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DLN: 93493289009562

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

2010

OMB No 1545-0047

Open to Public
Inspection

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

A Fo	r the	2010 ca	alendar year, or tax year begi	nning 12-01-2010 and ending 11-30-20	011				
B Che	eck if a	applicable	C Name of organization THE TRANSLATIONAL GENOMICS	S RESEARCH INSTITUTE			D Employer	identificatio	n number
Add	lress cl	hange					75-3065	445	
☐ Nai	ne cha	inge	Doing Business As			-	E Telephone	number	
┌ Init	ıal retu	ım	Number and street (or P O box	of mail is not delivered to street address)	Room/	suite	(602)34	3-8423	
<b>Г</b> Тег	mınate	ed	445 N 5TH STREET SUITE 600			L	(002)0.		
┌ Am	ended	return	City or town, state or country, a	and ZIP + 4			<b>G</b> Gross recei	pts \$ 60,822,1	104
┌ App	licatio	n pending	PHOENIX, AZ 85004						
			<b>F</b> Name and address of	principal officer	H(a)	Is this a gr	oup return for affi	lustos 2 $\Gamma$ Voc	V No.
			JEFFREY TRENT PHD		(=)	15 CH5 a gi	ouprecurrior am	naces ( les	1110
			445 N FIFTH STREET 6 PHOENIX,AZ 85004		Н(Ь)		filiates included		☐ Yes ☐ No
			,				attach a lıs		ructions)
I Ta	x-exen	npt status	▼ 501(c)(3)	◀ (insert no )	H(c)	Group	exemption n	iumber 🟲	
J W	ebsit	e: ► WW	VW TGEN ORG						
<u> </u>			Corporation Trust Assoc	untum C Othor b			-t 2002 I	M Chaha af la	A7
	n or or rt I		imary	lation   Other	L Yea	ar or rorma	ation 2002	M State of le	gal domicile AZ
FE			<u> </u>	acion or most significant activities					
			HEDULE O	ssion or most significant activities					
<u>3</u>									
Ē									
ξ	,	Check th	his hox 🛏 if the organization	n discontinued its operations or disposed	d of more t	than 25°	% of its net	assets	
ŝ			•	erning body (Part VI, line 1a)			з		15
2 <b>6</b>				ers of the governing body (Part VI, line 1			4		12
Activities & Governance	l			I in calendar year 2010 (Part V, line 2a)			5		402
Į.			mber of volunteers (estimate				6		49
ă	l			m Part VIII, column (C), line 12			7a		0
	ь	Net unre	elated business taxable incor	ne from Form 990-T, line 34			7b		0
						Prior Y	ear ear	Curre	nt Year
	8	Contri	butions and grants (Part VII	I, line 1h)		1	6,461,578		39,499,881
	9 Program service revenue (Part VIII, line 2g)						9,137,454		20,855,027
Reveni	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					1,113		328,555
<u> </u>	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						4,831,721		138,641
	12			11 (must equal Part VIII, column (A), l	ıne	3	0,431,866		60,822,104
	13			Part IX, column (A), lines 1–3)			0		0
	14			art IX, column (A), line 4)			0		0
	15			loyee benefits (Part IX, column (A), lines	5				
8		5-10)	)			1	0,761,451		28,036,987
Expenses	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)			0		0
五	Ь		ındraısıng expenses (Part IX, colum		.				
	17			A), lines 11a-11d, 11f-24f)			8,618,926		45,136,527
	18		·	(must equal Part IX, column (A), line 25)	· -		9,380,377		73,173,514
. 07	19	Reven	ue less expenses Subtract I	ine 18 from line 12			1,051,489	•	-12,351,410
Net Assets or Fund Balances					Beg	ınnıng o Yea	f Current ir	End o	of Year
58. 1886 1886	20	Total a	assets (Part X, line 16) .			6	4,885,774		50,603,221
MA MA	21					1	9,973,776		17,805,103
žZ_	22	Netas	ssets or fund balances Subtr	act line 21 from line 20		4	4,911,998		32,798,118
Pai	t II	Sign	ature Block						
Unde	· pena ledge	lties of pe and belie	erjury, I declare that I have exa	mined this return, including accompanying ete. Declaration of preparer (other than offi		ed on all	information		
Sign	1	Signa	ature of officer			2012 Date	-10-15		
Here		abc a							
			e or print name and title						
		Print/Type		Preparer's signature	Date		eck if self-	PTIN	
Paid		preparer's	s name me FERNST & YOUNG US LLP			em	nployed 🕨 🦵		
Prepa	arer							Firm's EIN	<u> </u>
Use (		Firm's add	dress 🕨 TWO NORTH CENTRAL AVE	NUE STE 2300				Phone no • (602) 322-	
			PHOENIX, AZ 85004					3000	
Mayt	he IR	RS discus	ss this return with the prepar	er shown above? (see instructions) .				┌ Yes	$I^-$ No

Forn	n 990 (2010)						Page				
Pai		t of Program Serv nedule O contains a resp	_		ı						
1	Briefly describe th	e organızatıon's mıssıor	1								
SEE	SCHEDULE O										
2	Did the organizatio the prior Form 990		· -	ervices during the yea	r which were not listed on	┌ Yes ┌ No					
	If "Yes," describe t	hese new services on S	chedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe these changes on Schedule O										
4	Section 501(c)(3)		ions and secti	on 4947(a)(1) trusts	e largest program services b are required to report the an service reported						
4a	(Code	) (Expenses \$	9,543,240	ıncludıng grants of \$	0 ) (Revenue \$	565,203)					
	CLINICAL TRIALS - SE	E SCHEDULE O									
4b	(Code	) (Expenses \$	7,279,057	ıncludıng grants of \$	0 ) (Revenue \$	158,056 )					
	CANCER AND CELL BIO	CANCER AND CELL BIOLOGY DIVISION - SEE SCHEDULE O									
	(Code	) (Expenses \$	7,012,934	ıncludıng grants of \$	0 ) (Revenue \$	1,107,233 )					
	GENOTYPING TECHNO	LOGY CENTER - SEE SCHEDU	JLE O			·					
	Other program se	rvices (Describe in Sch	nedule O )								
	(Expenses \$		luding grants o	of \$	0 ) (Revenue \$	19,163,176)					

50,274,127

Total program service expenses►\$

	•		
Part IV	Checklist o	f 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)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		Νο
4	<b>Section 501(c)(3) organizations.</b> 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		Νο
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, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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	Yes	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, 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		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		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? <b>Note.</b> 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	21		No
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		N o
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		N o
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
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			
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F:	orm <b>990</b>	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return  402			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ <u>LU</u>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
h	required?	7g		
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
11 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
12	year 12b Sortion F01(c)(20) qualified popprofit health incurance issuers			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_
	2. 12, has a mada to me a to report these payments. If they provide an explanation in schedule of the			

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.

Check if Schedule O contains a	a response to any question in this Part VI		 			. 攵

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									
ь	Enter the number of voting members included in line 1a, above, who are									
_	ındependent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any		,,							
_	other officer, director, trustee, or key employee?	2	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		Νo						
6	Does the organization have members or stockholders?	6	Yes							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes							
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							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo						
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		No						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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,"	- <b></b>								
	describe in Schedule O how this is done	12c	Yes							
13	Does the organization have a written whistleblower policy?	13	Yes							
14	Does the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	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									
ь	taxable entity during the year?	16a		No						
_	16b									
Se	organization's exempt status with respect to such arrangements?	100								
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 V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ELIZABETH MONTEMAYOR

445 N 5TH ST

PHOENIX, AZ 85004

(602) 343-8508

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

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

1a Complete this table for all persons required to be listed 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

<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( that a	che		II	( <b>D</b> ) Reportable compensation	<b>(E)</b> 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	from the organization (W-2/1099-MISC)  Highest compensated  Officer  Formation (W-2/1099-MISC)		organizations (W- 2/1099- MISC)	from the organization and related organizations		
(1) GOVERNER JAN BREWER BOARD MEMBER	1 0	Х					0	0	0
(2) ROBERT BULLA BOARD MEMBER	1 0	х					0	0	0
(3) JOSE CARDENAS BOARD MEMBER / CHAIRMAN	1 0	х		х			0	0	0
(4) BENNETT DORRANCE BOARD MEMBER / SECRETARY	1 0	х		х			0	0	0
(5) PETER S FINE BOARD MEMBER	1 0	х					0	0	0
(6) DAVID GULLEN MD BOARD MEMBER	1 0	х					0	0	0
(7) JOHN KENNEDY BOARD MEMBER	1 0	х					0	0	0
(8) JEFFREY MOORAD BOARD MEMBER	10	х					0	0	0
(9) T LON OWEN PHD BOARD MEMBER	10	Х					0	0	0
(10) CINDY PARSEGHIAN BOARD MEMBER / TREASURER	1 0	х		х			0	0	0
(11) WILLIAM J POST BOARD MEMBER	1 0	х					0	0	0
(12) RICHARD SILVERMAN BOARD MEMBER	1 0	х					0	0	0
(13) THE HONORABLE GREG STANTON BOARD MEMBER	1 0	х					0	0	0
(14) DAVID VAN ANDEL BOARD MEMBER	1 0	х					0	0	0
(15) JEFFREY TRENT BOARD MEMBER/PRES & SCIEN DIR	14 0	х					0	1,043,405	303,030
(16) TESS BURLESON CHIEF OPERATING OFFICER	39 0			Х			438,463	0	21,555

