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lial		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	621,987	25	0
	26	Total liabilities. Add lines 17 through 25	669,421	26	2,297,856
-S		Organizations that follow SFAS 117, check here ► 🗸 and complete lines 27			
ġ		through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	134,667	27	-872,677
Balance	28	Temporarily restricted net assets	9,484,936	28	8,421,755
Fund	29	Permanently restricted net assets	62,093	29	62,093
Fui		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
oř.		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,681,696	33	7,611,171
_	34	Total liabilities and net assets/fund balances	10,351,117	34	9,909,027

Pal	Check 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		6.0	25,71	
2	Total expenses (must equal Part IX, column (A), line 25)	2			96,24	
3	Revenue less expenses Subtract line 2 from line 1	3		-2,0	070,52	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,681		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1	
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		7,6	511,17	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			୮		
		_		Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis One Consolidated basis Both consolidated and separated basis	sued				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b			

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THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

As Filed Data -

DLN: 93493289009552

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

Employer identification number

33-1092191

	rt I			blic Charity Stat						structions		
he	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	x)			
1	\sqcap	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descrı	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1	L)(A)(iii). Er	nter the	
5	\vdash	An orga	anization op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	government	al unit descr	ribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Γ	A feder	eral, 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	Г			described in section		A)(vi) (Com	nplete Part II)				
9	Ė			at normally receives					outions, mem	bership fees	, and gro	SS
	·	_		ities related to its ex							-	
		ıts sup	port from gro	oss investment incoi	me and unrel	ated busines	ss taxable ind	come (less s	section 511 t	ax) from bus	inesses	
		acquire	d by the org	janization after June	30,1975 S	ee section 5	609(a)(2). (Co	omplete Par	tIII)			
10	Г	An orga	anızatıon org	ganized and operated	dexclusively	to test for p	oublic safety	See section	509(a)(4).			
11	Γ	An orga	anızatıon org	ganized and operated	dexclusively	for the bene	efit of, to perf	orm the func	tions of, or to	carry out th	ne purpos	ses of
		the box		y supported organizations the type of supp b Type II	ortıng organı	ization and c		s 11e throug	jh 11h	_		
e	Г			ox, I certify that the	organızatıon	ıs not contr	olled directly	or indirectly	y by one or m	ore disqualit	fied pers	ons
				on managers and oth	ner than one	or more pub	licly supporte	ed organızat	ions describe	d in section	509(a)(1)or
f			1509(a)(2)	received a written de	tormination	from the IDS	S that it is a 1	Euno I Tuno	II or Type I	II cupportin	a orannia	ation
'			this box	received a written de	etermination	nom the IK.	S CHAC IC IS A I	iype i, iype	: II or rype I	II Supportin	y organiz	
g				2006, has the organi	zatıon accep	ted any gift	or contribution	on from any	of the			·
			ng persons?									
				rectly or indirectly c				persons des	cribed in (ii)		Yes	No
				governing body of th		_	ition?			11g(_	
				er of a person descril						11g(
				led entity of a persoi						11g(i	11)	
h		Provide	tne followir	ng information about	tne supporte	ed organizati	on(s)					
(i) Name o supporte organizati		me of (ii) (described on col (i) listed in col (i) of your col (i) organization in col (i) organized						on in anized	(vii) A mount of support			
				(see inst ruct ions))	Yes	No	Yes	No	Yes	No	1	
				,,,								
			_									

Total

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.)

S	ection A. Public Support		,					
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(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	5	5,945,925	21,431,113
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	4,804,855	5,598,863	4,359,865	721,605	5	5,945,925	21,431,113
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							5,913,570
6	(f) Public Support. Subtract line 5 from line 4							15,517,543
S	ection B. Total Support			<u> </u>				
	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	4,804,855	5,598,863	4,359,865	721,605	5	,945,925	21,431,113
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	250,673	188,867	74,077	33,934		152,708	700,259
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)						2,334	2,334
11	Total support (Add lines 7 through 10)							22,133,706
12	Gross receipts from related activiti	es, etc (See instr	ructions)			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	third, fourth, or fil	fth tax year as a	501(c)(3	3) organız	zation, ►
S	ection C. Computation of Pub	olic Support Po	ercentage					_
14	Public Support Percentage for 201			11 column (f))		14		70 108 %
15	Public Support Percentage for 200					15		60 752 %
b	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meeorganization	alifies as a publicly organization did in qualifies as a pu — 2010. If the orga tion meets the "fa	y supported orgai not check the box blicly supported i nization did not c icts and circumst	nization on line 13 or 16a organization heck a box on line ances" test, chec	a, and line 15 is e 13, 16a, or 16 k this box and si	33 1/3% b and line c op here.	or more, e 14 Explain	check this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private Foundation If the organizationstructions	nization meets the tion meets the "fa	"facts and circu ects and circumst	mstances" test, c ances" test The	heck this box an organization qua	d stop h e lifies as a	e re. a publicly	

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493289009552

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ernal Revenue Service F Attach to F	orm 990. F See separate instructions.	Inspection
Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INST FDN		Employer identification number
Part I Organizations Maintaining Donor A	duised Eunds or Other Similar E	33-1092191
organizations maintaining bonor A		unus of Accounts. Complete if the
<u>g</u>	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny other purpose Yes No
art II Conservation Easements. Complete	if the organization answered "Yes" t	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	rion or pleasure) Preservation of an Preservation of a G	n historically importantly land area certified historic structure n of a conservation
		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements	5	2b
c Number of conservation easements on a certified his	storic structure included in (a)	2c
d Number of conservation easements included in (c) a	cquired after 8/17/06	2d
Number of conservation easements modified, transfe the taxable year ►	erred, released, extinguished, or terminate	ed by the organization during
Number of states where property subject to conserv	ation easement is located 🗠	<u> </u>
Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, ins		
Amount of expenses incurred in monitoring, inspecti		
Does each conservation easement reported on line 1 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	Yes No
In Part XIV, describe how the organization reports or balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	the footnote to the organization's financial	
art III Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file	d for public exhibition, education or resear	ch in furtherance of public service,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	
(i) Revenues included in Form 990, Part VIII, line 1	L	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		
 Revenues included in Form 990, Part VIII, line 1 		▶ \$
b Assets included in Form 990, Part X		▶ \$

Par	Organizations Maintaining Co	liections of Art, i	HIS	tori	<u>cai ire</u>	asur	es, or Ot	ner	Similar Ass	sets	(cor	itinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any o	of th	ne fol	lowing th	at are	a significai	nt us	e of its collect	ion		
а	Public exhibition		d	Γ	Loan or	rexcha	ange progra	ms				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c	ollections and explain	hov	w the	y further	the or	ganızatıon':	sexe	mpt purpose ıı	า		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									– _{Ye}	.	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Complete	e ıf	the	organız	atıon						,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermedi	ıary	forc	ontributi	ons or	other asse	ets no		– _{Ye}	es	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the fo	llow	ving t	able		_					
_								_	Am	ount		
C	Beginning balance						<u> </u>	1c				
d	Additions during the year						<u> </u>	Ld				
e	Distributions during the year						-	Le				
T	Ending balance							1f				
2a	Did the organization include an amount on F		21?						Г	_ Ye	es	∏ No
b	If "Yes," explain the arrangement in Part XI				1.1157				T) / 1 40			
Pa	rt V Endowment Funds. Complete	(a)Current Year		wer Prior			Years Back			(e) Fo	our Ye	ars Back
1a	Beginning of year balance	62,093	(2)	J . 1.0.	62,093	(0):110	62,093	(4).	mee rears back	(=).		aro back
b	Contributions											
С	Investment earnings or losses	6,025			7,353		6,606					
d	Grants or scholarships											
e	Other expenditures for facilities and programs	6,025			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	r end balance held as										
а	Board designated or quasi-endowment 🕨	0 %										
ь	Permanent endowment ▶ 100 000 %											
С	Term endowment ► 0 %											
За	Are there endowment funds not in the posse	ssion of the organizati	ion t	that	are held	and ad	mınıstered	for tl	he	_		
	organization by								[n- 4:	-	Yes	No
	(i) unrelated organizations		•	•				•	3a(i	-	res	No
b	(ii) related organizations								3b		es	
4	Describe in Part XIV the intended uses of the					•		•	<u> </u>			
Par	t VI Investments—Land, Building					0, Par	t X, line 1	LO.				
	Description of investment			(a) Cost or Isis (invest	other	(b) Cost or o	other	(c) Accumulate depreciation	d	(d) Bo	ok value
1a	Land									寸		
b	Buildings											
c	Leasehold improvements					0	11	,053	11,0)53		0
d	Equipment					0	157	,116	150,7	773		6,343
_e	Other	<u> </u>						0		0		0
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	orm 990, Part X, column	(B)), line	10(c).)				►			6,343

