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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

generally cannot redact the information on the form

Finformation about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

			endar year, or tax year beginnin C Name of organization	g 01-01-2013 , 2013, and ending 1	2-31-2013	D Emplo	ver iden	itification number
_	ck if a ress ch	pplicable nange	THE TRANSLATIONAL GENOMICS RE	SEARCH INSTITUTE			-	
	ne cha	_	Doing Business As			/5-30	065445	•
_	ıal retu	_						
_	minate		445 N 5TH STREET SUITE 600	nail is not delivered to street address) Room	ı/suite	E Telepho	one numb	per
	ended		City or town, state or province, cou	ntry, and ZIP or foreign postal code		(602)	343-8	423
_		n pending	PHOENIX, AZ 85004	ntry, and 21 of foreign postar code				70 007 007
APF	nication	r pending	F Name and address of pri	nounal officer	1 > -		- ' '	72,397,237
			Jeffrey M Trent PhD	ncipal officer		s this a group ubordinates?	return	for
			SAME AS C ABOVE PHOENIX,AZ 85004					
			THOURIN, NE 0300 T			re all subordi icluded?	nates	Γ Y es Γ No
Ta	k-exem	npt status	▼ 501(c)(3)	(Insert no)			a lıst	(see instructions)
w	ebsite	e: ► WW	/W TGEN ORG		H(c) (Group exempt	ion nun	nber ⊳
					1(-)			
	n of org rt I		Corporation Trust Association	on Other -	L Year	of formation 20	02 M	State of legal domicile AZ
Га								
			escribe the organization's missi HEDULE O	on or most significant activities				
ę	_							
	-							
	2 (Chack th	us hov 🖦 if the organization d	scontinued its operations or dispose	d of more th	an 25% of its	net ac	e e t c
	_ `	CHECK LI	is box F V in the organization a	scontinued its operations of dispose	d of more the	311 25 70 01 103	nec as.	3003
S	3 1	Number	of voting members of the goverr	ning body (Part VI, line 1a)			3	1
Roumines a soreminance	4 1	Number	of independent voting members	of the governing body (Part VI, line	1b)		4	1
	5	Total nu	mber of individuals employed in	calendar year 2013 (Part V, line 2a))		5	36
ŧ				necessary)			6	7
				art VIII, column (C), line 12			7a	
	ь	Net unre	lated business taxable income i	rom Form 990-T, line 34	1		7b	
				413	<u> </u>	Prior Year	100	Current Year
<u>o</u>	8			ne 1h)		2,315,1		25,261,567
Revenue	9 10			ne 2g)		1,653,3	568	16,761,926
Ž.	11			lines 5, 6d, 8c, 9c, 10c, and 11e)	•	70,8		1,170,902
	12			(must equal Part VIII, column (A),	line	, ,,		1,1,0,501
				<u> </u>		4,041,0	005	66,522,852
	13			IX, column (A), lines 1-3)			0	C
	14			IX, column (A), line 4)			0	(
8	15	Saları 5-10)	• • • • • • •	ee benefits (Part IX, column (A), line	:S	2,216,3	333	26,747,949
Expenses	16a	,		column (A), line 11e)			0	(
<u>ਵੇਂ</u>	ь	Total fu	ndraising expenses (Part IX, column (D)), line 25) ▶ 0				
Ш	17		- ' '	lines 11a-11d, 11f-24e)	 	2,586,3	382	31,046,486
	18			st equal Part IX, column (A), line 25		4,802,7		57,794,435
	19	Reven	ue less expenses Subtract line	18 from line 12		-761,7	710	8,728,417
8 8					Begin	ning of Curre	nt	End of Year
net Assector Fand Balances	20	Total	accete (Part V line 16)			Year 41,840,6	571	48,515,458
9	20 21					18,230,9	_	16,101,835
<u> </u>	22			line 21 from line 20		23,609,7	_	32,413,623
Par	t II		ature Block		·			,,
ny kr	rer ha	dge and las any kr		amined this return, including accompublic property (othe				
dere			es K Coleson CFO					
		<u> </u>	or print name and title					
			rınt/Type preparer's name RENDA D GRIESEMER	Preparer's signature	Date	Check if self-employed	PTIN P00264	669
Paid			ırm's name 🕨 ERNST & YOUNG US L	LP	•	Firm's EIN		
,	pare Onl		ırm's address 🕨 TWO NORTH CENTRAL	AVENUE STE 2300		Phone no		

PHOENIX, AZ 85004

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

┌Yes ┌No

Form	990 (20	013)				Page 2
Par		Statement of Program Se Check if Schedule O contains a	-		III	
1	Briefly	describe the organization's mis	sion			
SEE	SCHEDL	ILE O				
2		organization undertake any sig r Form 990 or 990-EZ?				
	If"Yes,	" describe these new services	on Schedule O			
3		organization cease conducting			onducts, any program	
	If"Yes,	" describe these changes on So	chedule O			
4	expens	oe the organization's program se es Section 501(c)(3) and 501(il expenses, and revenue, if any	c)(4) organizations	s are required to repoi		
4a	(Code) (Expenses \$	8,992,702	ıncludıng grants of \$	0) (Revenue \$	4,254,593)
	Integrat	red Cancer Genomics Division - SEE SC	HEDULE O			
	(Code) (Expenses \$	6,175,279	ıncludıng grants of \$	0) (Revenue \$	1,256,831)
	Neuroge	enomics Division - SEE SCHEDULE 0				
	(Code) (Expenses \$	15,483,586	ıncludıng grants of \$	0) (Revenue \$	1,149,646)
	Genoty	oing Technology Center - SEE SCHEDU	LE O			
4d	Other	program services (Describe in	Schedule O)			
	(Expe	nses \$ 3,697,353	including grants o	of \$	0)(Revenue\$	17,838,289)
4e	Total	program service expenses ►	34,348,920			
						Form 990 (2013)

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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 for escrow or custodial account liability, 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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	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 and XII	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 and XII is optional.	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 27		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country			
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
) D		
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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	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			
1 1				
l1 -	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
ь	against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			_
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		í —

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 response or note to any line in this Part	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<u> 5</u> e	ection 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	13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation of the officer, director, trustee, or key employee?	ionship with any	2	Yes	
3			3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Fo	·	4		No
5	Did the organization become aware during the year of a significant diversion of the organization?	c accete?	5		No
		3 4336(3)	6		
6	Did the organization have members or stockholders?	• • • • •	-		No_
	Did the organization have members, stockholders, or other persons who had the power to elect of more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) member or persons other than the governing body?	ers, stockholders,	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions underta year by the following	ken during the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not required b		eveni	ie Code	e.)
	(<u>/ </u>		Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		No.
	Did the organization have local chapters, branches, or affiliates?	[10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt	t purposes?	10a 10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing		Yes	Νο
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exemple Has the organization provided a complete copy of this Form 990 to all members of its governing	t purposes? g body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempted that the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing that could give	10b 11a		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing that could give fill "Yes," describe	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing that could give fif "Yes," describe	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exemple that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done	t purposes? g body before filing that could give fif "Yes," describe	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of staffiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and app	t purposes? g body before filing that could give fif "Yes," describe	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fif "Yes," describe froval by on and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fil "Yes," describe fil "Yes," describe fil "Yes," describe	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form?	t purposes? g body before filing that could give fil "Yes," describe fil "Yes," describe fil "Yes," describe	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appindependent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	t purposes? g body before filing that could give fif "Yes," describe find the could give find the could gi	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of sta affiliates, and branches to ensure their operations are consistent with the organization's exemple Has the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fill "Yes," describe	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt the form? Has the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appundependent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in the organization invest in the process in the process in the process in the	t purposes? g body before filing that could give fil "Yes," describe fil "Yes," descri	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fil "Yes," describe fil "Yes," descri	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fil "Yes," describe fil "Yes," descri	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt that the organization provided a complete copy of this Form 990 to all members of its governing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	t purposes? g body before filing that could give fill "Yes," describe fi	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) Average hours per week (list any hours	more than one box, unless compensation compensation from the from relations and a director/trustee) organization (W- organiza									/-	(F) Estima amount o compens from t	ated fother sation the
		for related organizations below dotted line)	Individual trustiei or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)) c	rganizat relat organiza	ed
1b	Sub-Total			•				•						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	١.	•	•	•	•		5,913,382		0		550,319
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	l ho receive					
	. ,												T	
3	Did the organization list any fo	ormer officer, dir	ector o	r trus	tee.	key	emplo	yee.	or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S				•	•	• •	•				3	Yes	
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	(A)		atıon	for	the c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
	N	(A) Name and business address (B) Description of services												nsation