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

(A) Name and Title	(B) A verage hours		tion (	che		II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	ey employee Officei titutional Trus dividual truste		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
(17) ELIZABETH MONTEMAYOR CHIEF FINANCIAL OFFICER	40 0			Х				265,904	0	26,388
(18) DANIEL VON HOFF EXECUTIVE VICE PRESIDENT	40 0			х				638,624	0	26,714
(19) EDWARD SUH CHIEF INFORMATION OFFICER	40 0				х			279,758	0	45,633
(20) SPYRO MOUSSES VICE PRESIDENT	40 0				х			284,643	0	20,778
(21) MICHAEL BERENS PROFESSOR	40 0				х			294,211	0	44,202
(22) DAVID DUGGAN ASSOCIATE PROFESSOR	40 0				х			266,184	0	27,770
(23) JAMES HARRIS VP BUSINESS DEVELOPMENT	40 0				х			216,461	0	6,716
(24) JOHN CARPTEN PROFESSOR	40 0					х		320,177	0	23,623
(25) STEPHANIE MCRAE GENERAL COUNSEL	40 0					х		265,550	0	33,132
(26) STEPHEN GATELY TD2 PRESIDENT/SCIENTIFIC DIR	40 0					х		218,087	0	4,716
(27) STEVE DAY DIRECTOR, SOFTWARE ENGINEERING	40 0					х		212,332	0	6,772
(28) JANINE TILLI VICE PRESIDENT, HUMAN RESOURCE	40 0					х		206,499	0	8,963
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,906,893	1,043,405	599,992

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►58

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

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

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

(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
ERNST YOUNG LLP DEPT 6793 LOS ANGELES, CA 90084	AUDIT SERVICES	413,664				
5AM SOLUTIONS 1625 N 11TH AVE PHOENIX, AZ 85007	IT SUPPORT SERVICES	377,421				
AON RISK SERVICES 75 REMITTANCE DRIVE STE 1943 CHICAGO, IL 60675	INSURANCE BROKER	359,105				
JULIE BERNARD 11076 MAPLE ROAD LAFAYETTE, CO 80026	LEGAL SERVICES	221,421				
PRICEWATERHOUSECOOPERS PO BOX 514038 LOS ANGELES, CA 90051	CONSULTING SERVICES	199,250				
2 Total number of independent contractors (including but not limited to those listed above) who received more than						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►12

		2010) Statement of Revenue				Pa	ge <b>9</b>
Part	VIII	Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	10,000,000 18,695,359 10,804,522 877,046	39,499,881			513, or 514
Program Service Revenue		Research contracts  All other program service revenue  Total. Add lines 2a-2f	Business Code 541700	20,855,027	20,855,027		
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	328,555 0 0			328,555
en	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)	(II) O ther	0			
Other Revenue	c 9a b	\$ of contributions reported on line 1c) See Part IV, line 18		0			
	b c 11a		Business Code 900099	138,641	138,641		
	e	All other revenue  Total. Add lines 11a-11d  Total revenue. See Instructions		138,641 60,822,104		0	328,555

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,906,893	880,572	3,026,321	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	20,133,665	13,543,763	6,589,902	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	706,475	423,885	282,590	
9	Other employee benefits	1,649,452	989,671	659,781	
10	Payroll taxes	1,640,502	984,301	656,201	
а	Fees for services (non-employees) Management	0			
b	Legal	539,388		539,388	
С	Accounting	583,045		583,045	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	12,408,389	9,306,292	3,102,097	
12	Advertising and promotion	65,030		65,030	
13	Office expenses	10,927,299	8,195,474	2,731,825	
14	Information technology	953,081	714,811	238,270	
15	Royalties	0			
16	Occupancy	5,602,717	4,202,038	1,400,679	
17	Travel	1,215,944	486,378	729,566	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	335,860	134,344	<del>                                     </del>	
20	Interest	340,469		340,469	
21	Payments to affiliates	0	4.550.764	4 547 500	
22	Depreciation, depletion, and amortization	6,070,352	4,552,764	1,517,588	
23 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)	235,484	11,774	223,710	
а	RELEASED FROM RESTRICTIONS	5,785,295	5,785,295	0	
b	ALL OTHER EXPENSES	74,174	62,765	11,409	
C					
d					
е					
f	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	73,173,514	50,274,127	22,899,387	0
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	İ			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			3,212,921	1	4,799,497
	2	Savings and temporary cash investments			16,486,664	2	12,073,161
	3	Pledges and grants receivable, net			24,040,805	3	16,842,034
	4	Accounts receivable, net			3,576,941	4	1,952,991
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
14	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ , and contributing eigensoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	ers, and				
S S		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,019,293	9	992,446
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	39,297,846			
	b	Less accumulated depreciation	10b	25,968,823	16,200,410	10c	13,329,023
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		348,740	15	614,069	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			64,885,774	16	50,603,221
	17	Accounts payable and accrued expenses .			5,191,806	17	5,121,425
	18	Grants payable			18		
	19	Deferred revenue			4,818,241	19	4,348,674
	20	Tax-exempt bond liabilities				20	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			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			9,614,989	23	7,871,489
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities Complete Part X of Schedule D			348,740	25	463,515
	26	Total liabilities. Add lines 17 through 25			19,973,776	26	17,805,103
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
ЭЭ		through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets			14,751,154	27	13,945,385
Ba	28	Temporarily restricted net assets			30,160,844	28	18,852,733
Fund	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, check here ► ┌ an	d com	plete			
ě		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			44,911,998		32,798,118
I	34	Total liabilities and net assets/fund balances			64,885,774	34	50,603,221

Pai	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		60,8	322,104
2	Total expenses (must equal Part IX, column (A), line 25)	2		73,1	.73,514
3	Revenue less expenses Subtract line 2 from line 1	3		-12,3	351,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44,9	11,998
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	237,530
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		32,7	98,118
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		Νo
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	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

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THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

75-3065445

	rt I			blic Charity Stat						nstructions	5	
he d	organız	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )			
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>se</b>	ection 170(b	)(1)(A)(i).			
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	)(A)(ii). (At	tach Schedu	ıle E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descrı	bed ın <b>sectio</b> ı	n 170(b)(1)	(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	rıbed ın <b>sec</b>	tion 170(b)(	1)(A)(iii).	Enter the	
5	$\Gamma$	An orga	anızatıon op	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unit des	cribed in	
		sect ion	170(b)(1)(	A)(iv). (Complete Pa	art II )							
6	Γ	A feder	al, state, or	local government or	government	al unit desci	rıbed ın <b>secti</b> o	on 170(b)(1	)(A)(v).			
7	্ব	describ	ed in	at normally receives  A)(vi) (Complete Pa		I part of its	support from	a governme	ntal unit or fi	rom the ger	neral publi	С
8	Γ	A comn	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )									
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
			_	janization after June				· ·		•		
LO	Г	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).										
<b>1</b>		An orga	anızatıon org	ganized and operated	l exclusively	for the bene	efit of, to perfo	orm the fund	tions of, or t	o carry out	the purpo	ses of
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Other										
e	Γ			ox, I certify that the								
				on managers and oth	ner than one	or more pub	licly supporte	ed organizat	ions describ	ed in sectio	on 509(a)(	1) or
e			509(a)(2)	received a written de	tormination	from the IDS	E that it is a T	Tuno I Tuno	VII or Typo l	III cupport	ing organi	zation
f		check t	his box	received a written de						iii support	ilig organi.	
g			ugust 17, 2 g persons?	2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			
				rectly or indirectly c	ontrols, eithe	eralone orto	aether with r	persons des	cribed in (ii)		Yes	No
				governing body of th					()	110	g(i)	110
				er of a person describ		_					g(ii)	<del>                                     </del>
				led entity of a persor			hove?				J(iii)	<del>                                     </del>
h				ng information about							,,,,,	<del></del>
				ig illionitation about	ciio oupporte	a organizaci	011(0)					
9	(i) Name suppor rganiza	of (ii) rted EIN		of (ii) Type of organization organ col (i ted EIN lines 1- 9 above your of or IRC section doc		(iv) Is the organization in the column of th		ify the on in your t?	(vi) Is th organizat col (i) org in the U	e :ion in ianized	A mo	<b>vii)</b> ount of oport
				(see instructions))	Yes	No	Yes	No	Yes	No		

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.)

	under Fart III. II th	ic organization	ians to quanty c	maci the tests	ilated below, pic	case co	ilipicte i	art III.,
	ection A. Public Support		<u> </u>					
Cal	endar year (or fiscal year beginning in) <b>►</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,038,91	8 48,715,607	40,267,050	50,530,395	55	5,961,459	225,513,429
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	30,038,91	8 48,715,607	40,267,050	50,530,395	55	,961,459	225,513,429
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							21,585,878
	(f)							
6	Public Support. Subtract line 5							203,927,551
S	from line 4 ection B. Total Support							
	endar year (or fiscal year	(-) 200 <i>6</i>	(h) 2007	(-) 2000	(4) 2000	(-) 20	10	(6) T - t - l
	beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 20		(f) Total
7	A mounts from line 4	30,038,918	48,715,607	40,267,050	50,530,395	55	,961,459	225,513,429
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,242	230,227	492,533	56,756		329,668	1,192,426
9	Net income from unrelated business activities, whether or not the business is regularly carried on		65,317					65,317
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	874,059	204,892	271,807	-8,054		209,147	1,551,851
11	Total support (Add lines 7 through 10)							228,323,023
12	Gross receipts from related activit	ties, etc (See ins	tructions )	•		12	•	102,238,338
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(	3) organız	
	ection C. Computation of Pu							
14	Public Support Percentage for 201	•	• •	11 column (f))		14		89 315 %
15	Public Support Percentage for 200	9 Schedule A , Pa	art II, line 14			15		58 985 %
16a	33 1/3% support test—2010. If the and stop here. The organization gu				ine 14 is 33 1/3%	or more	e, check t	hıs box <b>►</b> ✓
b	33 1/3% support test—2009. If th	•	, , ,		a, and line 15 is 3	33 1/3%	or more,	. ,
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization means are to the transfer of	<b>t—2010.</b> If the org ation meets the "	ganization did not o facts and circums	check a box on lin tances" test, che	ck this box and <b>st</b>	op here.	Explain	<b>▶</b> ┌
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiz	nızatıon meets th	ne "facts and circu	mstances" test, o	check this box an	d <b>stop h</b> e	ere.	<b>▶</b> □
18	supported organization  Private Foundation If the organizations				-			▶⊏ ▶⊏

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

**▶**□

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).