Investments—Other Securities. See	form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)20011 10100	Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
	<u> </u>		
	 		
Total (Column (h) should equal Form 990, Part X, col (R) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line $2e$ from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)]	
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	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		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
_			41 101

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

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

Identifier	Return Reference	Explanation
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 TGEN FOUNDATION HAS A RESTRICTED ASSET WHICH ALLOWS THEM TO USE ANY INVESTMENT INCOME FOR OPERATING EXPENSES
ASC 740 (FIN 48) FOOTNOTE	SCHEDULE D, PART X	Management is of the opinion that substantially all of TGens and the Foundations activities are related to their exempt purposes, and no material uncertain tax positions have been identified or recorded in the consolidated financial statements at November 30, 2011 or 2010 TGen and the Foundation file Forms 990 in the US federal jurisdiction and comparable forms in the state of Arizona The Institute is subject to income tax examinations for 2008 through 2011 in major tax jurisdictions

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THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493289009552

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

33-1092191

1 Color the organization mental records to substantiate the immunit of the grants or assistance, the grants or assistance, and the selection criteral was do sward the greats or assistance for mental organizations in the United States Frank 11 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 II can be displaced if additional space is needed. 1 (a) Name and address of organization of fapplicable grant for a grant of the organization of organization or grants. (b) EIN (c) IRC Code section fapplicable grant for a sessitation or grants. (c) TRANSLATIONAL CENDAL ASSISTANCE OF SOLICING STREET STEE 400 N/A N/A PUNDRAISING FOR TOEN STREET STEE 400 N/A STREET STEET S	Part I General Inform	nation on Grants	and Assistance				I	
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 II can be duplicated if additional space is needed	the selection criteria used	to award the grants	orassistance?					✓ Yes ┌ 「
organization or government (1) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE445 N 5TH STREET STE 600 (a) If applicable grant cash assistance (book, FMV, appraisal, other) (b) (b) (b) (b) (b) (b) (b) (b) (b) (c) (a) (b) (c) (c) (d) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Form 990, Part I\	V, line 21 for any r	ecipient that received	l more than \$5,000.	Check this box if n	o one recipient red	ceived more than \$5,0	
GENOMICS RESEARCH INSTITUTE445 N 5TH STREET STE 600	organization	(b) EIN	1		cash	valuation (book, FMV, appraisal,		
	GENOMICS RESEARCH INSTITUTE445 N 5TH STREET STE 600	75-3065445	501(C)(3)	6,629,446	0	N/A	N/A	
							_	
2 Enter total number of section 501(c)(3) and government organizations								

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

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

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

	The state of the s									
Identifier	Return Reference	Explanation								
PROCESS FOR MONITORING USE OF GRANT FUNDS IN THE	, ,	THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT TGEN, A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND DEVELOPMENT FUNCTIONS								

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DLN: 93493289009552

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE	E TRANSLATIONAL GENOMICS RESEARCH INST FDN				· · · · · · · · · · · · · · · · · · ·		
				33-1092191			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	▼ First-class or charter travel	\Box	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiat	tion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ıffeur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		•				
4	During the year, did any person listed in Form 990, Par or a related organization	tVΙ	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	ymeı	nt from the organization or a related (organization?	4a		No
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?		4b		Νo
C	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provi	de ti	he applicable amounts for each item	ın Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of		_	any			
а	The organization?				5a		No
b	Any related organization?				5b		No
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue a	any			
а	The organization?				6a		Νo
b	Any related organization?				6b		No

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

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

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

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

ın Part III

section 53 4958-6(c)?

7

8

Yes

Νo

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	1	(B) Breakdown of	fW-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MICHAEL BASSOFF	(ı) (ıı)	0 421,993	·	0 14,655	0 22,000	0 7,123	0 465,771	0
(2) DENISE MCCLINTIC	(ı) (ıı)	0 164,155	·	0 3,005	0 3,757	0 4,121	0 175,038	0
(3) TESS BURLESON	(ı) (ıı)	0 373,106	0 55,605	0 9,752	0 16,500	0 5,055	0 460,018	0
(4) JEFFREY M TRENT PHD	(ı) (ıı)	0 853,335	0 130,000		0 291,278	0 11,752	0 1,346,435	0 C
(5)								
(6)								
(7)			·					
(8)								
(9)				 			1	
(10)				<u> </u>			1	
(11)				<u> </u>			1	
(12)				<u> </u>			1	
(13)				<u> </u>				
(14)	+							
(15)	+			<u> </u>				
(16)	+		<u> </u>					

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A		FIRST CLASS TRAVEL IS PERMITTED BY EXECUTIVE STAFF ONLY AND MUST, PER TGEN POLICY, BE PRE-APPROVED BY THE CHIEF OPERATING OFFICER THESE EXPENSES WERE NOT CONSIDERED AS TAXABLE INCOME TO THE RECIPIENT SINCE THEY WERE REIMBURSEMENTS FOR BUSINESS USE UNDER AN ACCOUNTABLE PLAN
SCHEDULE J, PART I, LINE 7		SOME OF THE PERSONS LISTED IN FORM 990, PART VII WERE PAID BONUSES WHICH WERE BASED ON ACCOMPLISHMENTS OF SPECIFIC MILESTONES AND/OR PERFORMANCE BASES
SCHEDULE J, PART II		DR TRENT IS PAID BY VARI, A RELATED TAX-EXEMPT ORGANIZATION A PORTION OF HIS SALARY IS THEN REIMBURSED BY TGEN FOR SERVICES RENDERED TO TGEN