(A) Name and business address	(B) Description of services	(C) Compensation
Cancer Research and Biostatistics, 1730 Minor Avenue Suite 1900 Seattle WA 981011468	Research Services	212,751
Polsinelli, PO Box 878681 KANSAS CITY MO 641878681	Legal Services	180,715
FirstStrategic, 300 W Clarendon Ave Suite 460 PHOENIX AZ 85013	Consulting Services	180,000
TECH66 LLC, 4557 E VIA LOS CABALLOS PHOENIX AZ 850286141	Consulting Services	176,314
Lockton Companies, PO Box 173850 Dept 999226 DENVER CO 802173850	ınsurance broker	156,240

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Form 99		013)					Page 9
Part V	/ ##1	Statement of Revenue Check if Schedule O contains a respons	co or note to any lir	o in this Bart VIII			_
		Check if Schedule o Contains a respons	se of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated campaigns 1a					
Giffs, Grants ilar Amounts	ь	Membership dues 1b					
je je	c	Fundraising events 1c	0				
iffs,	d	Related organizations 1d	6,708,330				
⊒ <u>:</u>	e	Government grants (contributions) 1e	8,145,167				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	10,408,070				
tribu Oth	g	Noncash contributions included in lines 1a-1f \$	1,495,916				
Son	h	Total. Add lines 1a-1f		25,261,567			
			Business Code				
Program Serwce Revenue	2a	Research Contracts	541711	23,328,457	23,328,457	0	(
exe exe	ь						
Ф. Н	С						
er Fe	d						
ૐ E	e						
gra	f	All other program service revenue					
Š	a	Total. Add lines 2a-2f		23,328,457			
	3	Investment income (including dividend					
		and other similar amounts)	🟲 📙	175,334			175,334
	4	Income from investment of tax-exempt bond p	roceeds -	0			
	5	Royalties	· · · •	U			
	6a	(1) Real Gross rents	(II) Personal				
	b	Less rental					
		expenses Rental income 0	0				
	C	or (loss)					
	d	Net rental income or (loss)		0			
		(1) Securities Gross amount	(II) O ther				
	7a	from sales of assets other than inventory	22,469,917				
	ь	Less cost or	F 074 20F				
		other basis and sales expenses	5,874,385				
	С	Gain or (loss)	16,595,532				
	d	Net gain or (loss)	· · · · >	16,586,592			16,586,592
ıne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a					
Ę	b	Less direct expenses b		0			
•	C	Net income or (loss) from fundraising e	vents -	0			
	34	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities	0			
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory 🛌	o			
		Miscellaneous Revenue	Business Code				
	11a	ALL OTHER REVENUE	900099	1,170,902	1,170,902	0	
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	1,170,902			
	12	Total revenue. See Instructions					
	1		-1	66,522,852	24,499,359	0	16,761,926

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) .マ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 0 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and 5,913,383 2,247,086 3,666,297 0 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 17,092,528 Other salaries and wages 8,546,264 8,546,264 0 Pension plan accruals and contributions (include section 401(k) 646,373 310,259 336,114 0 and 403(b) employer contributions) 0 1,501,370 720,658 780,712 Other employee benefits 10 1,594,295 765,262 829,033 0 11 Fees for services (non-employees) 0 Management O ٥ Ω 724,476 724,476 0 Legal 382,300 382,300 0 0 108,000 108,000 0 Lobbying 0 Professional fundraising services See Part IV, line 17 0 Investment management fees 0 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 7,395,096 5,894,477 1,500,619 0 Schedule O) Advertising and promotion . . 33,798 33,798 0 12 13 Office expenses . . . 7,633,379 5,725,034 1,908,345 0 643,385 0 14 Information technology . . 1,286,769 643,384 0 15 0 0 Royalties . . 4,601,657 6,135,542 1,533,885 0 16 Occupancy **17** 480,037 192,015 288,022 0 Travel 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 0 0 82,942 124,413 19 Conferences, conventions, and meetings . 207,355 0 20 167,130 167,130 0 Payments to affiliates 0 21 O 0 0 0 5,819,751 4,364,813 1,454,938 22 Depreciation, depletion, and amortization . 23 406,909 40,691 366,218 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 32,429 a Dues & Subscriptions 81,073 48,644 0 SEMINARS & EDUCATION 60,813 24,325 36,488 RELOCATION 37,762 15,105 22,657 d Recruitment 19,143 7,657 11,486 0 e All other expenses 67,153 26,862 40,291 Total functional expenses. Add lines 1 through 24e 25 57,794,435 34,348,920 23,445,515 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720) 0

Part X Balance Sheet

	't X	Check if Schedule O contains a response or note to any line in	thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			17,087,280	1	18,269,231
	2	Savings and temporary cash investments			-2,213,697	2	5,387,283
	3	Pledges and grants receivable, net			13,504,619	3	3,724,063
	4	Accounts receivable, net			3,588	4	51,075
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees Complete P Schedule L	art II	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers			0
8	7	Notes and loans receivable, net			0	<u> </u>	
Ą	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges			839,166	└	680,217
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	40,242,216	,	-	000,217	
	ь	Less accumulated depreciation	10a 10b	30,060,454	10,842,550	10c	10,181,762
	11	Investments—publicly traded securities		1	0	-	
	12	Investments—other securities See Part IV, line 11			0		0
	13	Investments—program-related See Part IV, line 11			0		1,971,302
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			1,777,165		8,250,525
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			41,840,671		48,515,458
	17	Accounts payable and accrued expenses			1,450,998		4,449,211
	18	Grants payable	0		0		
	19	Deferred revenue			10,376,856		9,541,785
	20	Tax-exempt bond liabilities			0	_	0
	21	Escrow or custodial account liability Complete Part IV of Sch			0		
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual			21		
<u> </u>		persons Complete Part II of Schedule L			0	22	0
\equiv	23	Secured mortgages and notes payable to unrelated third partie	es .		5,768,636	23	1,221,227
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			634,450	\vdash	889,612
<u></u>	26	Total liabilities. Add lines 17 through 25			18,230,940	26	16,101,835
<u>9</u>		lines 27 through 29, and lines 33 and 34.					
<u>ਨ</u>	27	Unrestricted net assets			13,829,727		21,497,379
8	28	Temporarily restricted net assets			9,780,004	28	10,916,244
Ξ	29	Permanently restricted net assets			0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	nere ►	┌─ and			
S	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ΑS	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Net	33	Total net assets or fund balances			23,609,731	33	32,413,623
_	34	Total liabilities and net assets/fund balances			41,840,671	34	48,515,458