#### Explanation

THE ORGANIZATION HAS CHANGED ITS FISCAL YEAR END FROM 6/30 TO 11/30 IN YEAR 2010 THE PREVIOUS RETURN COVERED 6/30/10 TO 11/30/10, AND THIS RETURN IS FOR THE PERIOD 12/1/10 TO 11/30/11 THE INFORMATION INCLUDED IN SCHEDULE A PART II, SECTION A, LINE 1, COLUMN E INCLUDES INFORMATION FROM BOTH RETURNS, 6/30/10 TO 11/30/11

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493289009562

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

itema	al Revenue Service	► Attach	to Form 990. ► See separate instructions.		Inspection
	me of the organ			Employer identific	cation number
IHI	E TRANSLATIONAL GI	ENOMICS RESEARCH INSTITUTE		75-3065445	
Pa		izations Maintaining Dono zation answered "Yes" to Forr	or Advised Funds or Other Similar F m 990, Part IV, line 6.		ts. Complete if the
	-		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number a	t end of year			
2	Aggregate con	tributions to (during year)			
3		nts from (during year)			
4	Aggregate valu	ue at end of year			
5			advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes
6	used only for c conferring imp	haritable purposes and not for the ermissible private benefit	, and donor advisors in writing that grant fund e benefit of the donor or donor advisor, or for a	any other purpose	┌ Yes ┌ No
Pa	rt III Conse	rvation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part I	IV, line 7.
<b>1</b> 2	Preservati Protection Preservati Complete lines	ion of land for public use (e g , rec n of natural habitat ion of open space		in historically importa i certified historic stru m of a conservation	•
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Held at th	e End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easem	nents	2b	
c	Number of con	servation easements on a certifie	ed historic structure included in (a)	2c	
d	Number of con	servation easements included in	(c) acquired after 8/17/06	2d	
3		servation easements modified, tra ar 🗠	ansferred, released, extinguished, or terminat	ted by the organization	n during
4	Number of stat	tes where property subject to con	servation easement is located 🛌		
5		nization have a written policy rega f the conservation easements it h	arding the periodic monitoring, inspection, hai olds?	ndling of violations, ar	nd
6	Staff and volun	iteer hours devoted to monitoring	, inspecting and enforcing conservation ease	ments during the year	<b></b>
7	A mount of exp	enses incurred in monitoring, insp	pecting, and enforcing conservation easemen	ts during the year 🟲 \$	
8		nservation easement reported on I ) and 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of se	ection	┌ Yes
9	balance sheet,		rts conservation easements in its revenue and to fithe footnote to the organization's financial easements		
Par			ections of Art, Historical Treasures, red "Yes" to Form 990, Part IV, line 8.	, or Other Similar	Assets.
1a	art, historical t	treasures, or other similar assets	SFAS 116, not to report in its revenue statem held for public exhibition, education or resea its financial statements that describes these	rch in furtherance of p	
b	historical treas		SFAS 116, to report in its revenue statement d for public exhibition, education, or research items		-
	(i) Revenues ı	ncluded in Form 990, Part VIII, I	ine 1	<b>▶</b> -\$	
		luded in Form 990, Part X		<u>-</u>	
2		•	, historical treasures, or other similar assets	for financial dain prov	/ıde the
_			SFAS 116 relating to these items	manerar gam, prov	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	<b>III</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Tre	<u>easu</u>	<u>res, or O</u>	<u>the</u>	r Similar Ass	ets (co	ntınued)
	Using the organization's accession and othe tems (check all that apply)	records, check an	y of th	ne foll	owing th	nat are	e a significa	ınt u	ise of its collecti	on	
a	Public exhibition		d	$\Gamma$	Loan o	rexcl	nange progr	ams	i		
ь	Scholarly research		e	Γ	Other						
c l	Preservation for future generations										
	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they	/ further	the o	rganızatıon	's ex	kempt purpose ır		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	Y" b	es" to Form 99	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbutı	ions c	or other ass	ets		Yes	┌ No
<b>b</b> :	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ıng ta	able		Г		I		
_							H	4 -	Ame	ount	
_	Beginning balance						-	1c			
	Additions during the year						H	1d			
_	Distributions during the year						F	1e			
	Ending balance						L	1f		_	
	Did the organization include an amount on Fo		e 21?						ļ	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Part	Endowment Funds. Complete									<b>(-)</b>	Dl-
1a	Beginning of year balance	(a)Current Year 6,676,003	(D	Prior ( 6	,373,964	(c) IV	6,309,12	-	)Three Years Back	(e)rour r	ears Back
	Contributions	0,070,003			,3,3,301		10,00				
	Investment earnings or losses	550,880			786,808		422,24	—			
	Grants or scholarships	330,000			700,000		122,2				
e	Other expenditures for facilities	894,960			484,769		367,40	)7			
	and programs							+			
	Administrative expenses	( 221 022			,676,003		C 272 0/	-1			
	End of year balance	6,331,923		- 6	,676,003		6,373,96	94			
2	Provide the estimated percentage of the yea		as								
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment 🕨 0 %										
c ·	Term endowment 🕨 100 000 %										
	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	dministered	for	the		
	organization by  (i) unrelated organizations								3a(i	Yes	No No
	(ii) related organizations			•				•	3a(ii	1	110
	If "Yes" to 3a(II), are the related organization							٠.	3b	Yes	<u> </u> 
	Describe in Part XIV the intended uses of th	•						•		1.00	<u> </u>
Part						0. Pa	art X. line	10.			
	Description of investment	,		(a)	Cost or of	ther	(b)Cost or ot basis (othe	her	(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
<b>1a</b> La	and			+			•				
	uildings										
	easehold improvements		•	<b> </b>			5,137	146	1,701,457		3,435,689
	quipment		•				29,999			-	9,302,081
	ther		•			-+	4,161			<u> </u>	591,253
	Add lines 1a-1e (Column (d) should equal Fo	rm 990 Part X colu	nn (B)	l			•		3,570,293	<del>                                     </del>	3,329,023
	maa iiiica xa xo (Colallill (a) Siloula Cadal Fo				7/1/61					, ,	

Investments—Other Securities. See	form 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market value	e
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	e
		Cost of the or year market tale	
Total (Column (h) should agual Form 990, Part V, sol (P) line 12.)			
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 valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	ıe
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	le
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		ıe
Part IX Other Assets. See Form 990, Part X, line (a) Descrip	e 15. tion  5.)	(b) Book valu	ıe
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:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		ıe
Part IX Other Assets. See Form 990, Part X, line (a) Descrip	5.)		ie .
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		le
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  Federal Income Taxes	5.)		le
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		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le
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  Federal Income Taxes	5.)		le

	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	
_	Other (Describe in Part XIV )	8	
	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	]	
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part >	Reconciliation of Expenses per Audited Financial Statements With Expenses		
		per R	eturn
1	Total expenses and losses per audited financial	per R	eturn
	statements		eturn
1 2 a	Statements		Return
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		Return
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		Return
2 a b	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		Return
2 a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		Return
2 a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1	Return
2 a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1 2e	Return
2 a b c d e 3	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1 2e	Return
2 a b c d e 3	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1 2e	Return
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1 2e	Return
2 a b c d e 3 4 a b	A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	2e 3	Return

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

additional information

Identifier	Return Reference	Explanation
SCHEDULE D, PART V - ENDOWMENTS		TGEN'S POLICY FOR APPROPRIATING THE DISTRIBUTION OF ITS SUMMER INTERNSHIP PROGRAM ENDOWMENT HAS BEEN DESIGNED TO SUPPORT A SPECIFIC NUMBER OF SUMMER INTERNS EACH YEAR FOR THE NEXT 25 YEARS THE INSTITUTE CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT
SCHEDULE D, PART X - FIN 48 (ASC 740) FOOTNOTE		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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As Filed Data -

DLN: 93493289009562

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

**Employer identification number** 

					75-3065445					
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered				
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization n gibility for the	naıntaın record grants or assı	stance, and the select	ion criteria used to awa					
2	<b>For grantmakers.</b> Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside th	ne				
3	Activites per Region (Use Part V if additional space is needed )									
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region				
	Europe (including Iceland and Greenland)				Research Services and					
	Europe (Including Iceland and Greenland)	0	0	Program Services	software development	7,200,000				
	Sub-total  Total from continuation sheets	0	0			7,200,000				
	to Part I  : <b>Totals</b> (add lines 3a and 3b)	0	0			7,200,000				
	. Interio (and lilles sa alla sa)	1 0	1 0	I	i l	7,200,000				

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH

INSTITUTE

Schedule F (Form 990) 2010

Page **5** 

#### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Compensation Information** 