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493289009552

OMB No 1545-0047

Open to Public
Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INST FDN

33-1092191

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION ("TGEN FOUNDATION") RAISES FUNDS FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE ("TGEN") THE PROGRAM SERVICE ACCOMPLISHMENTS OF TGEN ARE LISTED BELOW

ldentifier	Return Reference	Explanation
INTRODUCTION		I HAT I WAS A YEAR OF ACCELERATED TRANSITION FOR TCEN, ONE THAT LED TO INCREASED ORPORTUNITY TO ADVANCE OUR SCIENCE, BROADEN OUR AUDENCE. AND - MOST IMPORTANTLY - MAKEA DIFFERENCE FOR PATIENTS A MAJOR TECHNOLOGY SHIFT AND ONE THAT INFORMED OUR RESEARCH WITH A DEPTH AND PRECISION PREVIOUSLY. UNAVALABLE WAS QUE INCREASED USE OF WHOLE, ESCHOME SEQUENCING (WCS). W CS PROVIDES THE MOST COMPLETE SET OF COMPARISONS BETWEEN A PATIENT'S NORMAL DNA AND THAT FOUND IN A PATIENT'S CANCEROUS TUMORS THOUGH INTO SARLY STAGES, THE USE OF WGS AS A DAG NOSTIC AND, IN PACT, A THERRAPHITE AD TO THE PHY SCIANS TOOLKIT, IS PART OF THE FUTURE IN MEDICINE HAPPENING AT TECHNOLOGY THAT CAN REALLY MAKE A DEFENDENCE OF LAST YEARS CHOLERA OUTBREAK IN EARTH SOUND AFTER HELPING DENTRY THE SOURCE OF LAST YEARS CHOLERA OUTBREAK IN EARTH GUARLER AVAGED HAIT OR PAUL KEIM. DIFFERENCE TO TECHN SEA PACASES CHOLERA OUTBREAK IN EARTH GUARLER AVAGED HAIT OR PAUL KEIM. DIFFERENCE TO TECHN SEA PACASES CHOLERA OUTBREAK IN EARTH GUARLER AVAGED HAIT OR PAUL KEIM. DIFFERENCE TO TECHN SEA PACASES OF A WILLESTONE IN MAY 2011 WHEN WELL CHOSED OUR FROST DIVISION ON THE ACSTAFF, MET WITH INTERNATIONAL DISEASE OUTBREAKS TECHNOLOGY THAT CAN THE AUGUST OF PROTEINS THIS COUTBREAK IS CANCER TUMORS BY MODIFY INCS THE ACTIONS OF PROTEINS THIS WAS ANOTHER RULFILLIMENT TOWARD OUR PRIVATE THE WITH THE THAT HAIL ON A CONTRIBUTE OF THE ACTIONS OF PROTEINS THIS WAS ANOTHER RULFILLIMENT TOWARD OUR PRIVATE BENEFIT CLINICALLY, WE CONTRIBLE TO ALUNCH INNOVATIVE PROGRAMS THAT EXPAND THE BOUNDARIES OF SCIENCE AND MODICINE IN FEBRUARY 2011, A UNIQUE COMPOUND THAT TOWARD OUR PRIVATE BENEFIT CLINICALLY, WE CONTRIBLE TO ALUNCH INNOVATIVE PROGRAMS THAT EXPAND THE BOUNDARIES OF SCIENCE AND MODICINE IN FEBRUARY 2011, OLLIAGANS USED DEES OUR LEVEL OF PATIENT TO AN ACTIVE OUR WIND WE BELIEVE TO BE THE FRESH OUR PROTECTION OF THE PART HELP O

ldentifier	Return Reference	Explanation
INTRODUCTION		S AND ADD TO THE GROWING KNOWLEDGE BASE OF MOLECULAR RESEARCH AND MEDICINE. IN FY11, TGEN RESEARCHERS PUBLISHED THEIR RESEARCH RESULTS IN NUMEROUS SCHOLARLY PEER-REVIEWED ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES. THES E INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS NATURE, CANCER, JOURNAL OF CL INICAL ONCOLOGY, PLOS, MOLECULAR CANCER RESEARCH, AND A HOST OF OTHER DISEASE-ASSOCIATED PUBLICATIONS (E.G. DIABETES, JOURNAL OF CANCER, ETC)

	Return ference	Explanation
SELECT HIGHLIGHTS FOR FY11		1 IN A STUDY OF 144 PATIENTS WITH A DVANCED CANCER, INCLUDING COLORECTAL, OTHER GASTROINTE STINAL AND PROSTATE CANCERS, RESEARCHERS AT TIGEN AND SCOTTSDALE HEALTHCARE DOCUMENTED A STATSTICALLY SIGNIFICANT DEOREASE, IN PROSCESSIONE THE SURVIVAL SIGNIFICANT DEOREASE, IN PROSCESSIONE WITH EACH SUBCOSSIVE STANDARD THE THE PROPERTY THE STUDY PUBLISHED NOV 28 IN THE JOURNAL OF CANCER CONCLUDED THAT NEW THERAP IS THAT REVERSES THIS TREND MIGHT LEAD TO MEROVED CLINICAL WITH ACH SUBCOSSIVE STANDARD THAT THEY REVERSE STUDY FURBLISHED NOV 28 IN THE JOURNAL OF CANCER CONCLUDED THAT NEW THERAP IS THAT REVERSES THIS TREND MIGHT LEAD TO MEROVED CLINICAL CONCRESSION THREE SURVIVAL DECREASES WITH EACH SUBSEQUENT THERAP? IN PATIENTS PRESENTING FOR PHASE ICLINICAL TRIALS, "CHRISTOPHER BAILLY, GAVILLIAMENCO CHAO SIMA, SHARON FLECK." EIRCA WHITE DANIEL D. VON HOFF, CLEN J WESS J CANCER 2012, 37-13, 2, A TOSH STLDY PUBLISHED NO V 22 IN THE LOURNAL OF LUIR CANCER FOR THE HELD CANCERS. THE CONTROL OF THE PROSENTING FOR THE HELD CHOOSE SIGNALING PATHWAY (HHSP), WHICH HAS BEEN IMPLICATED IN THE DEVELOPMENT OF MILLTIPLE CANCERS, SHOW CORRELATION WITH SONCE HEDEOFICIAL COLOR SHOW EXPRESSION, SUGGESTION THAT LEARND SHOW PROVIDED THE DEVELOPMENT OF MILLTIPLE CANCERS, SHOW CORRELATION WITH SONCE HEDEOFICIAL COLOR SHOW THE STANDARD SHOW THE SONCE THE CANCERS AND