Pai	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				· · ·
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		66,5	522,852
2	Total	expenses (must equal Part IX, column (A), line 25)	2		57,7	794,435
3	Rever	ue less expenses Subtract line 2 from line 1	3		8,7	728,417
4	Neta	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,6	509,731
5	Netu	realized gains (losses) on investments	5			75,475
6		ed services and use of facilities	6			
7	Inves	ment expenses	7			
8		eriod adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9			
	colum		10		32,4	113,623
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>			<u>. </u>
					Yes	No
1		nting method used to prepare the Form 990				
2a	Were	he organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		,' check a box below to indicate whether the financial statements for the year were compiled or review rate basis, consolidated basis, or both	<i>i</i> ed on			
	Γs	eparate basis			i	
b	Were	he organization's financial statements audited by an independent accountant?		2b	Yes	
		,' check a box below to indicate whether the financial statements for the year were audited on a separ consolidated basis, or both	ate			
	Γs	eparate basis				
c		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	: of the	2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain in ule O				
	Single	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		3a	Yes	
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: **Software Version:**

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

(A) Name and Title	(B) Average hours per week (list any hours for related	more t perso and a	tion (han o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/2033 11200)	2,2000	related organizations
Jerry Bisgrove	1 0	х						0	0	0
Board Member (PART YEAR) Richard L Boals	1 0									
Board Member	0 0	Х						0	0	0
Governor Jan Brewer	1 0	×						0	0	0
Board Member Robert Bulla	0 0									
Board Member	0 0	×						0	0	0
Jose Cardenas	10	х						0	0	0
Board Member (PART YEAR) Bennett Dorrance	0.0							Ů		, and the second
Board Member/Secretary	1 0	×		х				0	0	0
Peter S Fine	1 0									
Board Member	0 0	Х						0	0	0
Bert Getz	1 0	×						0	0	0
Board Member David J Gullen MD	0 0									
Board Member	0 0	×						0	0	0
Jeffrey Moorad	1 0	х						0	0	0
Board Member T Lon Owen PhD	0.0							, , ,		Ů
Board Member (PART YEAR)	1 0	×						0	0	0
Cindy Parseghian	0 0			.,						
Board Member/Treasurer	0 0	X		Х				0	0	0
William J Post	10	×		х				0	0	0
Board Member/Chairman Richard Silverman	10									
Board Member	0 0	X						0	0	0
The Honorable Greg Stanton	1 0	х						0	0	0
Board Member Jeffrey M Trent PhD	0 0 39 0								-	
Board Member/Pres/Science Dir	1 0	×		х				877,215	0	117,686
Teresa Burleson	39 0			Х				451.701	0	66,559
Chief Operating Officer	10							451,701	0	66,539
Charles K Coleson	29 0			х				124,189	0	8,792
CFO (FROM 05/28/13) Daniel Von Hoff	1 0									
Executive Vice President	0 0			Х				666,497	0	64,858
Elizabeth Montemayor	39 0			x				273,937	0	5,347
CFO (THRU 03/15/13) Michael Berens	1 0									
Deputy Director of Research	0 0				х			394,169	0	17,918
John Carpten	40 0				х			385,415	0	69,571
Deputy Director of Sciences David Craig	0 0		<u> </u>		Ļ			303,713		05,571
	40 0				х			332,802	0	69,056
Deputy Director of Informatics James Lowey	0 0 40 0									
Vice President, Technology	0 0				Х			176,511	0	7,306
Patrick Smith	40 0					x		265,033	0	6,947
VP, Corporate Development	0 0						<u> </u>			

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations
Stephanie A McRae General Counsel	40 0					х		238,299	0	17,591
	0 0									
Johanna Distefano Professor	40 0					x		222,662	0	11,960
Michael Bittner	40 0									
Professor	0 0					x		203,321	0	15,137
Galen Perry	40 0									
VP, Marketing & Communications	0 0					Х		185,860	0	16,763
David Duggan	40 0						х	212,524	0	19,403
Associate Professor	0.0									
James Harris Vice President, Business Dev	40 0						х	194,816	0	16,103
	0 0	-								
Spyro Mousses Vice President	40 0						x	569,124	0	19,322
Edward Suh	0 0			\vdash			$\vdash\vdash$			
Luwalu Suli	0 0						x	139,307	0	0
Chief Information Officer	0 0									

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DLN: 93493316049794

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

		ne organization	Employer identification number						
HE I	RANSLA	ITIONAL GENOMICS RESEARCH INSTITUTE	75 2065445						
Da	rt I	Reason for Public Charity Status (All organizations must complete this pa	75-3065445	tions					
		zation is not a private foundation because it is (For lines 1 through 11, check only one box		tions.					
1		A church, convention of churches, or association of churches described in section 170(b)	•						
2	Ė	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	(-)(-)(-)						
3	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(Δ)(iii)						
4	<u>'</u>	A medical research organization operated in conjunction with a hospital described in sect		(iii) Ente	r the				
	,	hospital's name, city, and state		inji Ence	· ciic				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	describe	d ın				
		section 170(b)(1)(A)(iv). (Complete Part II)							
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).						
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
_	_	described in section 170(b)(1)(A)(vi). (Complete Part II)							
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		_					
9	J	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, an	` '						
		its support from gross investment income and unrelated business taxable income (less so	•	om busine	esses				
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•						
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See section !							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated d Type	09(a)(2) See sec i n 11h	tion 509(a	a)(3).	Check			
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	II, or Type III su	pporting o	rganı	zation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any o following persons?							
		(i) A person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No			
		and (III) below, the governing body of the supported organization?		11g(i)					
		(ii) A family member of a person described in (i) above?		11g(ii)					
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)					
h		Provide the following information about the cumperted organization(c)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is i organizati col (i) lis your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zation of your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 50,530,395 55,961,459 27,781,232 2,315,103 25,261,567 161,849,756 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 50,530,395 55,961,459 27,781,232 2,315,103 25,261,567 161,849,756 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 34,107,712 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 127,742,044 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2011 (d) 2012 **(e)** 2013 (a) 2009 **(b)** 2010 (f) Total beginning in) 🟲 55,961,459 27,781,232 2,315,103 25,261,567 Amounts from line 4 50,530,395 161,849,756 Gross income from interest, dividends, payments received on securities loans, rents, royalties 56,756 329,668 20,014 1,668 175,334 583,440 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 162,433,196 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 78 643 % Public support percentage for 2012 Schedule A, Part II, line 14 83 266 % 15 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	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						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, 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 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	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 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 gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, 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 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 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 f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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.** 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).