DLN: 93493289009562

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

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

75-3065445

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	$\sqcap$	Personal services (e g , maid, chauffeur, chef)			
	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	ribed ab	ove? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	Γ	Written employment contract			
	☑ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, lor a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ict comr	ploto lines 5-0			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
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, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of	•	, , ,	7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

#### 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

(i) Base (ii) Bonus & (iii) Other other deferred benefits (B)(I)-(D) reported compensation	mpensation ed in prior 190 or
(i) Base Incentive reportable compensation Form 9	
	90-EZ
(1) TESS BURLESON (I) 373,106 55,605 9,752 16,500 5,055 460,018 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
(2) ELIZABETH (I) 221,553 34,617 9,734 12,718 13,670 292,292 MONTEMAYOR (II) 0 0 0 0 0 0	0 0
(3) DANIEL VON HOFF (I) 575,841 53,023 9,760 22,000 4,714 665,338 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
(4) EDWARD SUH (I) 246,477 24,395 8,886 38,510 7,123 325,391 0 0 0 0 0	0 0
(5) SPYRO MOUSSES (I) 249,903 25,000 9,740 13,655 7,123 305,421 0 0 0 0 0 0 0	0 0
(6) JOHN CARPTEN (I) 218,777 91,666 9,734 16,500 7,123 343,800 0 0 0 0	0 0
(7) MICHAEL BERENS (I) 268,404 16,067 9,740 38,504 5,698 338,413 0 0 0 0 0 0	0 0
(8) DAVID DUGGAN (I) 204,974 51,455 9,755 16,500 11,270 293,954 0 0 0 0 0	0 0
(9) STEPHANIE (I) 233,594 22,222 9,734 33,000 132 298,682 MCRAE (II) 0 0 0 0 0 0	0 0
(10) STEPHEN (I) 207,569 10,318 200 0 4,716 222,803 GATELY 0 0 0 0 0 0	0 0
(11) JAMES HARRIS (I) 188,136 20,000 8,325 0 6,716 223,177 0 0 0 0 0	0 0
(12) STEVE DAY (1) 184,816 19,350 8,166 0 6,772 219,104 0 0 0 0	0 0
(13) JANINE TILLI (1) 180,507 18,050 7,942 0 8,963 215,462 0 0 0 0	0 0
(14) JEFFREY TRENT (I) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
(15)	
( 16 )	

#### 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, BY TGEN POLICY, BE PRE-APPROVED BY THE CHIEF OPERATING OFFICER
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

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DLN: 93493289009562

#### **Transactions with Interested Persons** Schedule L

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

2010

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

<b>1</b> (a) Name of di	squalified	person		<b>(b)</b> Desc	ription	of trans	action		Cor	<b>(c)</b> rected	
	•	•		(5) 505	.mpcion	or crans	action		Yes	No	
									<u> </u>		
<b>2</b> Enter the amount of tax imp section 4958							ear unde/ •	r • \$			
3 Enter the amount of tax, if a								→ — • s			
5 Enter the amount of tax, if a	ily, Oli illie	2, 400	ve, reiiiibursea by	the organization .				э <u> </u>			
Part III Loans to and/o											
Complete if the orga	nızatıon a	nswered	d "Yes" on Form 99	90, Part IV, line 26	, or Forr	n 990-l			a		
	1 ` ′	oan to			(e) ]	ſn	(f) Appro		(g)Writ	en	
(a) Name of interested person ar		or from the (c)O		(d)Balance due	1		1 ' '			agreement?	
purpose		1	principal amoun	<b>'</b>			committee?				
	То	From			Yes	No	Yes	No	Yes	No	
	-	<u> </u>				1	+			<u> </u>	
	_	+				+	+				
							+				
		1									
otal		· .	<b>▶</b> \$								
art IIII Grants or Assist											
Complete if the or	ganızatıd					27.					
(a) Name of interested pe	erson	(1		ween interested per	rson	<b>(c)</b> A n	nount of a	rant or t	ype of assi	stance	
			and the	organization		.,					

Part IV	Business	<b>Transactions</b>	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Additional Data Table					

#### Part V Supplemental Information

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

Identifier Return Reference Explanation
---

Schedule L (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH

INSTITUTE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
PINNACLE WEST CAPITAL	WILLIAM POST/CEO	140,475	INVESTMENT SERVICES		No
5AM SOLUTIONS	DANIEL VAN HOFF/DIRECTOR	281,404	TECHNICAL CONSULTING		No
ABRAXIS BIOSCIENCE	DANIEL VAN HOFF/DIRECTOR	332,609	SCIENTIFIC ADVISORY BOARD		No
ESPERANCE	DANIEL VAN HOFF/DIRECTOR	300,682	SCIENTIFIC ADVISORY BOARD		No
TECH66 WILLIAM BURLESON	SPOUSE OF OFFICER	50,069	CONSULTANT ON SOFTWARE PROJECT		No
APPLIED BIOLIFE TECHAPPLERA	DAVID DUGGAN/KEY EMPLOYEE	171,383	APPLIED BIO/LIFE TECH/APPLERA		No
APPLIED BIOLIFE TECHAPPLERA	DAVID DUGGAN/KEY EMPLOYEE	171,383	APPLIED BIO/LIFE TECH/APPLERA		No

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DLN: 93493289009562

OMB No 1545-0047

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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

**Employer identification number** 

Pa	rt I Types of Property			L	75-3065445			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining amounts		ontribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts .							
24	SEQUENCING							
25	Other ► (EQUIPMENT )	x	2	828,046	COST OR SALES F	RICE		
	DISCOUNT							
26	Other►( <u>ONLOAN</u> )	Х	0	49,000	BOOK VALUE			
	O ther ►()							
	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			0
							Yes	No
30a	During the year, did the organizatio							
	must hold for at least three years fr			on, and which is not require	d to be used			
	for exempt purposes for the entire h	nolding p	eriod?			30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptano	e policy that requires the r	review of any non-standard	contributions?	31		No
32a	Does the organization hire or use the contributions?	nırd partı 	es or related organizations	to solicit, process, or sell i	non-cash	32a		N o_
ь 33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
						1		

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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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 INSTITUTE

Employer identification number
75-3065445

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

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A - 4C	LINE 4A - PROGRAM SERVICE ACTIVITY #1 TGEN'S TCRS CLINICIANS FOCUS ON CLINICAL TRIALS WITH TARGETED AGENTS AND GENOMICS-BASED INDIVIDUALIZED THERAPY THE TCRS, WITH AN INITIAL FOCUS ON CANCER, ALLOWS THE UNIQUE OPPORTUNITY FOR TGEN TO TRANSITION ITS LABORATORY-BASED RESEARCH TO PATIENT CARE CENTERED ON INDIVIDUALIZED THERAPY LINE 4B - PROGRAM SERVICE ACTIVITY #2 TGEN'S CANCER AND CELL BIOLOGY DIVISION IS WORKING TO DISCOVER VALID MARKERS AND THERAPEUTIC TARGETS FOR TREATING HUMAN DISEASE. THE DIVISION SUPPORTS LAB PROGRAMS IN BREAST CANCER, MELANOMA, LUNG CANCER, HEAD AND NECK TUMORS AS WELL AS BOTH PRIMARY AND METASTATIC BRAIN TUMORS. LINE 4C - PROGRAM SERVICE ACTIVITY #3 TGEN'S GENOTY PING TECHNOLOGY CENTER ANALYZES BITS OF DNA CALLED SINGLE NUCLEOTIDE POLY MORPHISMS (SNPS) WHICH GIVE RESEARCHERS THE POWER TO IDENTIFY DISEASE-CAUSING GENES, ASSOCIATIONS, AND DNA SIGNATURES, ALL OF WHICH HAVE PROFOUND IMPLICATIONS FOR DETECTION, PROGNOSIS AND THERAPEUTIC INTERVENTION. THE SNP GENOTY PING CENTER OFFERS INNOVATIVE SOLUTIONS THAT ADDRESS THE REQUIREMENTS FOR FLEXIBILITY, SIMPLICITY, THROUGHPUT, ECONOMY, AND ACCURACY

Identifier	Return	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	Reference	INTRODUCTION FY11 WAS A YEAR OF ACCELERATED TRANSITION FOR TGEN, ONE THAT LED TO INCREASED OPPORTUNITY TO ADVANCE OUR SCIENCE, BROADEN OUR AUDIENCE, AND - MOST IMPORTANTLY - MAKE A DIFFERENCE FOR PATIENTS A MAJOR TECHNOLOGY SHIFT AND ONE THAT INFORMED OUR RESEARCH WITH A DEPTH AND PRECISION PREVIOUSLY UNAVAILABLE WAS OUR INCREASED USE OF WHOLE-GENOME SEQUEN CING (WGS) WGS PROVIDES THE MOST COMPLETE SET OF COMPARISONS BETWEEN A PATIENT'S NORMAL D NA AND THAT FOUND IN A PATIENT'S CANCEROUS TUMORS THOUGH IN ITS EARLY STAGES, THE USE OF WGS AS A DIAGNOSTIC, AND IN FACT A THERAPEUTIC AID TO THE PHYSICIAN'S "TOOLKIT," IS PART OF THE FUTURE IN MEDICINE HAPPENING AT TGEN TODAY THIS IS TECHNOLOGY THAT CAN REALLY MAKE A DIFFERENCE IN
		TREATMENT OPTIONS AREAS OF RESEARCH FALL INTO THREE CATEGOR IES - ONCOLOGY (MELANOMA, BREAST, PROSTATE, OVARIAN, LUNG CANCERS, ETC), METABOLIC DISEAS ES (DIABETES AND HEART DISEASE) AND NEUROLOGICAL DISEASES (AUTISM, ALZHEIMER'S, ALS, AND O THER BRAIN-RELATED DISEASES) - ALL OF WHICH IMPACT ARIZONANS AT ALARMING RATES THE RESEAR CH RESULTS APPEAR IN A NUMBER OF SCIENTIFIC AND ME