Identifier	Return Reference	Explanation
SELECT HIGHLIGHTS FOR FY11		TION "FUNCTIONAL CHARACTERIZATION OF THE PLASMACYTOMA VARIANT TRANSLOCATION 1 GBNE (PVT1) IN DIABETIC NEPH-ROPATHY" M LUCRECIA ALVAREZ AND JOHANNA K DISTEFANO PLOS ONE6(4) E1 8671 8 DRUG-RESISTANT STRAINS OF STAPHY LOCOCCUS AUREUS, A BACTERIA LINKED TO A WIDE RANGE OF HUMAN DISEASES, ARE PRESENT IN MEAT AND POULTRY FROM US GROCERY STORES AT UNEXPECTE DLY HIGH RATES, ACCORDING TO A NATIONWIDE TGEN STUDY PUBLISHED APRIL 15 IN THE JOURNAL CLI NICAL INFECTIOUS DISEASES NEARLY HALF OF THE MEAT AND POULTRY SAMPLES - 47 PERCENT - WERE CONTAMINATED WITH SAUREUS, AND MORE THAN HALF OF THOSE BACTERIA - 52 PERCENT - WERE RES ISTANT TO AT LEAST THREE CLASSES OF ANTIBIOTICS CITATION "MULTIDRUG-RESISTANT STAPHY LOCO CCUS AUREUS IN US MEAT AND POULTRY" ANDREW E WATERS, TANIA CONTENTE-CLOMO, JORDAN BUCH HAGEN, CINDY M LIU, LINDSEY WATSON, KIMBERLY PÉARCE, JEFFREY T FOSTER, JOLENE BOWERS, EL ZABETH M DRIEBE, DAVID M BNGELTHALER, PAUL S KEM AND LANCE B PRICE CLIN INFECT DIS (2011) 9 PUBLISHED MARCH 24 IN THE PRESTIGIOUS JOURNAL, NATURE, A NATIONWIDE STUDY BY 2 0 INSTITUTES, INCLUDING TGEN, UNVELLED THE MOST COMPREHENSIVE PICTURE TO DATE OT THE GENET IC BLUEFRINT OF MULTIFLE MY ELOMA, AN ALL-TOO-COMMON FORM OF BONE MARROW CANCER THE STUDY INVOLVED WHOLE GENOME SEQUENCING OF NORMAL AND TUMOR DNA FROM 38 MULTIFLE MY ELOMA PATIENTS TO ASSESS TUMOR-SPECIFIC CHANGES ACROSS THE ENTIRE 3-BILLION-LETTER HUMAN GENOME, YIELDIN G NEW AND UNEXPECTED INSIGHTS INTO THE EVENTS THAT I LEAD TO THIS FORM OF CANCER CITATION "INITIAL GENOME SEQUENCING AND ANALYSIS OF MULTIFLE MY ELOMA" "IGEN CONTRIBUTIORS WERE ANGE LA BAKER, JOHN CARPTEN AND JEFFREY TRENT NATURE 471, 467-472 (24 MARCH 2011) 10 A STUDY PUBLISHED IN THE FEBRUARY 2011 EDITION OF MOLECULAR CANCER RESEARCH OUTLINES HOW GENOMIC RESEARCH COULD HELP DOCTORS BETTET TARGET A DRUG OXALIPLATIN IT IS WIDDLY USED TO TREAT COLORECTAL CANCER PATIENTS, BUT OFTEN HAS SIGNIFICANT SIDE EFFECTS, CREATING AN URGENT NEE D TO IDENTIFY PATIENTS MOST PIEL FRANCESSES THAT MODULA TE TUMOR CELL RESPONSE TO ANAL

ldentifier	Return Reference	Explanation
CLINICAL RESEARCH		ESTABLISHED IN 2006, A STRATEGIC ALLIANCE WITH SCOTTSDALE HEALTHCARE (SHC) PROVIDES A DIRECT CLINICAL RESEARCH SITE FOR TGEN THE COLLABORATION BRINGS NEW CLINICAL RESEARCH INTO THE COMMUNITY TO THOSE PATIENTS WHO WOULD OTHERWISE HAVE TO TRAVEL SOMEPLACE ELSE FOR ACCESS TO NEW THERAPIES OR PREVENTION AGENTS IN THE PAST SIX YEARS, THESE CLINICAL TRIALS HAVE PROVIDED OPTIONS THAT DID NOT EXIST BEFORE TO PHOENIX-AREA PATIENTS AS WELL AS PATIENTS FROM ALL OVER THE COUNTRY TRIALS IN FY11 PROVIDED HOPE FOR PATIENTS WITH ADVANCED AND/OR RARE CANCERS ELIGIBLE CANCER PATIENTS WHO CONSENT TO PARTICIPATE IN A CLINICAL TRIAL STUDY WILL RECEIVE TREATMENT COORDINATED BY SCOTTSDALE HEALTHCARE THE TREATMENT TEAM MAY INCLUDE RESEARCH PHYSICIANS, RESEARCH NURSES, DATA MANAGERS AND COMMUNITY ONCOLOGISTS TGEN PHYSICIANIN-CHIEF DANIEL D VON HOFF, MD , LEADS THE TRIALS DR VON HOFF ALSO SERVES AS CHIEF SCIENTIFIC OFFICER FOR SCOTTSDALE HEALTHCARE RESEARCH INSTITUTE OTHER MEMBERS OF THE CLINICAL TEAM INCLUDE RAMESH K RAMANATHAN, MD MEDICAL DIRECTOR, TORS, DIRECTOR, GASTROINTESTINAL ONCOLOGY PROGRAM GLEN J WEISS, MD DIRECTOR, THORACIC ONCOLOGY PROGRAM JASGIT SACHDEV, MD ASSOCIATE INVESTIGATOR GAYLE JAMESON, MSN, ACNP, ACON DIRECTOR, SUPPORTIVE CARE PROGRAM, ASSISTANT INVESTIGATOR CATHY MAST, APRY-BC, ACOND NURSE PRACTITIONER JOYCE SCHAFFER RN, MSN, CON CANCER CLINICAL TRIALS COORDINATOR PARTICIPANTS IN CLINICAL TRIALS CAN PLAY A MORE ACTIVE ROLE IN THEIR OWN HEALTH CARE, GAIN ACCESS TO NEW RESEARCH TREATMENTS BEFORE THEY ARE WIDELY AVAILABLE, AND HELP OTHERS BY CONTRIBUTING TO MEDICAL RESEARCH CLINICAL TRIALS AT EACH PHASE HAVE A DIFFERENT PURPOSE AND HELP SCIENTISTS ANSWER DIFFERENT QUESTIONS IN PHASE I TRIALS, RESEARCHERS TEST AN EXPERIMENTAL DRUG OR TREATMENT IN GIVEN TO A LARGER GROUP OF PEOPLE (100-300) TO SEE IF IT IS EFFECTIVE AND TO FURTHER EVALUATE ITS SAFETY, DETERMINE A SAFE DOSAGE RANGE, AND DENTIFY SIDE EFFECTS IN PHASE II TRIALS, THE EXPERIMENTAL THOS COMPANDAL INFORMATION INCLUDING THE DRUG'S RISKS, BENEFITS, AND OPTIMAL

	Return eference	Explanation
GRANT SUPPORT		GRANT FUNDING IS OFTEN THE LIFEBLOOD OF RESEARCH IN FY 11, TGEN INVESTIGATORS SUBMITTED 145 GRANTS TOTALING \$152,705 339 TCSN WAS AWARDED 17 GRANTS, TOTALING \$4,189,894, WITH AN ADDITIONAL 56 GRANTS PRODING AND IN REVIEW TOTALING \$64,521,876 ADDITIONALLY, TGEN RECEIVED \$3,441,633 FROM PREVIOUS FY PENDING GRANTS, BRINGING THE AWARDED TOTAL FOR GRANTS IN FY11 TO \$7,631,547 TOSIN SUCCESS RATE CURRENTLY RESTS A 124 PERCENT OF TOTAL GRANTS SUBMITTED PLACING THE INSTITUTE NEARLY FOUR PERCENT HIGHER THAN THE INATIONAL AVERAGE (INH OVERALL SUCCESS RATE) A FY11 BOMBRICH GRANTA ALLOWED TOED TO BINHANGE OUR SOBRITICIO INFROSTRUCTURE AND BUILD A COMPLETE BIOMARKER DEVELOPMENT PIPELINE, FROM THE DENTIFICATION OF APPROPRIATE PATENT POPULATIONS FOR CLINICAL STUDIES TO THE ACQUISITION, PROCESSING, AND QUALITY CONTROL OF BIOSPECIMEDS AND FROM BIOMARKER DEVELOPMENT PIPELINE, FROM THE DENTIFICATION OF APPROPRIATE BIOLOGICAL INDICATORS OF AN INDIVIDUAL'S STATE OF HEALTH OR DISEASE. HAVE THE POTENTIAL TO REVOLUTIONISH MEDICAL DIAGNOSIS AND PROCROSIS THE THOUGH EARLY SUBSEASE CHECTION. THERAPY MONITORING, AND MATCHING THE RIGHT PATIENT WITH THE RIGHT DRUG, THE HALLMARK OF PERSONAL IZED. PRECISION DEVICE MEDICAL DISEASES AND THE PROMINENT REFERENCE TO BIOMARKER USE IN FOA INTRITIVES TO CYCHHAUL OUR HEALTH CARE SYSTEM. THE APPROVAL RATE FOR PROTEIN BIOMARKERS HAS BEEN LOW EMPERT THAN TWO DOZEN BIOMARKERS HAVE BEEN APPROVED BY THE FETA HER SOME IMPORTANTLY, A LOCK OF METHODOLOGIES FOR ANALYZING CANDIDATE BIOMARKERS HAS BEEN LOW EMPERT THAN TWO DOZEN BIOMARKERS HAVE BEEN APPROVED BY THE FETA HER SOME IMPORTANTLY, A LOCK OF METHODOLOGIES FOR ANALYZING CANDIDATE BIOMARKERS HAS MORE IMPORTANTLY, A LOCK OF METHODOLOGIES THAN THE REPROVED BY THE FETA HER SOME IMPORTANTLY, A LOCK OF METHODOLOGIES THAN THE REPROVED BY THE FETA HER SOME IMPORTANTLY, A LOCK OF METHODOLOGIES THAN THE REPROVED BY THE CHARLEST ON THE PROPROVED SOME IMPORTANTLY, A LOCK OF METHODOLOGIES THAN THE REPROVED BY THE CHARLEST ON THE PREPROVED OF THE PROPROVED SOME METHODOL