Facts And Circumstances Test							
Tacts And Circumstances Test							
<u> </u>							
Return Reference	Explanation						
SCHEDULE A, PART II, COLUMN (D)	THE AMOUNTS INCLUDED IN PART II, COLUMN(D) ARE FOR A SHORT PERIOD, 12/01/2012 - 12/31/2012						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493316049794

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

<u> •</u>	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	me of the organization TRANSLATIONAL GENOMICS RESEARCI	H INSTITUTE		Employer iden	tification number
	TRANSLATIONAL GENOMICS RESEARCH	Maritore		75-3065445	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				T
		ganization is exempt under s)(3).	
1		e tax incurred by the organization und		•	\$
2	•	e tax incurred by organization manage		4 955 ►	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		ganization is exempt under s)1(c)(3).
1		ended by the filing organization for sec	•		\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to oth	ner organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	n the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					1
			1		

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2013						Page 2
Pä	art III-A Complete if the organization	is exemp	t under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► If the filing organization belongs to a	on offiliated	aroup (and	List in Dort IV or	ah affiliated are	un mambaria nam	o addraga ETN
~	expenses, and share of excess lobb			iistiii Paitiv ea	ich ammateu gro	up member s nam	e, address, ETN
<u>B</u>	Check ► ☐ if the filing organization checked bo	x A and "lim	ited contro	ol" provisions ap	oly		
	Limits on Lobbying E (The term "expenditures" means ar			l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	opinion (gras	s roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount is columns						
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ing nontax	able amount is:			
	Not over \$500,000	20% of the	amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the	e excess over \$500,	000		
	Over \$1,000,000 but not over \$1,500,000	0,000					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	er-0-					
i	Subtract line 1f from line 1c If zero or less, ente	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line	1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t Lobbying Exp	section 5 he instruc	01(h) el ctions fo	r lines 2a thr	have to cor ough 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<u>2a</u>	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						

I- G		rganization is exempt under section 501(c)(3) and has leftection under section 501(h)).					
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)			
activ	•	g., , , , ,	Yes	No	1	A mou	nt
1		ganization attempt to influence foreign, national, state or local of to influence public opinion on a legislative matter or referendum,		I			
а	Volunteers?			Νo			
b	Paid staff or management (includ	de compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?			Νo			
d	Mailings to members, legislators	s, or the public?		Νo			
e	Publications, or published or bro	adcast statements?		Νo			
f	Grants to other organizations for	· lobbying purposes?		Νo			
g	Direct contact with legislators, t	heir staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, semina	rs, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Yes			1	08,000
j	Total Add lines 1c through 1i					1	08,000
2a b		the organization to be not described in section 501(c)(3)? y tax incurred under section 4912		No			
c	If "Yes," enter the amount of any	y tax incurred by organization managers under section 4912					
d	If the filing organization incurred	l a section 4912 tax, did it file Form 4720 for this year?		I			
Par	t III-A Complete if the o 501(c)(6).	rganization is exempt under section 501(c)(4), section	501(c)(5),	or s		
	W				_	Yes	No
1	· · ·	nore) dues received nondeductible by members?		F	1		
2		n-house lobbying expenditures of \$2,000 or less?		_	2		
3		rry over lobbying and political expenditures from the prior year?	-04 <i>(</i> -	\ <u>\</u>	3		<u> </u>
Pal		rganization is exempt under section 501(c)(4), section ! either (a) BOTH Part III-A, lines 1 and 2, are answered " ed "Yes."					
1	Dues, assessments and similar		1				
2	Section 162(e) nondeductible lo expenses for which the section 5	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ount on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and	4				
5		political expenditures (see instructions)	5				
	art IV Supplemental Inf						
Pro		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	up list),	, Part II	:-A,I	ıne 2,	and
	Return Reference	Explanation					
SCH	EDULE C, PART II-B, LINE 1I	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) L COMMUNICATIONS AND PUBLIC AFFAIRS FIRM TO COORDINATE BEHALF OF TGEN THROUGH COMMUNICATION TO LOCAL GOVER FEDERAL OFFICIALS AND COMMUNITY LEADERS ON TGEN ACTIV	LOBB'	YING E	FFOF	RTS O	

Belledale e (Form 330 of	rage -r		
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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DLN: 93493316049794

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

піста	ii Neverlae ocivide			Inspectio	
	me of the organization E TRANSLATIONAL GENOMICS RESEARCH INSTITUTE		Emplo	yer identification number	
				065445	
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds o	r Accounts. Complete	ıf the
		(a) Donor advised funds	(t	b) Funds and other account	S
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advis	ed Yes 「	- No
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef			purpose	- No
D.	conferring impermissible private benefit?	the consequence and the state of		, ,	NO
	rt II Conservation Easements. Complete if		o Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation	<u> </u>	historic	ally important land area	
	Protection of natural habitat	Preservation of a c			
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization held a	auglified conservation contribution in t	ha form	of a conservation	
2	easement on the last day of the tax year	quanned conservation contribution in t	ne loini i	or a conservation	
				Held at the End of the Ye	ear
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified histo	ric structure included in (a)	2c		
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d		
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by the	organization during	
	the tax year ►				
4	Number of states where property subject to conservati	on easement is located 🛌			
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of v	riolations, and Yes 「	- No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	nents du	ring the year	
_	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s durina 1	the vear	
7	► \$, and only only		,	
8	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	l) above satisfy the requirements of sec	tion 170)(h)(4)(B)(ı)	- No
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial			
Par	t IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Othe	er Similar Assets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or reseal	rch in furtherance of public	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education,			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		r financı	al gain, provide the	_
а	Revenues included in Form 990, Part VIII, line 1			► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Histor	ical Tre	easures, or O	the	Similar Ass	sets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, check	·	-		significant use	of its	
а	Public exhibition		d [Loan or	r exchange progr	ams			
b	Scholarly research		е Г	Other					
C	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explain	how the	y further	the organization	's ex	empt purpose ır	า	
5	During the year, did the organization solicit								
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang	·					<u>.</u>	Yes	No
Fei	Part IV, line 9, or reported an ar					u i	23 (0 (0))	<i>5</i> 0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermed	iary for	contributi	ons or other ass	ets n		Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	table	Г				
					_	_	Am	ount	
C	Beginning balance				_	1c			
d	Additions during the year				-	1d			
e f	Distributions during the year				-	1e 1f			
	Ending balance	000 Pt V I	242		L	11		_ _V	
2a	Did the organization include an amount on F							Yes	□ No
ь	If "Yes," explain the arrangement in Part XI								<u>'</u>
Pa	rt V Endowment Funds. Complete	(a)Current year	answer (b)Prior		<u>" to Form 990,</u> (c)Two years back			(e) Four ye	ars back
1a	Beginning of year balance	6,571,997		,553,530	6,331,923		6,676,003		6,373,964
b	Contributions								
C	Net investment earnings, gains, and losses	456,554		53,629	643,547		550,880		786,808
d	Grants or scholarships								
e	Other expenditures for facilities and programs	536,604		35,162	421,940		894,960		484,769
f	Administrative expenses	6,491,947		,571,997	6,553,530		6,331,923		6,676,003
g	End of year balance	, , l		· ·	, ,		6,331,923		6,676,003
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	ı, column	(a)) held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment -								
С	Temporarily restricted endowment ► 100 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that	are held	and administered	d for	the		
	organization by (i) unrelated organizations					_	3a(i	Yes	No No
	(ii) related organizations					٠.	3a(i		No
b	If "Yes" to 3a(II), are the related organization			dule R?			3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme		e orga	nızatıon	answered 'Yes	' to	Form 990, Pai	rt IV, lır	ne
	11a. See Form 990, Part X, line	10.							
		10.		Cost or ot (investm			(c) Accumulated depreciation	(d) Boo	ok value
	11a. See Form 990, Part X, line							(d) Boo	ok value
	11a. See Form 990, Part X, line Description of property							(d) Boo	ok value
b	Description of property					r)			ok value 3,171,306
b i c i d i	Description of property Land		bas		ent) basis (othe	r) ,943	depreciation		
b i c i d i	Description of property and	· · · · · · · · · · · · · · · · · · ·	bas	is (investm	5,343 31,730 3,167	,943 ,418	depreciation 2,172,637		3,171,306