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		DICAL JOURNALS AND ADD TO THE GROWING KNOWLEDGE BASE OF MOLECULAR RESEARCH AND MEDICINE. IN FY11, TGEN RESEARCHERS PUBLISHED THEIR RESEARCH RESULTS IN NUMEROUS SCHOLARLY PEER-REVIE WED ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS NATURE, CANCER, JOURNAL OF CLINICAL 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 UNITED AS STATSTICALLY SIGNIFICANT DEOREASE, IN PROSCESSIONE THE SURVIVAL DEOREASE IN PROSCESSIONE WITH EACH SUBCOSSIVE STANDAR D THESTAP STATE TREVENSES THIS TREDD MIGHT LEAD TO MERCE SURVIVAL DUTCOMES CITATION THROUGH THAT THEY PROVIDED THAT THE TREVENSES THIS TREDD MIGHT LEAD TO IMPROVED CLINICAL CUTCOMES CITATION "PROGRESSION FREE SURVIVAL DEOREASES WITH EACH SUBSEQUENT THERAP!" IN PATIENTS PRESENTING FOR PHASE I CLINICAL TREALS, "CHRISTOPHER BAILLY, GAYLE JAMESON, CHAO SIMA, SHARON FLECK." ERICA WHITE DANIEL D. VON HOFF, GLEN J. WISS J. CANCER 2012, 37-13, 2, A TOSH STLDY PUBLISHED NO V.2 2N THE CUNCHALL OF LUIK CANCER SOLD. WISS J. CANCER 2012, 37-13, 2, A TOSH STLDY PUBLISHED NO V.2 2N THE CUNFALL OF LUIK CANCER SOLD. WISS J. CANCER 2012, 37-13, 2, A TOSH STLDY PUBLISHED NO V.2 2N THE CUNFALL OF LUIK CANCER SOLD. WISS J. CHECK THE HEDGEHOG SIGNALING PATHWAY (HHSP), WHICH HAS BEEN IMPLICATED IN THE DEVELOPMENT OF MILLTIPLE CANCERS, SHOW CORRELATION WITH SOLVE HEDGEHOG LICAND (SHIP), EXPRESSION, SUGGESTION THAT LEANDED PROBENT SIGNALINGS IN MORE PREVALED IN IN PRIMARY YOUN-SHALL CELL LUNG CANCER TUMORS CITATION RAZ G, ALLEN KE, KINSSLEY C, CHERNIL AROPAS S. WATANABE A, LORRINZO CD. EDWARROS V.K. SR ICHARS, HOSTETTER, C. WESS. J. "HEGGEHOG SIGNALING PATHWAY (HUSCAN 2011) 10 15 3 TOSH AND SCOTTSTALE HEALTH THAT ARE A THE VIRGINIA OF THE VIRGINIA

ldentifier	Return Reference	Explanation
SELECT HIGHLIGHTS FOR FY11		TION "FUNCTIONAL CHARACTERIZATION OF THE PLASMACYTOMA VARIANT TRANSLOCATION 1 GBNE (PVT1) IN DIABETIC NEPHROPATHY" M LUCRECIA ALVAREZ AND JOHANNA K DISTEFANO PLOS ONE 6(4) E1 8671 8 DRUG-RESISTANT STRAINS OF STAPHYLOCOCCUS AUREUS, A BACTERIA LINKED TO A WIDE RANG E OF HUMAN DISEASES, ARE PRESENT IN MEAT AND POULTRY FROM US GROCERY STORES AT UNEXPECTE DLY HIGH RATES, ACCORDING TO A NATIONWIDE TSEN STUDY PUBLISHED APRIL 15 IN THE JOURNAL CLINICAL INFECTIOUS DISEASES NEARLY HALF OF THE MEAT AND POULTRY SAMPLES - 47 PERCENT - WERE CONTAMINATED WITH S AUREUS, AND MORE THAN HALF OF THOSE BACTERIA - 52 PERCENT - WERE RES ISTANT TO AT LEAST THREE CLASSES OF ANTIBIOTICS CITATION "MULTIDRUG-RESISTANT STAPHYLOCO CCUS AUREUS IN U.S. MEAT AND POULTRY" ANDREW E WATERS, TANIA CONTENTE-CLOMO, JORDAN BUCH HAGEN, CINDY M LIU, LUNDSEY WATSON, KIMBERLY PEARCE, JEFTREY T FOSTER, JOLENE BOWERS, E. ZABETH M DRIEBE, DAVID M ENGELTHALER, PAUL S KEIM AND LANCE B PRICE CLIN INFECT DIS (2011) 9 PUBLISHED MARCH 24 IN THE PRESTIGIOUS JOURNAL, NATURE, A NATIONWIDE STUDY BY 2 O INSTITUTES, INCLUDING TGEN, UNVEILED THE MOST COMPREHENSIVE PICTURE TO DATE OF THE GENET IC BLUEPRINT OF MULTIPLE MY ELOMA, AN ALL-TOO-COMMON FORM OF BONE MARROW CANCER THE STUDY INVOLVED WHOLE GENOME SEQUENCING OF NORMAL AND TUMOR DNA FROM 38 MULTIPLE MY ELOMA, AN ATIENTS TO ASSESS TUMOR-SPECIFIC CHANGES ACROSS THE ENTIRE 3-BILLION-LETTER HUMAN GENOME, YIELDIN G NEW AND UNEXPECTED INSIGHTS INTO THE EVENTS THAT LEAD TO THIS FORM OF CANCER CITATION "INITIAL GENOME SEQUENCING AND ANALYSIS OF MULTIPLE MY ELOMA" TGEN CONTRIBUTORS WERE ANGE LA BAKER, JOHN CARPTEN AND JEFTREY TRENT NATURE 471, 467-472 (24 MARCH 2011) 10 A STUDY PUBLISHED IN THE FEBRUARY 2011 EDITION OF MOLECULAR CANCER RESEARCH CULLINES HOW GENOMIC RESEARCH COULD HELP DOCTORS BETTER TARGET A DRUG, OXALIPLATIN IT IS WIDELY USED TO TREAT COLORECTAL CANCER PATIENTS, BUT OFTEN HAS SIGNIFICANT HAS SIGNIFICANT SITUATED TO CONTRIBUTORS WERE ANGE LA BAKER, HOLLY YIN AND ROBERT J PELHAM MOL CANCER RES. PUBLISHED ONLI

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 HOPF, MD , LEADS THE TRIALS DR VON HOPF 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 PROSE PROTITORER 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 A NEWER 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 THO COMMONLY USED TREATMENTS, AND COLLECT INFORMATION THAT WILL ALLOW THE E

Identifier I	Return Reference	Explanation
GRANT SUPPORT		GRANTS TOTALING'S 162,705,359 TOBN WAS AWARDED 17 GRANTS, TOTALING'S 41,83,844, WITH AN ADDITIONAL 56 GRANTS PENDING AND IN REVIEW TOTALING'S 46,521,876 ADDITIONALLY, TOBN RECOVED 33,441,633 FROM PREVIOUS PY PENDING GRANTS, BRINGING THE AWARDED TOTAL FOR GRANTS IN PY11 TO 57,631,547 TOBN SUCCESS RATE CURRENTLY RESTS AT 24 PERCENT OF TOTAL GRANTS SUBMITTED. PLACING THE INSTITUTE NEARLY FOUR PERCENT HIGHER THAN THE INATIONAL AVERAGE (NH OVERALL SUCCESS RATE) A PY11 BOMBARIER GRANTA ALLOWED TOBIT TO BINHANCE OUR SOSIENTIES INFORMATION OF A PERCENT HIGHER THAN THE INATIONAL AVERAGE (NH OVERALL SUCCESS RATE). A PY11 BOMBARIER GRANTA ALLOWED TOBIT TO BINHANCE OUR SOSIENTIES INFORMATION OF A PERCENT HIGHER THAN THE INATIONAL AVERAGE (NH OVERALL SUCCESS RATE). A PY11 BOMBARIER GRANTAL ALLOWED TOBIT TO BINHANCE OUR SOSIENTIES INFORMATION OF A PERCENTIL PROMETRIAL TO BE ADDITIONAL APPLICATION OF A PERCENTAL TO BROSPECIMBED AND FROM BIOMARKER DISCOVERY TO CLINICAL APPLICATION BIOMARKERS - OUBCITUTE BIOLOGICAL INDICATORS OF AN INDIVIDUAL'S STATE OF HEALTH OR DISEASE. HAVE THE POTITIAL TO REVOLUTIONAL MEDICAL MEDICAL DAGNOSS AND PROGNOSIS THE THOUGH EARLY SUBSEASE DETECTION, THERAPY MONITORING, AND MATCHING THE RECHT PATIENT WITH THE RIGHT DRUG, THE HALLIMARK OF FERSONALIZED, PRECISION DEDICINE YET, DESETE THE MORE THAN 40,900 OF DELICLATIONS PURPORTING AN ASSOCIATION OF BIOMARKERS TO SPECIFIC DISEASES, AND THE PROMINENT REFERENCE TO BIOMARKER USE IN FIDA INITIATIVES TO OVERHAUL OUR HEALTH CARES YSTEM. THE ARTROVAL RATE FOR FROTEINS IDMARKERS HAS BEEN LOW BEINGER THAN 40,900 OF DELICLATIONS PURPORTING AN ASSOCIATION OF BIOMARKERS TO SPECIFIC DISEASES, AND THE PROMINENT REFERENCE TO BIOMARKER USE IN FIDA INITIATIVES TO OVERHAUL OUR HEALTH CARES YSTEM. THE ARTROVAL RATE FOR FROTEINS IDMARKERS BEEN LOW BEINGER TO SUCCESS HISTORY OF THE PROMINENT BENEFIT FROM THE PROMINENT REFERENCE TO BIOMARKER USE IN FIDA INITIATIVES TO OVERHAUL OUR HEALTH AND AND AND ADDITIONAL PROGNOSIAL PROMINENT BENEFIT FROM THE PROMINENT BENEFIT FROM THE