Identifier	Return Reference	Explanation
FY11 HIGHLIGHTS		1 TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) TOTALING \$3 MILLION TO DR JOHANNA DISTERANO TO STUDY THE PROGRESSION AND GENETIC ORGINS OF NONLCOHOLIC PATTY LIVER DISCASE (MARLE) 2 TWO-YEAR GRANT FROM THE MILLIFLE MY ELOMA RESEARCH FOUNDATION (MMFF) TOTALING \$672,000 TO DR JOHN CARPTEN FOR WHOLE-TRANSCRIPTOME RNA SEQUENCING OF MULTIPLE MYELOMA TUMORS USING NEXT-GENERATION TECHNOLOGY 3 TWO-YEAR GRANT FROM THE MINE TOTALING \$250,000 TO DR JONATHAN KEATS FOR A STUDY OF THE CONSEQUENCES OF THE MINE TOTALING \$250,000 TO DR JONATHAN KEATS FOR A STUDY OF THE CONSEQUENCES OF THE MINE FOTALING \$249,999 TO DR JONATHAN KEATS FOR A STUDY OF THE CONSEQUENCES OF THE MINE TOTALING \$249,999 TO DR JONATHAN KEATS TO CHARACTERIZE COMMERCIAL MY ELOMA CELL LINES 5 THREE-YEAR GRANT FROM ARIZONA BIOMEDICAL RESEARCH COMMISSION TOTALING \$213,000 TO DR HAYONG HAN TO EVALUATE COMPOUNDS IN CELL LINES TO VALIDATE THEIR ANTI-TUMOR POTENTIAL 6 ONE-YEAR GRANT FROM MINI TOTALING \$139,500 TO DR HOLLY YIN AND DR MATHALIE MERIFICE TO DEVELOP TESTS FOR GENES RELATED TO SUBSTANCE ABUSE, ESPECIALLY TOBACCO SMOKING, AS WELL AS PARKINSONS DISEASE 7 FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$457,976 TO DR DAVID CRAIG TO INVESTIGATE THARMACOGENOMICS OF MOOD STABILIZER REPONDSE IN BIPOLAR DISORDER 8 FOUR-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$457,976 TO DR JOHN CARPTEN TO STUDY GENETIC RISK FACTORS IN AFRICAN AMERICAN COLORECTAL CANCER PATIENTS 9 TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH HOTALING \$148,881 TO DR JOHANNA DISTERANO TO STUDY THE GENETIC DETERMINANTS OF TOTAL CHOLESTEROL LEVELS IN AMERICAN INDIANS 10 FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH HOTALING \$154,881 TO DR JOHANNA DISTERANO TO STUDY THE GENETIC DETERMINANTS OF TOTAL CHOLESTEROL LEVELS IN AMERICAN INDIANS 10 FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH HOTALING STEA,881 TO DR JOHANNA DISTERANO TO STUDY THE GENETIC DETERMINANTS OF TOTAL CHOLESTEROL LEVELS IN AMERICAN INDIANS 10 FIVE-YEAR GRANT F

ldentifier	Return Reference	Explanation
COMMERCIALIZATION / SPIN OFFS	Reference	TGENS OFFICE OF BUSINESS DEVELOPMENT WORKS TO DEVELOP AN APPROPRIATE ADMINISTRATIVE STRUCTURE TO HANDLE COMMERCIAL ZATION OF ITS INTELLECTUAL PROPERTY, AS WELL AS DEVELOP EFFECTIVE WAY'S TO PARTINER WITH THE COMMERCIAL SECTOR FY11 ACTIVITIES INCLUED AS MENTIONED IN THE INTRODUCTION, TIGEN LECKISED ITS FIFSTE DRUG IN MAY 2011 ONCO-101 IS A LINGUE COMPOUND THAT TARGETS CANCER TUMORS BY MODIFYING THE ACTIONS OF PROTEINS ONCO-101 IMAY PROVE EFFECTIVE ACAINST OVARIAN AND THE ACTIONS OF PROTEINS ONCO-101 IMAY PROVE EFFECTIVE ACAINST OVARIAN AND ENDOMETRIAL CANCER ONCO-HOLDINGS, IN TURN, HAS CONTRACTED WITH A TIGEN SUBSIDIARY, SCOTTSDALE BASED TIGEN DRUG DEVELOPMENT (TD2), TO HELP GUIDE CONTINUED PRE-CLINICAL TESTINS AND EVENTUALLY MOVE ONCO-101 INTO FRET IN-HUMAN CLINICAL TRIALS, WHERE IT COULD IMMEDIATELY HELP CANCER PATIENTS ANNAL SYSTEMS ACQUIRED MEDITRUST ONLINE LLC, A SPIN OUT OF TIGEN IN 2008. THE COMBINED BY INTERESIVE MULL PROVIDE A UNIQUE COMBINATION OF A RICH DATABASE OF INFORMATION REGARDING ONCOLOGY-FOCUSED DRUGS, WITH A UNIQUE ENTERRISE SOLUTION INCORPORATING BOTH HIGH SHEED AND HIGH CAPACITY EXCHANGE OF TWELVE SITES SELECTED AS A "CENTIFIE OF INNOVATION" BY THE WATER'S CORPORATION, A GLOBAL LEADER IN THE DEVELOPMENT AND MANIFACTURING OF INSTRUMENTATION FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS ANALYSIS IN ADDITION TO INSTRUMENTATION A LIBEADY PLACED AT TIGEN FOR PROTEDOMICS AND TIGEN AND THE AVER FARMY OF PROTEDOMICS TECHNOLOGY CAN BE SEARLESSLY INTERNATIONAL PROFESSION AND MEDITARY OF ROMENTATION AND SIGN CRANT WITH TIGEN AND THE VAN ANDEL RESEARCH INSTRUTTUTE TO DEVELOP A ROMENTATION OF BRANTICE OF THE PROFESSION AND SIGN CR