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related.	Complete if the organization	on answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*		
Part IX Other Assets. Complete if the organizat		0, Part IV, line 11d See	
(a) Desc	cription		(b) Book value
(1) DUE FROM FOUNDATION			5,336,704
(2) IN-KIND CONSIGNMENT ASSETS			2,089,743
(3) INVESTMENT IN 457(B) PLAN			824,078
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		8,250,525
Part X Other Liabilities. Complete if the org			
Form 990, Part X, line 25.		, ,	
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
DUE TO EMPLOYEE 457(B) PLAN	824,078		
Capital Lease Obligation	65,534		
	+	-	
-		1	
	+	1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 889,612	1	
	-1 009,012	j	

Par		Revenue per Audited Financial State wered 'Yes' to Form 990, Part IV, line 12		venue per	Return Complete if
1	<u> </u>	er support per audited financial statements .		. 1	
2	· - ·	ut not on Form 990, Part VIII, line 12			
а	Net unrealized gains on inves	tments	2a		
b	Donated services and use of	facilities	2b		
c		:s	2c		
d)	2d		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1 .			3	
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line 1			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c				40	:
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 1	.2)	5	
Par		xpenses per Audited Financial State			r Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 1			
1	Total expenses and losses pe	er audited financial statements		1	
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25			
а	Donated services and use of t	facilities	2a		
b	Prior year adjustments		2b		
C	Otherlosses		2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			26	2
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	;
4	Amounts included on Form 99	00, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4	с
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line	18)	5	,
Par	Supplemental In	formation			
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a ar , lines 2d and 4b, and Part XII, lines 2d and 4			ride any additional
	Return Reference	Explanation			
Sche	dule D, Part V, Line 4	TGen's policy for appropriating the distributi designed to support a specific number of sur Institute considered the long-term expected	mmer interns each	year for the ne	
Schedule D, Part X, Line 2		Management is of the opinion that substantial related to their exempt purposes, and no mal recorded in the accompanying consolidated the Foundation file Forms 990 in the U.S. fee Arizona	iterial uncertain tax financial statement	positions hav s at Decembe	e been identified or r 31, 2013 TGen and
		+			
		+			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	t
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (by type) (e.g., fundraising, program service, describe specific type of in region in region)	– No
(a) Region (b) Number of offices in the region (c) Number of employees, agents, and region (d) Activities conducted in region (by type) (e g , fundraising, program (e) If activity listed in (d) is a program service, describe specific type of in region	
offices in the employees, region (by type) (e.g., program service, describe for and investme region agents, and fundraising, program specific type of in region	
contractors in to recipients located in the region region)	
(1) East Asia and the Pacific Program Services Research Services 9	90,796
(2) East Asia and the Pacific Program Services SOFTWARE SERVICES	1,890
(3) South Asia Program Services SOFTWARE SERVICES 7	77,522
(4) North America Program Services RESEARCH SERVICES 3	38,167
(5) Europe (Including Iceland and Greenland) Program Services RESEARCH SERVICES 4	18,428
b Total from continuation sheets to Part I	56,803

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
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	<u>ح</u> ا	No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
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	দ	. No
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	V	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COLUMN (F)	THE AMOUNTS REPORTED IN COLUMN (F) ARE DETERMINED BASED ON THE ACCRUAL METHOD OF ACCOUNTING

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DLN: 93493316049794

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

75-3065445

Pa	Tt I Questions Regarding Compensation	า				
					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	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				Yes	
	Employed, and all of the process of the second of the seco			2	165	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	Compensation committee	\sqcap	Written employment contract			
	✓ Independent compensation consultant	া	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I or 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?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
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 pro-	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
-						
	ın Part III			8		Νo
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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

iso complete this part for any additional morniation						
Return Reference	Explanation					
Schedule J, Part I, Line 1a	First class travel is permitted by executive staff only and must, per TGen policy, be pre-approved by the Chief Operating Officer TGen does provide membership for Dr Trent at the Paradise Valley Country Club This expense was pre-approved by the Chief Operating Officer These expenses were not considered as taxable compensation to the recipient The country club membership reimbursement is for business purposes only					
Schedule J, Part I, Line 4a	The following individuals received severance payments in 2013, which have been included in Schedule J, Part II, Column (B)(III) Elizabeth Montemayor \$204,878 Spyro Mousses \$286,380 Edward Suh \$139,307					
Schedule J, Part I, Line 7	Some of the persons listed in Form 990, Part VII were paid bonuses which were based on accomplishments of specific milestones and/or performance bases					
Schedule J, Part II	Deferred compensation includes retention agreements for the President and Chief Scientific Officer (Dr. Jeffrey Trent), the Chief Operating Officer (Teresa Burleson), Executive Vice President (Daniel Von Hoff) and two Deputy Directors (John Carpten and David Craig). DR. TRENT IS ELIGIBLE TO RECEIVE \$500,000 ON 03/12/2017, TERESA BURLESON IS ELIGIBLE TO RECEIVE \$250,000 ON 11/30/2017, DANIEL VON HOFF IS ELIGIBLE TO RECEIVE \$150,000 ON 11/30/2015, AND THE DEPUTY DIRECTORS ARE ELIGIBLE TO RECEIVE \$192,000 EACH ON 11/30/2015 PAYABLE BY TGEN. Amounts accrued by TGen during calendar year 2013 under these agreements have been reported in Schedule J, Part II, Column (C) as deferred compensation as follows. Jeffery M. Trent, Ph.D. \$100,000 Teresa Burleson \$50,000 Daniel Von Hoff \$50,000 John Carpten \$50,000 David Craig \$50,000.					

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990, Schedule J,	Part IJ	Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name		(B) Breakdown of	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Jeffrey M Trent PhD Board Member/Pres/Science Dir	(I) (II)		0	34,797	108,303	9,383 0	994,901	0
Teresa Burleson Chief Operating Officer	(I) (II)		59,565 0	810	60,184 0	6,375 0	518,260	0
Daniel Von Hoff Executive Vice President	(1)		60,466	7,386	58,924 0	5,934 0	731,355	0
Michael Berens Deputy Director of Research	(I) (II)		. 80,737 0	21,681	10,184 0	7,734 0	412,087	0
John Carpten Deputy Director of Sciences	(ı) (ıı)		83,850	950	60,183 0	9,388 0	454,986	0
David Craig Deputy Director of Informatics	(ı) (ıı)		72,670	570	60,181 0	8,875 0	401,858	0
James Lowey Vice President, Technology	(ı) (ıı)		, o	636	6,156 0	1,150 0	183,817	0
Patrick Smith VP, Corporate Development	(1)		27,500	6,499 0	0	6,947 0	271,980 0	0
Stephanie A McRae General Counsel	(ı) (ıı)		0 0	,	9,784 0	7,807 0	255,890	0
Johanna Distefano Professor	(1) (11)		0 0	.1	8,969 0	2,991 0	234,622	0
Mıchael Bıttner Professor	(ı) (ıı)		0	-/1	8,246 0	6,891 0	218,458	0
Galen Perry VP, Marketing & Communications	(1)		0	-/1	7,710 0	9,053 0	202,623	0
David Duggan Associate Professor	(I) (II)		0 0		8,816 0	10,587 0	231,927	0 0
James Harris Vice President, Business Dev	(1)		1	20,725	7,670 0	8,433 0	ا م	0
Elizabeth Montemayor CFO (THRU 03/15/13)	(1)	54,841 0	0	/	2,829 0	2,518 0	279,284	0
Spyro Mousses Vice President	(1) (11)) 269,579) 0	0 0	/	10,178 0	9,144 0	588,446 0	0
Edward Suh Chief Information Officer	(I) (II)	0 0	1 0	1	0	0	139,307	0