ldentifier	Return Reference	Explanation
FY11 HIGHLIGHTS		1 TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) TOTALING \$3 MILLION TO DR JOHANNA DISTEPANO TO STUDY THE PROGRESSION AND GENETIC ORIGINS OF NONALCOHOLIC FATTY LIVER DISEASE (NAFLD) 2 TWO-YEAR GRANT FROM THE MULTIFLE MY ELOMA RESEARCH FOUNDATION (MMRF) TOTALING \$672,000 TO DR JOHN CARPTEN FOR WHOLE TRANSCRIPTOME RNA SEQUENCING OF MULTIPLE MY ELOMA TUMORS USING NEXT-GENERATION TECHNOLOGY 3 TWO-YEAR GRANT FROM THE MINE TOTALING \$20,000 TO DR JOHN CARPTEN FOR WHOLE TRANSCRIPTOME RNA SEQUENCING OF MULTIPLE MY ELOMA TUMOR SUSHESSIOS IN MULTIPLE MY ELOMA 4 TWO-YEAR GRANT FROM THE MINE KDMSA/LITX. A TUMOR SUPPRESSOR IN MULTIPLE MY ELOMA 4 TWO-YEAR GRANT FROM THE MINE KDMSA/LITX. A TUMOR SUPPRESSOR IN MULTIPLE MY ELOMA 4 TWO-YEAR GRANT FROM 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 S218,000 TO DR HAY ONG HAN TO EVALUATE COMPOUNDS IN CELL LINES TO VALIDATE THEIR ANTI-TUMOR POTENTIAL 6 ONE-YEAR GRANT FROM THIS TOTALING \$139,500 TO DR HOLLY YIA AND DR NATH-LILE MY ELOMA CONE-YEAR GRANT FROM THE TOTALING \$139,500 TO DR HAY ODG PARIZON FOR GIVE TO SUBSTANCE ABUSE ESPECIALLY TOBACCO SMOKING, AS WELL AS PARKINSONS DISEASE 7 FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING S775,899 TO DR DAVID CARG TO INVESTIGATE HARMACOGENOMICS OF MOOD STABILIZER RESPONSE 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 TOTALING \$487,976 TO DR JOHN CARPTEN TO STUDY GENETIC RISK FACTORS IN AFRICAN AMERICAN LEVELS IN AMERICAN INDIANS 10 FIVE-YEAR GRANT FROM THE US DEPARTMENT OF HEALTH TOTALING SHAR,881 TO DR JOHANNA DISTEPANO TO STUDY GENETIC RISK FACTORS IN AFRICAN TO HEALTH TOTALING SHAR,881 TO DR JOHANNA DISTEPANO TO STUDY GENETIC RISK FACTORS IN AFRICAND AMERICAN INDIANS 10 FIVE-YEAR GRANT FROM T

ldentifier	Return Reference	Explanation
COMMERCIALIZATION / SPIN OFFS		TGENS OFFICE OF BUSINESS DEVELOPMENT WORKS TO DEVELOP AN APPROPRIATE ADMINISTRATIVE STRUCTURE TO HANDLE COMMERCIAL LEATION OF ITS INTELLECTUAL PROPERTY, AS WIELL AS DEVELOP BETENTYE WAYS TO PARTINER WITH THE COMMERCIAL SECTIOR FY11 ACTIVITIES INCLUDED AS MENTIONED IN THE INTRODUCTION TIGEN LICENSED ITS FRIST DRUG IN MAY 2011 ONCO-101 IS A UNIQUE COMPOUND THAT TARGETS CANCER TUMORS BY MODEY NO THE ACTIONS OF PROTEINS ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND PUBDOMETRIAL CANCER ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND ENDOMETRIAL CANCER ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND ENDOMETRIAL CANCER ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND ENDOMETRIAL CANCER ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND ENDOMETRIAL CANCER ONCO-101 MAY PROVE EFFECTIVE ACAINST OVARIAN AND COLLD IMMEDIATELY HELP CANCER PARTIESTS ANNAI SYSTEMS ACQUIRED MEDITARS TO NEILLEL, A SPIN OUT OF TIGEN 1V 2008 THE COMBINED ENTERPRISES WILL PROVIDE A UNIQUE COMBINATION OF A RICH BOT ABBS EOF INFORMATION REGARDING ONCOLOGY-FOCUSED DRUGS, WITH A UNIQUE ENTERPRISE SOLUTION INCORPORATING BOTH HIGH SPEED AND HIGH CAPACITY EXCHANGE OF INFORMATION TEGNES PROTEOMIC CENTER (SUPPORTED BY THE FLUIN FOLINDATION) WAS ONE OF TWELVE SITES SELECTED AS A "COENTER OF INNOVATION BY THE WATERS CORPORATION A GLOBAL LEADER IN THE DEVELOPMENT AND MANUFACTURNS OF INSTRUMENTATION FOR FORTOMORY MILL HAVE EARLY ACCESS TO NEW PRODUCTS AND FLAY A VITAL ROLE IN THE ASSESSMENT AND DEVELOPMENT OF NEW PROTEOMORY SECONDAY A VITAL ROLE IN THE ASSESSMENT AND DEVELOPMENT OF NEW PROTEOMORY SECONDAY A VITAL ROLE IN TWO SMALL BUSINESS INNOVATION RESEARCH INSTRUJET TO DEVELOP A ROOM TEMPERATURE ENVIRONMENTALLY SUSTABLISHED BISSTABLISH OR GROWN SET THOUGH THE PREVOLUTIONS OF BOTH PREPARTURE ENVIRONMENTALLY SUSTABLISHED BISSTABLISH OR GROWN THE PROPERTION OF BOTH PREPARTURE ENVIRONMENTALLY SUSTABLISHED BISSTABLISH OR GROWN THE PREPARTURE ENVIRONMENTAL SUSTABLISHED BISSTABLISH OR GROWN THE PROPERTION OF SOME OFFICE OF AN OBJECT OF THE PROPERTION OF SOME OFF

ldentifier	Return Reference	Explanation
CONTRACTS AND COLLABORATIONS		TGEN SIGNED A TOTAL OF 394 AGREEMENTS IN FY11, BROKEN DOWN AS FOLLOWS 1 TGEN SIGNED 70 CONFIDENTIAL DISCLOSURE AGREEMENTS (CDA) IN FY11 CDAS CREATE A CONFIDENTIAL RELATIONSHIP BETWEEN TGEN AND A HOST OF POTENTIAL COLLABORATORS/PARTNERS WHILE NOT ALL CDAS RESULT IN A FORMAL COLLABORATION OR PARTNERSHIP, THEY DO PROVIDE A NUMBER OF INSTITUTES AND COMPANIES (LOCALLY, NATIONALLY AND INTERNATIONALLY) A GREATER PICTURE OF TGEN'S CAPABILITIES AND REFLECT POSITIVELY AS A WHOLE ON ARIZONA'S BIOMEDICAL SCIENCE PURSUITS 2 TGEN SIGNED 83 MATERIAL TRANSFER AGREEMENTS (MTA) IN FY11 MTAS FORM THE BACKBONE OF NUMEROUS TGEN RESEARCH COLLABORATIONS AS SHARED MATERIALS INCLUDE REAGENTS, CELL LINES, SOFTWARE AND MORE 3 TGEN SIGNED 67 RESEARCH COLLABORATIONS (MANY WITH LOCAL AND STATE AFFILIATIONS), INCLUDING AGREEMENTS THAT FURTHER RESEARCH INTO A HOST OF DISEASES, INCLUDING BRAIN CANCER, MELANOMA, ALZHEIMER'S AND AUTISM 4 ADDITIONALLY, TGEN SIGNED AN ADDITIONAL 170 AGREEMENTS CONSISTING OF CONSULTING AND PROFESSIONAL SERVICES AGREEMENTS, COMMERCIALIZATION LICENSES, MEMORANDUMS OF UNDERSTANDING, LEASES, AND EVALUATION AGREEMENTS