CONTRACTS AND TOEN SIGNED A TOTAL OF 594 AGREEMENTS IN FY11, BROKEN DOWN AS FOLLOWS 1 TOEN SIGNED COLLABORATIONS TO C ONFOBRITAL DISCLOSURE AGREEMENTS (CDA) IN FY11 CDAS CREATEA CONFIDENTIAL RELATIONSHIP BETWEEN TIGEN AND A HOST OF POTENTIAL COLLABORATIORS/PARTINES WHILE NOT ALL CDAS RESULT IN A PORMAL COLLABORATION OR PARTINESHE! THEY DO PROVIDE A NUMBER OF INSTITUTES AND COMPANIES (LCCALLY, NATIONALLY AND INTERNATIONALLY) A GREATER PCTURE OF TIGENS CAPBALITIES AND PER FLECT POSITIVELY AS A WHOLE ON ARECONS BOMEDICAL SCIENCE PURSUITS 2 TOEN SIGNED 88 MA TERIAL TRANSFER AGREEMENTS (MTA) IN FY11 MTAS SOMEDICAL BOAGROME OF NUMBROUS FERSEARCH COLLABORATIONS AS SHARED MATERIALS INCLIDE REAGENTS, CELL LINES. SOFTWARE AND MORE 3 TOE BY SIGNED 67 RESEARCH COLLABORATIONS (MANY WITH LOCAL AND STATE AFFILIATIONS), INCLIDENS AS GREEMENTS (MTA) IN FY11 MTAS FORM THE BACKBORLE OF NUMBROUS THAT E AFFILIATIONS, INCLIDENS AS GREEMENTS CONSIST TOS OF CONSULTING AND PROFESSIONAL, SERVICES AGREEMENTS, COMMERCIALEATION LICENSES, MADRA NUMBRO OF UNDERSTANDING, LEASES, AND EVALUATION AGREEMENTS TO CONSIST THAT FURTHER RESEARCH MTO A HOST AND SHAPE AND ADDITIONAL PROFILING OF TUMORS OF UNRIQUIND CONSULTING AND PROFESSIONAL, SERVICES AGREEMENTS, COMMERCIALEATION LICENSES, MADRA NUMBRO OF UNDERSTANDING, LEASES, AND EVALUATIONAL GREEMENTS FY11 SELECT HIGH-LIGHTS 1 LINKY BRITTY HOSTITALOF BASEL. "CLONAL PROFILING OF TUMORS OF UNRIQUIND CONTROL (RS BARRETT & B USBHOORF)? HILLS ET IN VITRITION RESEARCH—"COUTRINAL THAN 3; ILLUMINA AMBIONEMIT ONE TO UNB REALD A SCREEMENT - EXTENDS TIESM THROUGH BOZITS 4 MD A NODERSON CANCER CENTER AMBROMENT THE RETO IN YOUNG SCREEMENS FOR THE ABOUT THAN 3; ILLUMINA AMBROMENT ONE TO UNB REALD A SCREEMENT - EXTENDS TIESM THROUGH BOZITS 4 MD A NODERSON CANCER CENTER AMBROMENT THREE TO NO YOUNG SORTIUM RESEARCH COLLABORATION AGREEMENT - CONTROL AGREEMENT OF TO THE SEBERACH FLANDS." YOUNG AND A SEPERACH COLLABORATION AGREEMENT - FOR BEATER OF THE COMPARATIVE ONCOLOGY TIRAL CONSORTIUM (COTTC) 6 CATHOLUCE HEALTHC	TIGEN SIGNED A TOTAL OF 394 AGREEMENTS IN FY11, BROKEN DOWN AS FOLLOWS 1 TIGEN SIGNED TO COLLABORATIONS TO CONFIDENTIAL IDSCLOSURE AGREEMENTS (COA) IN FY11 CDAS CREATE A CONFIDENTIAL RELATIONS HIP & TEWER TERM AND A HOST OF POTENTIAL COLLABORATIONS WHILE INST ALL COAS RESULT IN A FORMAL COLLABORATION OR PARTNERSHIP, THEY DO PROVIDE A NUMBER OF INSTITUTES AND COMPANISK (LOCALLY, NATIONALLY AND INTERNATIONALLY) A GREATTER POTURE OF TIGENS CAPABILITIES AND REFLECT POSITIVELY AS A WHOLE ON ARIZONA'S BIOMEDICAL SCIENCE PURSUITS 2 TORN SIGNED BY METER THE PROPERTY HIM TAS FORM THE BACKBONE OF INJERSOLIS TORN RESEARCH COLLABORATIONS AS SHARED MATERIALS INCLIDE PROGREMS CALL LINES, SOFTWARE AND MORE 3 TO BE INSCRIBED AT THE PART FURTHER RESEARCH (MANY WITH LOCAL AND STATE AFFILIATIONS). INCLUDING A GREEMENTS THAT FURTHER RESEARCH INTO A HOST OF DISARSS, INCLUDING BRAIN CANCER, MELANDAM, ALL/HEMER'S AND AUTISM 4 ADDITIONALLY, TIGHN SIGNED AND ADDITIONAL, 170 AGREEMENTS CONSIST TO OF CONSULTING AND PROFESSIONAL SERVICES AGREEMENTS, COMMERCIALIZATION LICENSES, MEMORA JOURNS OF LINCHEST THAT FURTHER RESEARCH INTO A HOST OF DISARSS, INCLUDING SHARE AND ADDITIONAL FOR THE PROFESSIONAL SERVICES AGREEMENTS, COMMERCIALIZATION LICENSES, MEMORA JOURNS OF LINCHEST THAT FURTHER RESEARCH INTO A HOST OF THE PROFESSIONAL SERVICES AGREEMENTS, COMMERCIALIZATION LICENSES, MEMORA JOURNS OF LINCHEST THAT THE ARICONAL PROFESSIONAL SERVICES AGREEMENTS, COMMERCIALIZATION LICENSES, MEMORA JOURNS OF LINCHEST THAT THE ARIZONAL PROFESSIONAL SERVICES AGREEMENTS, COMPARISON ORIGIN (DRS BARRETT & B LIEBNORY)? JEILES RETURNING AND ADDITIONAL GENOTYPING' (DR HUEDTE MANY). ALL LINKE AND ADDITIONAL GENOTYPING' (DR HUEDTE MANY) AND FEMENTAL THAT THE PROFESSIONAL SERVICES AND ADDITIONAL GENOTYPING' (DR HUEDTE MANY). AND FEMENTAL THE ETO MY CONSORTIUM RESEARCH COLLABORATION CONTRACT. MOOFIES STATEMENT OF WORK AND ASSISTED SERVICES INVESTING TO THE NUMBER SERVICE OF COLLABORATION AGREEMENT ON THAT OF THE AMENDMENT OF THAT OF THE OWNER AND ADDITIONAL GENOTYP
MAYO CLINIC THIRD AMENDMENT TO RESEARCH COLLABORATION CONTRACT FOR IVY CONSORTIUM - EXTENDS TE RM THROUGH 1/31/12 (DR BERENS) 24 PATHOGENE FIRST AMENDMENT TO RESEARCH PLAN 04 ("CANIN E VALLEY FEVER MOLECULAR DIAGNOSIS STUDY") - CHANGES TITLE OF PROJECT TO "ASSAY EVALUATION BY EXTERNAL COMPANIES", AMENDS TERM AND COSTS OF STUDY, INCORPORATES TECHNICAL PLAN (DR PRICE) 25 SCOTTSDALE HEALTHCARE FIRST AMENDMENT TO RESEARCH PLAN 01 ("DIAGNOSTIC MIRNAS FOR PANCREATIC CANCER FROM BLOOD SAMPLES") - ADDS PCRT ACKNOWLEDGEMENT OF MATERIAL PROVISION TO STUDY (DR WEISS) 26 UNIVERSITY OF	EXTENDS TE RM THROUGH 1/31/12 (DR BERENS) 24 PATHOGENE FIRST AMENDMENT TO RESEARCH PLAN 04 ("CANIN E VALLEY FEVER MOLECULAR DIAGNOSIS STUDY") - CHANGES TITLE OF PROJECT TO "ASSAY EVALUATION BY EXTERNAL COMPANIES", AMENDS TERM AND COSTS OF STUDY, INCORPORATES TECHNICAL PLAN (DR PRICE) 25 SCOTTSDALE HEALTHCARE FIRST AMENDMENT TO RESEARCH PLAN 01 ("DIAGNOSTIC MIRNAS FOR PANCREATIC CANCER FROM BLOOD SAMPLES") -