DLN: 93493316049794

Employer identification number

OMB No 1545-0047

Open to Public **Inspection**

Transactions with Interested Persons Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

► 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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Involving Interested Perso	ns.
--	-----

es &			Yes	No
· s &				
.5 %	1,765,916	Employee Health Insurance		No
ctor	1,765,916	Employee Health Insurance		No
	176,314	Consulting Services		No
	ctor			· · · · · · ·

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493316049794

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

не т	RANSLATIONAL GENOMICS RESEARCH INSTITU	ITE			75-3065445			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported oi Form 990, Part VIII line 1g	n Method of n noncash contr			ints
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L 4	Qualified conservation contribution—Other							
L 5	Real estate—Residential .							
L6	Real estate—Commercial							
L 7	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(Х	1	1,495,9	16 COST OR SALES	S PRIC	Ε	
om	puter Equipment)	_						
26	O ther ►()							
	O ther ►()							
	O ther ► ()							
29	Number of Forms 8283 received by th	_	=		29			
	for which the organization completed I	-orm 8283,	Part IV, Donee Acknowled	agement			V	
20-	During the year, did the organization	racalya by	contribution any proporty r	conartad in Bart I lines	1 through 20 that		Yes	No
Joa	it must hold for at least three years fi	•		•				
	for exempt purposes for the entire ho				red to be used			١
			'			30a		No
	If "Yes," describe the arrangement in Does the organization have a gift acc		licy that requires the revie	w of any non-standard	contributions?	31		No
				•		<u> </u>		<u> </u>
52a	Does the organization hire or use this contributions?			oncit, process, or sell	noncasn	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a) is checked,			
	describe in Part II					1		1

Part II Supplemental Information. Provide the information required by Part I, lines 30b,						
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the						
number of items red	ceived, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation					
, , ,	THIS ORGANIZATION IS REPORTING IN PART I, COLUMN (B) THE NUMBER OF					

Schedule M (Form 990) (2013)

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Part I can be duplicated if additional space is needed.

SCHEDULE N

Department of the Treasury

(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ. ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization OMB No 1545-0047

DLN: 93493316049794

Open to Public **Inspection**

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.

Employer identification number

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)EIN of recipient	(f)Name and address of recipient	of re	IRC section in the se	(ıf
			<u>I</u>				<u>I</u>	Yes	No
2 D	ud or will any officer, director, trustee,	or key employee	of the organization				Ī	103	†
	ecome a director or trustee of a succe		_				. 2	,	İ
	ecome an employee of, or independent			organization?			. 2	, 	Ī

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Become a direct or indirect owner of a successor or transferee organization?

2c

Part I Liquidation, Termination, or Dissolution (continued)

	Note. If the organization distributed all o equal -0-	fits assets duri	ng the tax year, then For	m 990, Part X, column (I	B), line 16 (Total asse	ts), and line 26 (Total liabilities), sh	ould	Ye	s N	0
3	Did the organization distribute its assets	ın accordance	with its governing instrur	ment(s)? If "No," descrit	pe in Part III		. [3		
4a	Is the organization required to notify the						. 4	4a		_
b	If "Yes," did the organization provide suc	· -						4b		_
5	Did the organization discharge or pay all							5	T	
6a	Did the organization have any tax-exemp							6a	十	_
b	Did the organization discharge or defeas							6ь	\top	
	If "Yes" to line 6b, describe in Part III h		·	-			· ∟			_
	<u> </u>	on, or Other	Transfer of More Tl	h an 25% of the Org t II can be duplicated T	janization's Asse	ts. Complete this part if the orgis needed.		on ansv		d
_	distributed or transaction expenses paid	distribution	asset(s) distributed or		(e) LIN OFFECTIVE III	(1) Name and address of recipient	of	recipient(exempt) of entity	(s) (ıf or type	3
Мє	embership units in TD2, LLC	11-21-2013	7,912,181	SALE PRICE	32-0422710	OHLS Acquisition Company LLC 1717 Main ST STE 1100 Dallas,TX 75201	LLC			
										_
		1	<u> </u>					Ye	s N	ю
2	Did or will any officer, director, trustee, o		_					_		
а	Become a director or trustee of a succes		_				· -	2a	N	
b	Become an employee of, or independent	contractor for, a	successor or transferee	organization?			· -	2b	N	
C	Become a direct or indirect owner of a su	ccessor or trans	sferee organization? .				⊢	2c	N	
d	Receive, or become entitled to, compens	ation or other si	ımılar payments as a res	ult of the organization's s	significant disposition	of assets?	<u>L</u>	2d	N	0
e	If the organization answered "Yes" to an	y of the questior	ns on lines 2a through 2c	, provide the name of the	e person involved and	explain in Part III 🕨				

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

,	any additional information			
Return Reference	Explanation			
SCHEDULE N, PART II	On 11/21/13, one of Translational Genomic Research Institute's single-member LLCs, The Center for Translational Drug Development LLC, contributed all of its assets and operations (\$21,912,181 value) into the newly formed Translational Drug Development LLC (TD2 LLC) in exchange for LLC membership units. This transaction exceeds 25% of Translational Genomics Research Institute's net assets. In accordance with the form instructions for Schedule N, a significant disposition of net assets includes contribution of assets to establish a joint venture if the contribution exceeds 25% of net assets at the beginning of the year Subsequently, an unrelated party purchased TD2 LLC units from The Center for Translational Drug Development LLC for \$14M. In accordance with the form instructions for Schedule N, this transaction is also required to be reported as a sale of >25% of Translational Genomics Research Institute's net assets Schedule N, Part II, line 1 reflects the net activity of these two transactions. Contribution of Assets \$21,912,181. Sale of Td2 LLC Units (14,000,000)			

Schedule N (Form 990 or 990-EZ) (2013)

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As Filed Data -

DLN: 93493316049794

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number

75-3065445

Return Reference	Explanation
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. FORM 990, PART III, LINE 2 in 2013, The Translational Genomics Research Institute (TGEN) UNDERTOOK THE FOLLOWING NEW ACTIVITIES (1) TGEN CREATED TGEN HEALTH VENTURES, LLC (TGEN HEALTH VENTURES), AN ARIZONA LIMITED LIABILITY COMPANY, FOR THE PURPOSE OF HEALTH VENTURES, LLC (TGEN HEALTH VENTURES), AN ARIZONA LIMITED LIABILITY COMPANY, FOR THE PURPOSE OF HEALTH CARE COMMERCIALIZATION OPPORTUNITIES (2) TGEN CREATED PET CANCER DIAGNOSTICS, LLC (PET CANCER DIAGNOSTICS), AN ARIZONA LIMITED LIABILITY COMPANY, FOR THE PURPOSE OF ANIMAL DIAGNOSTICS, LLC (PET CANCER DIAGNOSTICS), AN ARIZONA LIMITED LIABILITY COMPANY, FOR THE PURPOSE OF ANIMAL DIAGNOSTICS (3) TGEN CREATED PMED MANAGEMENT, LLC (PMED) AND PERSONALIZED MEDICINE PORTHE PURPOSE OF ANIMAL DIAGNOSTICS (3) TGEN CREATED PMED MANAGEMENT, LLC (PMED) AND PERSONALIZED MEDICINE CAPITAL, LLP (PMC), A DELAWARE LIMITED LIABILITY PARTINERSHIP, TO ASSIST IN THE DEPLOYMENT OF PERSONALIZED MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONALLY AND INTERNATIONALLY BY COMMERCIALIZING PERSONALIZED MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONALLY AND INTERNATIONALLY BY COMMERCIALIZING PERSONALIZED MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONALLY AND INTERNATIONALLY BY COMMERCIALIZING PERSONALIZED MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETIT OF PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETIT OR PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETITY OR PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETITY OR PATIENTS LOCALLY, NATIONAL PRUSE MEDICINE FOR THE BENETITY O