ldentifier	Return Reference	Explanation
FY11 SELECT HIGHLIGHTS	Reference	1 UNIVERSITY HOSPITAL OF BASEL - "CLONAL PROFILING OF TUMORS OF UNKNOWN ORIGIN" (DRS BAR RETT 8 BUBENDORP) 2 HILLS PET MUTRITION RESEARCH - "CONTINUATION OF CANNIE AND PELINE PHE NOTYPIC DATA ANALYSIS AND ADDITIONAL GENOTYPING" (DR HUENTELMAN) 3 ILLUMINA AMEDIMENT ONE TO UNBRELLA AGREEMBIST - EXTENDS TERM THROUGH 62/13 4 MD ANDERSON CANCER CENTER AMEND MENT THREE TO MY CONSORTIUM RESEARCH COLLABORATION CONTRACT - MODIFIES STATEMENT OF WORK AND SITE BUDGET S UNIVERSITY OF TENDESSEE RESEARCH COLLABORATION CONTRACT - MODIFIES STATEMENT OF WORK AND SITE BUDGET S UNIVERSITY OF TENDESSEE RESEARCH COLLABORATION AGREEMENT - UNBRELLA AGREEMENT - MORBELLA AGREEMENT - CONSORTIUM (COTC) 6 CA THOLIC HEALT-CARE WEST RESEARCH HEAD - "EVALUATION OF FRAIL SOLATION METHODS FROM HUMBLOSS" (DRS BOMPREZZI & JENSEN) 7 VAN ANDEL RESEARCH PLAN - "EVEL OFMENT OF GENOMIC BASED PREDICTORS OF PURIS B "RESEARCH PLAN - "EVEL OFMENT OF GENOMIC BASED PREDICTORS OF PURIS B "ESPERONES IN PANDRE TO COLLABORATION AGREEMENT - POR GENOMIC BASED THORAGE (DRS POR MULLIAMS, CARGE & MORS) 10 UNI VERSITY OF MINIESOTA RESEARCH COLLABORATION AGREEMENT - UNBRELLA AGREEMENT COVERNIS PROJECT IS RELATED TO THE COMPARATIVE ONOCIOGY TRALL CONSORTIUM (COTT) 11 SCOTTSDALLE HEALTHCARE RESEARCH HOANDS - "MOLECULAR ANALYSES OF BIDDOGRANE TUMORS" (CRS BUSSEY & DEMOLECULAR POR SEARCH COUNTS OF AGREEMENT - UNBRELLA AGREEMENT COVERNIS PROJECTS RELATED TO THE COMPARATIVE ONOCIOGY TRALL CONSORTIUM (COTC) 13 MULTIPLE MYEL OMA RESEARCH CONSORTIUM AND BUDDENT 3 TO RESEARCH CONSORTIUM (COTC) 15 MULTIPLE MYEL OMA RESEARCH CONSORTIUM AND MENDRE AGREEMENT COVERNIS PROJECTS RELATED TO THE COMPARATIVE ONOCIOGY TRALL CONSORTIUM (COTC) 15 MULTIPLE MYEL OMA RESEARCH CONSORTIUM AND MENDRE AGREEMENT COVERNIS PROJECTS RELATED TO THE COMPARATIVE ONOCIOGY TRALL CONSORTIUM (COTC) 15 MULTIPLE MYEL OMA RESEARCH CONSORTIUM AND MENDRE AGREEMENT COVERNIS PROJECTS RELATED TO THE COMPARATIVE O

ldentifier	Return Reference	Explanation
FY11 SELECT HIGHLIGHTS		E AMENDMENT 1 TO MASTER RESEARCH AGREEMENT - EXTENDS TERM THROUGH NOV 14, 2012 36 MAYO CLINIC STATEMENT OF WORK 01 - "A PILOT STUDY EXAMINING THE UTILITY OF WHOLE GENOME TUMOR S EQUENCING (WGS) AND WHOLE GENOME EXPRESSION PROFILE TO FIND POTENTIAL TARGETS FOR THERAPY IN PATIENTS WITH ADVANCED CANCER" (DRS RAMESH RAMANATHAN & KEITH STEWART) 37 CHILDREN'S HOSPITAL LOS ANGELES AMEND TO COLLABORATION AGREEMENT - EXTENDS TERM THROUGH JAN 10, 201 2 38 PHOENIX CHILDREN'S HOSPITAL RESEARCH COLLABORATION AGREEMENT - UMBRELLA JOINT RESEA RCH AGREEMENT COVERING FUTURE PROJECTS 39 ASTRAZENECA RESEARCH PLAN AZ02 - "DETECTION OF STRUCTURAL REARRANGEMENTS, INCLUDING GENE FUSION CANDIDATES IN BREAST CARCINOMA GENOMES" 40 BANNER RESEARCH INSTITUTE RESEARCH PLAN 01 - "COMPARE CHANGES IN RNA EXPRESSION AS BIOMARKERS FOR ALZHEIMER'S DISEASE AND PARKINSON'S DISEASE, A COMPARISON OF CSF AND BLOOD" 41 ADAMAS AMENDMENT 9 TO COLLABORATION AGREEMENT - REVISES WORK-PLAN AND EXTENDS TERM THR OUGH JAN 31, 2011 42 ASTRAZENECA AMENDMENT 1 TO RESEARCH AGREEMENT - EXTENDS TERM THROUGH DEC 12, 2012

ldentifier	Return Reference	Explanation
JOB CREATION/ ROI		20 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED N FY11 WITH SALARIES AND BENEFITS TOTALING APPROXIMATELY \$1,33,0,161 STUDENT SALARIES WERE JUST OVER \$374,000. BRINGING THE OVERALL TOTAL TO \$1,704 fild TIGEN STAFF TOTALED 261, 0°C WHICH BE PERCENT HOLD A COLLEGE DESCREE (4) PREDICTION TO \$1,704 fild TIGEN STAFF TOTALED 161,0°C WHICH BE PERCENT HOLD A COLLEGE DESCREE (4) PREDICTION TO \$1,704 fild TIGEN STAFF TO THE STAFF TO \$1,000 FILD AND ADVANCED DEGREE. FY11 POSITIONS FILLED INCLIDE ADMINISTRATIVE ASSISTANT, ASSOCIATE PROFESSOR, BIOINFORMATICAN, ASSOCIATE CLINICAL DATA COORDINATOR KNOWLEDGE COMPUTING ARCHITECTURE. THE STAFF TO STAFF SCIENTIST, VICE PRESIDENT, TIGEN FOUNDATION WE HAVE STRESSED IN THE PAST THAT INTERNSHIPS STAFF SCIENTIST, VICE PRESIDENT, TIGEN FOUNDATION WE HAVE STRESSED IN THE PAST THAT INTERNSHIPS STAFF SCIENTIST, VICE PRESIDENT, TIGEN FOUNDATION WE HAVE STRESSED IN THE PAST THAT INTERNSHIPS INTERNSTITY ETOWARDS EDUCATION AND DEVELOPMENT FOR THE STUDENTS IN THE LIFE SCIENCES IN STAFF SCIENCES IN STAFF SCIENCES TO AND AND DEVELOPMENT FOR THE STUDENTS IN THE LIFE SCIENCES IN FY11, 9 BINCOYERS FOUNDATION WHERE THE BIOMEDICAL SCIENCES IN FY11, 9 CHOOSING AN ARZONA-BASED LINWERS BY TO ENTRY THE BIOMEDICAL SCIENCES IN FY11, 9 CHOOSING AN ARZONA-BASED LINWERS BY THE RING ON STATE INVESTMENT IN LATE 2011, IN THE THIRD SUCH CHOOSING AN ARZONA-BASED LINWERS STRY RETURN ON STATE INVESTMENT IN LATE 2011, IN THE THIRD SUCH CHOOSING AN ARZONA-BASED LINWERS STRY RETURN ON STATE THAY REVISION. AND THE STATE OF ARZONA, SUPPORTED LINES SCIENCES TO THE PRODUCED \$25 04 FOR EVERY \$1 INVESTED BY THE STATE OF ARZONA, SUPPORTED LINES SCIENCES WERE AND ARXONAL COLOR OF THE STATE OF ARZONA SUPPORTED LINES SCIENCES TO THE PRODUCED \$25 04 FOR EVERY \$1 INVESTED BY THE STATE OF ARZONA, SUPPORTED 1, 124 JOBS, GENERATED \$101 MILLION IN STATE TAX REVISIONS. AND PRODUCED STAFF AND ARXONAL CALLED TO THE PRODUCED STAFF AND ARXONAL STAFF

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 ARIZONA COMMUNITY TOWARD THAT GOAL, TGEN SR LEADERSHIP PARTICIPATES IN A MYRIAD OF COMMUNITY-RELATED ACTIVITIES THROUGH PRESENTATIONS AT REGIONAL MEETINGS AND AS A MEMBER OR PARTICIPANT OF VARIOUS COMMITTEES AND GROUPS, INCLUDING THE ARIZONA ALZHEIMER'S CONSORTIUM BOARD, ARIZONA BIOSCIENCE ROADMAP STEERING COMMITTEE AND ARIZONA BIOSCIENCE ROADMAP STEERING COMMITTEE AND ARIZONA BIOSCIENCE ROADMAP EDUCATION & WORKFORCE DEVELOPMENT COMMITTEE, ARIZONA TECHNOLOGY COUNCIL, GREATER PHOENIX LEADERSHIP, NSF STEP GRANT ADVISORY BOARD. FOR ESTREILA 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 INSTITUTES RESEARCH AND PHILANTHROPIC ACTIVITIES MEDIA EXPOSURE RAISES AWARENESS AND BRINGS ADDED CREDIBILITY 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 RAIZONA MEDIA OUTLETS INCLUDE. USA TODAY ORLANDO SENTINEL THE HOUSTON CHRONICLE THE ARIZONA MEDIA OUTLETS INCLUDE. USA TODAY ORLANDO SENTINEL THE HOUSTON CHRONICLE THE ARIZONA REPUBLIC PHOENIX BUSINESS JOURNAL ARIZONA BUSINESS GAZETTE ARIZONA DAILY STAR JEWISH NEWS OF GREATER PHOENIX GRAND RAPIDS PRESS PLAIN DEALER (CLEVELAND) UPI NATIONAL PUBLIC RADIO NEW YORK TIMES WALL STREET JOURNAL LOS ANGELES TIMES LA WEEKLY REUTERS TIME MAGAZINE BOSTON GLOBE NEWSDAY AGENCE FRANCE PRESSE WIRED MAGAZINE ON AN ANNUAL BASIS WITH TWO 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 ARIZONANS - AND OTHERS WORLDWIDE. TO LEARN ABOUT THE RESEARCH AND DISCOVERIES COMING OUT OF TGEN LABS ADDITIONALLY, THE TGEN FOUNDATION WEB PAGES ALLOW SUPPORTERS TO CREATE MEMORIALS AND FUNDRASING