ldentifier	Return Reference	Explanation
CONTRACTS AND COLLABORATIONS		RSITY OF WISCONSIN - MADISON RESEARCH COLLABORATION AGREEMENT - UMBRELLA AGREEMENT COVERIN G PROJECTS RELATED TO THE COMPARATIVE ONCOLOGY TRIAL CONSORTIUM (COTC) 29 CATHOLIC HEALT HCARE WEST RESEARCH PLAN 04 - "EVALUATION OF RNA ISOLATION METHODS FROM HUMAN CSF" (DRS J ENSEN & BOMPREZZI) 30 SCRIPPS RESEARCH RCA & RESEARCH PLAN - "GENOMIC CHARACTERIZATION O F PRIMARY, LOCALLY RECURRENT AND METASTATIC DISEASE FROM A PATIENT WITH METAPLASTIC INFLAM MATORY BREAST CANCER" (DRS HEATHER CUNLIFFE & BRUNHILDE FELDING-HABERMANN) 31 CATHOLIC HEALTHCARE WEST RESEARCH PLAN 05 - "MEASURE INTRA-TUMOR PH IN BOTH PRIMARY XENOGRAFT AND TRANSGENIC MOUSE MODELS" (DRS CLIFF WHATCOTT & GREGORY TURNER) 32 HILLS PET NUTRITION RESEARCH PLAN RP01 - "CANINE GENOTY PING & DEVELOPMENT OF A PHENOTY PIC DATA PRIORITY LIST" (DR MATTHEW HUENTELMAN) 33 HILLS PET NUTRITION RESEARCH PLAN RP02 - "FELINE GENOTY PING & DEVELOPMENT OF A PHENOTY PIC DATA PRIORITY LIST" (DR MATTHEW HUENTELMAN) 34 ONCOHOLD INGS INC - TD2 RESEARCH COLLABORATION AGREEMENT - FOR FUTURE COLLABORATIONS USING TIZ AS PREFEBRED PROVIDER FOR PRECLINICAL, CLINICAL AND REGULATORY SERVICES 35 PATHOGENE AMBIDM ENT 1 TO MASTER RESEARCH AGREEMENT - EXTENDS TERM THROUGH NOV 14, 2012 36 MAYO CLINIC S TATEMENT OF WORK 01 - "A PILOT STUDY EXAMINING THE UTILITY OF WHOLE GENOME TUMOR SEQUENCIN G (WGS) AND WHOLE GENOME EXPRESSION PROFILE TO FIND POTENTIAL TARGETS FOR THERAPY IN PATIE INTS WITH ADVANCED CANCER" (DRS RAMESH RAMANATHAN & KETTH STEWART) 37 CHILDREN'S HOSPITA L LOS ANGELES AMEND TO COLLABORATION AGREEMENT - EXTENDS TERM THROUGH NON 4REPMENT - EXTENDS TERM THROUGH JAN 10, 2012 33 PHOENIX CHILDREN'S HOSPITAL RESEARCH COLLABORATION AGREEMENT - EXTENDS TERM THROUGH JAN 10 - "OOMPARE CHANGES IN RNA EXPRESSION AS BIOMARKERS FOR ALZHEIMER'S DISEASE AND PARKINSON'S DISEASE, A COMPARISON OF CSF AND BLOOD" 41 ADAM AS AMENDMENT 9 TO COLLABORATION AGREEMENT - REVISES WORK-PLAN AND EXTENDS TERM THROUGH JAN 31, 2011 42 ASTRAZENECA AMENDMENT 1 TO RESEARCH AGREEMENT - EXTENDS TERM THROUGH DEC 12

ldentifier	Return Reference	Explanation
JOB CREATION / ROI		20 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED IN FY11 WITH SALARIES AND BENEFITS TOTA LING APPROXIMATELY \$1,330,161 STUDEN SALARISE WERE JUST OVER \$374,000, BRIGNING THE OVER ALL TOTAL TO \$1,704,161 TOEN STAFF TOTALED 261, OF WHICH 86 PERCENT HOLD A COLLEGE DESIREE (49 PERCENT HOLD AN ADVANCED DEGREE) FY11 POSITIONS FILLED INCLUDE ADMINISTRATIVE ASSISTANT, ASSICATE ROFGESSOR BIOINFORMATICAL ASSICATE CLINICAL DATA COORDINATOR INVOILED 6 COMPUTING REPORTS ON THE PASSISTANT, ASSICATE IN STAFF SOENTS, VICE PRESUDENT, TOEN FOLLOWALDATION, WE HAVE STRESSED IN THE PAS AT THAT INTERNSHES SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS SERVE AS A PRELINE TO TOEN IN TERMS OF FUTURE PECRUITMENT AND SUPPORT OF THE STATEWERS ADDITIONALLY, TIGEN IS A PROVING GROUND WHERE TALENTED UNDERGRADUATES GAIN VALUA BLE EXPERENCE PRIOR TO RETURNING TO ARRIVE SITE OF ARRIVAN AND AND ADDITIONAL PRESENT OF THE STUDENTS OF THE SUPPORT OF THE SUPPORA

ldentifier	Return Reference	Explanation
JOB CREATION / ROI		S SENT REPRESENTATIVES INTO THE COMMUNITY TO PRESENT AT FUNCTIONS, CAREER AND EDUCATIONAL FAIRS TOUR REQUESTS MAY BE SUBMITTED VIA THE WEBSITE AT HTTP://www.tgen.org/education/to.ur_request.cfm