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	Introduction Year-over-year, TGen adds value to Arzona's biomedical sector through scient ific and medical advances, educating the next generation of scholars, and economic stimulus. A key to this success has been our State-funded support. In FY13, our 11th year of oper ations, we announced among other initiatives, the launch of the TGen Center for Rare Child hood Disorders (CARCD), where our faculty will apply the latest tools of genomic medicine to provide answers for parents wanting to identify the disease or disorder affecting their child. And, thanks to Stand Up To Cancer, The Ben & Catherine by Foundation, the Melanoma Research Alicine, the State's universities, multiple local health care providers and of hers, we initiated research projects and clinical trials in the study of melanoma and brain tumors, with the goal of delivering the latest in effective new treatments to patients a squickly as possible in the area of Alzheimer's disease research, MindCrowd (www mindro wd org) is a unique internet-based project designed to identify the genetic markers linked to learning and memory. MindCrowd harnesses the power of the internet to study the human brain by engaging the world and seeking 1 million on-line participants. We have all met so meone who can run faster or jump higher than us. When it comes to learning and remembering, the same is true. Our individual genetic blueprint - made up of billions of letters - de terrinne, at least in part, these differences. Today, more than ever before, many patients facing cancer and other serious illnesses are hearing about TGen's patient-focused research and how it has begun to change the way we think about the practice of medicine in a front-page New York Times article, the search for precision therapy brought San Degobased molecular biologist Dr Tim McDaniel to TGen when his own mother faced a rare but deadly cancer. Knowing of their patient-focused approach to research, Dr. McDaniel selected TGen is ceintists to help connect the best available science to his mother

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	tment plan. After its initial decade of work, TGen stands poised to - Enhance and grow the talent and technology - the scientists and the equipment - required to move toward our vision for transforming today's standard-of-care, where local research benefits local patients first - Solve the emerging challenges by intently moving along the trajectory of continuing success, confident of the plan and the goal, but keenly aware that there must be improvements through iterative learning. TGen's work fills a special void that other organizations often cannot undertake wield discover and conquer new directions and solutions for diagnosis and treatment of the most difficult and often unique health issues that have never been accomplished before - Deliver because TGen's vision is to solve unmet healthcare issues on a personalized level, our direction and progress positions our focus in a space where pioneering steps lead our scientists to untested terrain. Where many research and trainslational clinical programs talk and plan about new approaches to treatment and care, TGein delivers progress by creating new paradigms. Press for continuous improvement encompass and analyze larger datasets, learn from each patient to create better outcomes and accelerate clinical impact toward a better standard of care for all patients. Disrupting the status quo is the very nature of innovation and at TGen, our faculty draw inspiration from challenging the status quo. TGen has realized great progress in its initial 10-year growth and re-investment will bring still greater impact and results, maintenance of the current status is not adequate if we are to ensure that greater results are available to improve patient care and save lives. In addition, the following overview provides a snapshot of recent progress in scientific publications, grants, contracts, philanthropy, education and o utreach, media and community recognition.

Return Reference	Explanation	
	Peer- Review ed Laboratory Research Publications and Presentations	The main focus of TGen's biomedical research has always been the patient, whether seeking a greater understanding of the biology underlying a particular disease, or using that know ledge to develop diagnostic platforms or render more precise treatment options. Driven by technology, but powered by TGen's outstanding scientific and clinical investigators, the I netitute is equal to the strengths and capabilities of any of today's leading research and clinical institutes. Now here is this more evident than with TGen's whole genome sequencing capabilities. Whole genome sequencing allows us to dig deeper into the genome than ever before by providing more information and increasing our probability of identifying something significant. The long-term hope is that doctors will leverage this information to infor in decisions about patient care. The results from these research studies appear in a number of leading scientific and medical journals and add to the growing knowledge base of molecular research and medicine in FY13. TGen researchers published their research results in numerous scholarly peer-reviewed academic journals and through presentations at leading no tonal and international conferences. These include publication in leading scientific jour nals such as Nature, Nature Genetics, Cancer, Genome Medicine, PLos One, Human Genetics, Blood, Science Translational Medicine, and a host of other disease-associated publications. FY13 Select Highlights 1 I solation and characterization of muscle fatigue substance with anti-tumor activities. Munoz RM, Han H, Tegeler T, Petritis K, Von Hoff DD, Hoffman SA. J Cancer 2013 May 9,4(4) 343-9 Print 2013. 2 Cancer of the ampulia of Vater analysis of the whole genome sequence exposes a potential therapeutic vulnerability. Demeure MJ, Craig DW, Sinari S, Moses TM, Cristofrordes A, Drih J, Eatt T, Alfrich J, Decker A, Baker A, Cherri L, Watanabe A, Koep L, Lake D, Hostetter G, Trent JM, Von Hoff DD, Carpten JD Gen ome Med 2012 Jul 4,4(7) 56 [Epub ahead of print] 3 Reciprocal Activ

Peer-Review ed Laboratory Research Publications and Presentations Hatching the right patient with the right therapy appropriate to the underlying genetics of their specific disease will mean that a higher proport ion of patients will benefit. There will be more durable responses and longer survival times. There will be less unnecessary toxicity, expense, and time w asted on ineffective thera pies Established in 2006, The Virginia G. Piper Cancer Center (VGPCC) Clinical Trials Pro gram at Scottsdale Healthcare, a strategic alliance between TGen and Scottsdale Healthcare (SHC), provides a direct clinical research site for TGen. Dr. Daniel Von Hoff, TGen's Phy sician-in-Chief, serves as Chief Scientific Officer Program clinicians' focus on clinical trials with targeted agents and genomics-based individualized therapy. The VGPCC Clinical Trials Program allows the unique opportunity for TGen to transition its laboratory-based research to patient care centered on individualized therapy. In FY13, program staff manage dinearly 50. Phase Hill clinical trials for advanced or rare cancers. Patient participation in clinical trials include. Over 300 visits per month. Nearly 40 new patients per month.	Return Reference	Explanation	
		Laboratory Research Publications and	treating disease, medicine becomes more rational, more personalized, and drives down (not layers on) costs. Matching the right patient with the right therapy appropriate to the underlying genetics of their specific disease will mean that a higher proport ion of patients will benefit. There will be more durable responses and longer survival times. There will be less unnecessary toxicity, expense, and time wasted on ineffective thera pies. Established in 2006, The Virginia G. Piper Cancer Center (VGPCC) Clinical Trials Program at Scottsdale Healthcare, a strategic alliance between TGen and Scottsdale Healthcare (SHC), provides a direct clinical research site for TGen. Dr. Daniel Von Hoff, TGen's Phy sician-in-Chief, serves as Chief Scientific Officer. Program clinicians' focus on clinical trials with targeted agents and genomics-based individualized therapy. The VGPCC Clinical Trials Program allows the unique opportunity for TGen to transition its laboratory-based research to patient care centered on individualized therapy. In FY13, program staff manage dinearly 50. Phase I-III clinical trials for advanced or rare cancers. Patient participation in clinical trials include.