ldentifier	Return Reference	Explanation
BUSINESS AND FAMILY RELATIONSHIPS	l '	DANIEL VON HOFF AND EDWARD SUH HAVE A BUSINESS RELATIONSHIP JEFFREY TRENT, DANIEL VON HOFF AND EDWARD SUH HAVE A BUSINESS RELATIONSHIP ROBERT BULLA AND WILLIAM POST HAVE A BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
GOVERNANCE STRUCTURE	FORM 990, PART VI, LINES 6, 7A & 7B	LINE 6 - THE SOLE CORPORATE MEMBER OF TGEN IS VAN ANDEL RESEARCH INSTITUTE (VARI), A MICHIGAN CHARITABLE TRUST LINE 7A - VARI, AS THE SOLE MEMBER OF TGEN, APPOINTS ELECTED DIRECTORS TO TGEN'S BOARD OF DIRECTORS FROM A LIST OF INDIVIDUALS PRESENTED BY THE NOMINATING COMMITTEE. LINE 7B - VARI, AS THE SOLE MEMBER OF TGEN, RETAINS CERTAIN APPROVAL RIGHTS AS OUTLINED IN THE BYLAWS Effective December 1, 2009, the Institute 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. The Institute changed from a director-based, nonprofit organization to a member-based, nonprofit organization, whereby VARI became the sole member of the Institute VARI agreed to supplement the Institute's funding efforts by providing \$10.0 million per year, for three consecutive years, in unrestricted support. SUBSEQUENT TO THE FY11 TAX YEAR END AND 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

ldentifier	Return Reference	Explanation
PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FINANCE DEPARTMENT THE 990 IS THEN REVIEWED BY THE FINANCE DEPARTMENT AND OTHER MEMBERS OF MANAGEMENT THE FORM 990 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 ISSUES A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS TO ALL DIRECTOR LEVEL POSITIONS AND ABOVE IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED BY THE CHIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE CHIEF OPERATING OFFICER TO ENSURE A PLAN IS SET FORTH UPDATES TO THE LIST ARE HANDLED ON AN AS-NEEDED BASIS BASED ON CONTRACT REVIEWS AND EMPLOYEE INFORMATION

ldentifier	Return Reference	Explanation
PROCESS USED TO DETERMINE COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B	TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS) THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS DURING THE DECISION MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS, WHEN DEEMED NECESSARY AND ADVISABLE THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING DISQUALIFIED PERSONS' COMPENSATION" WHEN DEVELOPING A COMPENSATION PHILOSOPHY TGEN KEPT IN MIND THE FOLLOWING FACTORS - THE TGEN MISSION AND STRATEGY - THE TGEN CULTURE - TRENDS IN COMPENSATION IN THE EXTERNAL ENVIRONMENT - TRENDS IN RECRUITMENT OF NEW EMPLOYEES - TRENDS IN ORGANIZATIONAL EMPLOYEE TURNOVER - TGEN'S LIFE CYCLE STAGE

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

ldentifier	Return Reference	Explanation
BOARD OF GOVERNORS	PART VII, SECTION A, LINE 1A	TGEN HAS A BOARD OF GOVERNORS THAT IS COMPRISED OF CURRENT VOTING DIRECTORS AND SOME FORMER DIRECTORS THAT REMAIN AFFILIATED WITH TGEN IN AN ADVISORY ROLE. THE CURRENT GOVERNORS WHO SERVE IN AN ADVISORY ROLE WITH NO VOTE AND ARE THEREFORE NOT LISTED AS DIRECTORS IN PART VII INCLUDE. BETSEY BAYLESS, RICHARD BOALS, J. LYLE BOOTMAN, PHD, SUSAN CLARK-JOHNSON, THE HONORABLE DIANE ENOS, BERT GETZ, JOHN HAEGER, PHD, SETHURAMAN PANCHANATHAN, PHD, FRANKLYN PRENDERGAST, MD, THE HONORABLE JIM SLATTERY, DR. VICTOR TRASTEK

ldentifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	THE FOLLOWING INDIVIDUALS REPORTED IN PART VII DEVOTE TIME TO THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN), THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION (FOUNDATION), AND/OR VAN ANDEL RESEARCH INSTITUTE (VARI), RELATED TAX-EXEMPT ORGANIZATIONS, AS INDICATED JEFFREY TRENT (14 HOURS TGEN, 2 HOURS FOUNDATION, 24 HOURS VARI) TERESA BURLESON (39 HOURS TGEN, 1 HOUR FOUNDATION) DAVID VAN ANDEL AND JOHN KENNEDY ARE BOTH TGEN DIRECTORS WHO ARE COMPENSATED BY VARI, A RELATED TAX-EXEMPT ORGANIZATION, VAN ANDEL AS A CHAIRMAN/CEO AND KENNEDY AS A TRUSTEE COMPENSATION AND HOURS INFORMATION WAS NOT AVAILABLE FOR DISCLOSURE ON THIS RETURN

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 5	OTHER CHANGES IN FUND BALANCES \$237,530

(a)

DLN: 93493289009562

OMB No 1545-0047

Open to Public Inspection

(g)

(f)

## **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

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

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

	tile ergamzatien a			217	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) TGEN ACCELERATOR MANAGEMENT LLC 445 NORTH 5TH STREET 600 PHOENIX, AZ 85004 75-3065445	GENOMICS	AZ	0	0	NA
(2) THE CENTER FOR TRANSLATIONAL DRUG DEV 445 NORTH 5TH STREET 600 PHOENIX, AZ 85004 43-2047329	DRUG DEVEL	AZ	3,265,088	1,091,122	TGEN ACC MGT
(3) INT'L BIOSIENCES COMMERCIALIZATION LLC 445 NORTH FIFTH STREET 6TH FLOOR PHOENIX, AZ 85004 27-2987735	LICENSING	AZ	0	0	TGEN ACC MGT
Part III Identification of Polated Tax Exampt Organizat	ione (Complete if th	o organization an	cwared "Vec" on	Form 000 Part IV	line 24 because it had one

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.)

(c)

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	(†) Direct controlling entity	Section 5 cont organ	12(b)(13) rolled ızatıon
						Yes	No
(1) TGEN RESEARCH INSTITUTE FOUNDATION							
400 E VAN BUREN SUITE 850	FUND RAISING	AZ	501(C)(3)	7	TGEN		
PHOENIX, AZ 85004 33-1092191							
(2) VAN ANDEL RESEARCH INSTITUTE							
333 BOSTWICK AVENUE STE 850	MEDICAL RSRCH	MI	501(C)(3)	4	NA		
GRAND RAPIDS, MI 49503 52-2000823							
			1.25%				

(a) me, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income				(g) Share of end-of-year assets		(h) Disproprtionat allocations?		rtionate Code V—		(j) General or managing partner?		<b>(k)</b> Percentage ownership
									Yes	No			Yes	No			
				ble as a Corpora							nswered "\	es" on	Form	990,	Part IV,		
(a) Name, address, and EIN of related organization			<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of e (C corp, S or trust		corp,			(g) Share of end-of-year assets			<b>(h)</b> Percentage ownership			

(6)

Part	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 35	5A, or 36.)					
Note. Complete line 1 if any entity is listed in Parts II, III or IV									
<b>1</b> Duri	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
<b>a</b> R	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
<b>b</b> G	<b>b</b> Gift, grant, or capital contribution to other organization(s)								
<b>c</b> G	c Gift, grant, or capital contribution from other organization(s)								
d Loans or loan guarantees to or for other organization(s)									
e Loans or loan guarantees by other organization(s)									
f Sale of assets to other organization(s)									
<b>g</b> P	g Purchase of assets from other organization(s)								
h E	h Exchange of assets								
i Le	i Lease of facilities, equipment, or other assets to other organization(s)								
j Le	j Lease of facilities, equipment, or other assets from other organization(s)								
<b>k</b> P	k Performance of services or membership or fundraising solicitations for other organization(s)								
I Pe	l Performance of services or membership or fundraising solicitations by other organization(s)								
<b>m</b> S	m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees									
<b>o</b> R	• Reimbursement paid to other organization for expenses								
<b>p</b> Reimbursement paid by other organization for expenses									
q Other transfer of cash or property to other organization(s)									
<b>r</b> 0	r Other transfer of cash or property from other organization(s)								
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	nonships and transaction	on thresholds					
(a) (b) (c) (d) Transaction type(a-r) Amount involved invol									
(1) THE	TRANSLATIONAL GENOMICS RESEARCH INST FDN	L	12,886,000						
(2) THE	TRANSLATIONAL GENOMICS RESEARCH INST FDN	М	84,000						
	TRANSLATIONAL GENOMICS RESEARCH INST FDN	N	168,200						
(4) THE	TRANSLATIONAL GENOMICS RESEARCH INST FDN	0	1,054,000						
(5)									

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	1
							$\vdash$		+	╁
									-	-
									+	-
										t

## Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010