ldentifier	Return Reference	Explanation
STIMULATING GROWTH OF ARIZONA'S LIFE SCIENCE INDUSTRIES		AN IMPORTANT FACTOR IN CONTINUING TGEN'S SUCCESS IS COMMUNICATION WITH VARIOUS STAKEHOLDERS AND THE BROADER ARZONA 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 COMMITTES AND GROUPS, INCLUDING THE ARIZONA ALZHEIMER'S CONSORTIUM BOARD, ARIZONA BIOSCIENCE ROADMAP STEERING COMMITTEE AND ARIZONA BIOSCIENCE ROADMAP EDUCATION & WORKFORCE DEVELOPMENT COMMITTEE, ARIZONA TECHNOLOGY COUNCIL, GREATER PHOENIX LEADERSHIP, NSF STEP GRANT ADVISORY BOARD-FOR ESTRELLA MOUNTAIN CC, AND A MEMBER OF ARIZONA SCIENCE CENTER PATHWAYS TO DISCOVERY GRANT (NOW IN YEAR 3) MEDIA TGEN REMAINS ACTIVE IN PURSING POSITIVE EARNED MEDIA EXPOSURE FOR THE INSTITUTE'S RESEARCH AND PHILANTHROPIC ACTIVITIES MEDIA EXPOSURE RAISES AWARENESS AND BRINGS ADDED CREDIBLITY TO THE INSTITUTE AND THE STATE. IN TOTAL, TGEN RECEIVED GREATER THAN 1,100 MEDIA MENTIONS IN FY11 IN VARIOUS TRADE AND PUBLIC MEDIA LOCALLY, NATIONALLY AND INTERNATIONALLY WHILE CITING TGEN SPECIFICALLY, THESE ARTICLES AND NEWS BRIEFS HELP BUILD A GREATER PRESENCE FOR THE CONTINUOUSLY EXPANDING BIOMEDICAL SCIENCE INITIATIVES OCCURRING IN ARIZONA MEDIA OUTLETS INCLUDE. USA TODAY ORLANDO SENTINE. THE HOUSTON CHRONICLE THE ARIZONA MEDIA OUTLETS INCLUDE. USA TODAY ORLANDO SENTINE. THE HOUSTON CHRONICLE THE ARIZONA DELIC PHOENIX BUSINESS JOURNAL ARIZONA BUSINESS GAZETTE ARIZONA DAILY STAR JEWISH NEWS OF GREATER PHOENIX GRAND RAPIDS PRESS PLAIN DEALER (CLEVELAND) UPINATIONAL PUBLIC RADIO NEW YORK TIMES WALL STREET JOURNAL LOS ANGELES TIMES LA WEEKLY REUTERS TIME MAGAZINE BOSTON GLOBE NEWSDAY AGENCE FRANCE PRESSE WIRED MAGAZINE CNN CNN INTERNATIONAL ONLINE TGEN'S ONLINE PRESSENCE CONTINUES TO INCREASE ON AN ANNUAL BASIS WITH THEY ACTIVE SITES (TGEN AND THE TGEN FOUNDATION) MORE THAN 1 5 MILLION PAGE VIEWS WERE RECORDED IN FY11 THE WEBSITE SERVES AS A PORTAL TO ALLOW ARZONANS - AND OTHERS WORLDWIDE. TO LEARN ABOUT THE RESEARCH AND DISCOVERIES COMING OUT O

ldentifier	Return Reference	Explanation
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 (TGEN) Effective December 1, 2009, TGEN entered into an alliance and affiliation agreement (the Affiliation Agreement) with the Van Andel Research institute (VARI), a Michigan charitable trust exempt from tax under Section 501(c)(3) of the Internal Revenue Code TGEN changed from a director-based, nonprofit organization to a member-based, nonprofit organization, whereby VARI became the sole member of TGEN VARI agreed to supplement the Institute's funding efforts by providing \$10 0 million per year, for three consecutive years, in unrestricted support Effective March 12, 2012, TGen and VARI agreed to terminate their Affiliation Agreement, and TGen converted from a member-based, Arizona nonprofit corporation to a director-based, Arizona nonprofit corporation, whereby VARI is no longer the sole member of TGEN 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 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, 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 BANKRUPTOY, 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 OR OF ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ARIZONA NON

ldentifier	Return Reference	Explanation
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 IS POSTED ON THE BOARD WEBSITE PRIOR TO FILING WITH THE IRS BY MANAGEMENT IN THE FINANCE DEPARTMENT AND IS POSTED ON THE BOARD WEBSITE PRIOR TO FILING WITH THE IRS

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

ldentifier	Return Reference	Explanation
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 TGENS GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS) THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS DURING THE DECISION-MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS WHEN DEEMED NECESSARY AND ADVISABLE THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING DISQUALIFIED PERSONS' COMPENSATION" WHEN DEVELOPING A COMPENSATION CHILOSOPHY, TGEN KEPT IN MIND THE FOLLOWING FACTORS THE TGEN MISSION AND STRATEGY THE TGEN CULTURE TRENDS IN COMPENSATION IN THE EXTERNAL ENVIRONMENT TRENDS IN RECRUITMENT OF NEW EMPLOYEES TRENDS IN ORGANIZATIONAL EMPLOYEE TURNOVER TGEN'S LIFE CYCLE STAGE

ldentifier	Return Reference	Explanation
AVAILABILITY OF CERTAIN DOCUMENTS TO THE GENERAL PUBLIC	· '	TGEN FOUNDATION PROVIDES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE GENERAL PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
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 THESE INDIVIDUALS DEVOTED HOURS PER WEEK TO THE ORGANIZATIONS AS FOLLOWS MICHAEL BASSOFF - 16 HOURS TO TGEN, 24 HOURS TO TGEN FOUNDATION, DENISE MCCLINTIC - 0 HOURS TO TGEN, 40 HOURS TO TGEN FOUNDATION THE FOLLOWING INDIVIDUAL REPORTED IN PART VII IS PAID BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), A RELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO TGEN THIS INDIVIDUAL DEVOTED 39 HOURS PER WEEK TO TGEN AND 1 HOUR PER WEEK TO TGEN FOUNDATION TERESA BURLESON THE FOLLOWING INDIVIDUAL REPORTED IN PART VII IS PAID BY VAN ANDEL RESEARCH INSTITUTE (VARI), A RELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO TGEN AND TGEN FOUNDATION THIS INDIVIDUAL DEVOTED 14 HOURS PER WEEK TO TGEN, 2 HOURS PER WEEK TO TGEN FOUNDATION, AND 24 HOURS PER WEEK TO VARI JEFFREY TRENT

DLN: 93493289009552

OMB No 1545-0047

Open to Public

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Inspection Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INST FON 33-1092191 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity 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.) (g) Section 512(b)(13) (b) (d) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) THE TRANSLATIONAL GENOMICS RESEARCH INST 445 NORTH 5TH STREET VARI RESEARCH ΑZ 501(C)(3) PHOENIX, AZ 85004 75-3065445 (2) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE STE 850 MEDICAL RSCH ΜI 501(C)(3) 4 GRAND RAPIDS, MI 49503 52-2000823

(a) me, 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)	Share of t	(f) cotal income		(g) If end-of-year assets	(f Disproj alloca	prtionate	(i) Code V- amount in be Schedule (Form 10	-UBI ox 20 of : K-1	(j Gene mana parti	ral or aging	(k) Percentage ownership
									Yes	No			Yes	No	
				ible as a Corpor zations treated as							nswered "\	es" on	Form	990,	Part IV,
Name, address, and	(a) d EIN of related organi	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-c	g) re of of-year sets		(h) Percentage ownership

Part	V Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)					
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	s II-IV?						
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b G	ıft, grant, or capıtal contribution to other organization(s)			1b	Yes				
c G	ıft, grant, or capıtal contribution from other organization(s)			1 c		No			
d Lo	d Loans or loan guarantees to or for other organization(s)								
e Lo	oans or loan guarantees by other organization(s)			1 e		No			
f S	ale of assets to other organization(s)			1f		No			
g P	urchase of assets from other organization(s)			1 g		No			
h E	xchange of assets			1h		No			
i Le	ease of facilities, equipment, or other assets to other organization(s)			1i		No			
j Le	ease of facilities, equipment, or other assets from other organization(s)			1j		No			
k P									
l Pe	Performance of services or membership or fundraising solicitations by other organization(s)								
m SI	haring of facilities, equipment, mailing lists, or other assets			1m		No			
n S	haring of paid employees			1n		No			
o R	eımbursement paıd to other organization for expenses			10		No			
p R	eimbursement paid by other organization for expenses			1p	Yes				
q 0	ther transfer of cash or property to other organization(s)			1q		No			
r O	ther transfer of cash or property from other organization(s)			1r		No			
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	on thresholds					
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount			
(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) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	Yes No	Yes	No	
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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2010