Return Reference	Explanation	
	FY13 Highlights	In August 2012, a Phase VII, multi-center trial designed to test the safety and prelim inary efficacy of a first-inclass cancer treatment opened worldwide at the Virginia G. A per Cancer Center Clinical Trials at Scottsdale Healthcare PR610 is designed to activate in Itssues with low levels of oxygen, which is characteristic of many cancers. This "targe ted" approach should deliver more active drug to cancer issue and less active drug to nor mal tissue. The two-part trial, would first determine acceptable dose levels of PR610 in p attents with various types of advanced cancer. After determing acceptable dose levels, the study would then evaluate he safety and efficacy of PR610 when given to patients with non-small cell lung cancer whose turmors contain a certain genetic mutation. 2 In November 2012, a new cancer drug combination demonstrated significant improvement in overall survival of late-stage pancreatic cancer patients compared to those receiving standard treatment, according to results of a Phase Illi clinical trial. SHC/TGen Physicians were first to disign a clinical trial to determine the safety, tolerability and effectiveness of nab-paci laxel (Abraxian) in combination with the standard drug gemotabine in patients with advanced pancreatic cancer. Results of that multicenter study chaired by Dr. Daniel Von Hoff we re encouraging enough that it led to one of the largest international studies ever done in pancreatic cancer, with 861 patients 3 in March 2013, The FDA has approved a thyroid can cerd grug successfully tested at Virginia G. Piper Cancer Center Clinical Trials, a partner ship of Scottsdale Healthcare and the Translational Genomes Research in Striut (TGen). The U.S. Food and Drug Administration approved Cabozanthio for the treatment of progressive, metastatic medullary thyroid cancer (MTC), a rare endocrine gland cancer affecting the thyroid Previously, MTC patients had limited treatment options. 4. In April 2013, TGen and SHC reported the safety and preliminary efficacy of a new class of tumo

Return Reference	Explanation	
	Highlights	tance in pediatric cancer patients 9 Under subcontract from Arizona Alzheimer's Consorti um, a one-year grant totaling \$165,000 to Dr. Matthew Huentelman to study novel biomarker and genetic risk factor identification in Alzheimer's disease 10 Under subcontract from the University of Maryland, a two-year grant from the National Institutes of Health (NIH) totaling \$54,172 to Dr. Jason Sahl to identify Cloud-enabled genomics resources for automa ted pathogen diagnostics in the field

Return Reference	Explanation	
	Enterprise Efforts, Collaboration, Spin offs & Job Creation	In PY13, TGen launched 2 initiatives to leverage internal discoveries and developments in genomics research and informatics tools. These are 1. TGen Animal Health. A research and development project with a local Arzona firm to evaluate the portability of human diagnos to tools in the treatment of canine cancer. TGen is one of the early adopters of the canin ne model as a vehicle to accelerate human research. 2 Translational Systems, LLC was created to facilitate the commercialization of a suite of informatics tools used in the creation, analysis and interaction of data from a variety of sources including patient samples and genome data invention Disclosures. TGen filed 28 invention disclosures in PY13 based on discoveries stemming from TGen-led research, and 26 provision all patient applications. Contracts and Collaborations TGen signed a total of 440 contracts in PY13, broken down as follows a 113 CDAs 5 70 MTAs c 40 Research Collaborations d 38 Consulting Agreements e 79 Professional Service Agreements f 4 Commercialization Lice ness g 96 agreements covering miscellaneous activities. A sample of the universities, institutes, medical centers and corporations that TGen worked with include Veterinary Neurological Center, Texas Engineering Experiment Station (TESE), Hills Peti Natrition, Mayo Clinic, Illiumna, Pathogene, Phoeinx Children's Hospital, Spectrum Health Hospitals, Gesinger Clinic, Mchgan State Liniversity, AztraZeneoa Pharmaceuticals, Onyx Pharmaceuticals, Nova ritis Horisham Research Centre, Dignity Health, MMRC, Hoffmann-LaRoche, FDA/AZ Dept of Health Services, and Ventana Medical Systems. Job Creation Sxteen new full-time equivalent positions were created in 2013 with salanies and benefits totaling \$1,213,836. Salaries for temporary positions (those positions created for a finite period of time) totaled \$93,600 and student salaries were just over \$340,000, bringing the overall total to \$1,647,436. Eighty-eight percent of full-time Toen staff holds a college degree and fifty percent holds an advance

Return Reference	Explanation	
	Enterprise Efforts, Collaboration, Spin offs & Job Creation	is TGen's participation in the Lesson2Life teacher-training program offered by the Arizon a K12 Center Eight local teachers visited the Institute for a genomics and biotechnology update, a laboratory tour and interaction with a panel of high school and undergraduate in terns. In February 2013, TGen hosted an in-depth laboratory tour and networking reception exclusively for local STEM educators, "Teacher Night at TGen," with nearly 50 attendees in support of the Arizona SciTech Festival. At the reception, teachers had the opportunity to network with each other and TGen scientists. In March 2013, TGen supported three local high school students from the Be a Leader Foundation for the annual Shadow a Professional Day. Over 20 TGen scientists served as project judges for the 2013 Intel International Science and Engineering Fair (ISEF). TGen faculty and staff also assisted with ISEF Education and Outreach Day for area middle schools and will expand participation in the 2016 and 201. Fair rotations. TGen believes it has a responsibility to offer workforce knowledge and expertise to our education community partners. In this spirit, TGen is represented on sever all boards and working groups including but not limited to Arizona Science Center Pathways Grant Advisory Board, Paradise Valley Unified School District Center for Research in Engi ineering, Science and Technology (CREST) Advisory Board, Phoenix Healthcare Sector Partners hip, Scottsdale Chamber of Commerce Workforce Development Committee, Arizona Bioindustry A ssociation Workforce Initiative, Intel ISEF Phoenix Local Arrangements Committee (LAC), Center for the Future of Arizona STEM Diploma Project Advisory Committee Media/On-line TGen remains active in pursing positive earned media exposure for the Institute's research and philanthropic activities. Media exposure raises awareness and brings added credibility to the Institute's research and philanthropic activities. Media exposure raises awareness and brings added credibility to the Institute's research and phi

Return Reference	Explanation
Form 990, Part VI, Line 2	RICHARD BOALS AND ROBERT BULLA HAVE A BUSINESS RELATIONSHIP JERRY BISGROVE AND BERT GETZ HAVE A BUSINESS RELATIONSHIP Form 990, Part VI, Line 11b The form 990 is prepared by an outside accounting firm based on information provided by the TGen Finance department. The form 990 is then reviewed by the Finance department and other members of management. The form 990 is posted on the Board website for Board review prior to filing with the IRS

Return Reference	Explanation
VI, Line 12c	TGen distributes a conflict of interest questionnaire annually to all director level positions and above, in addition to any key employees designated by the Chief Operating Officer. The questionnaires are reviewed by the Chief Financial Officer and TGen's Office of Research Compliance. Those employees with conflicts are sent for further review to the Chief Operating Officer to ensure an appropriate plan is set forth. Updates to the list are handled on an as-needed basis, based on contract reviews and employee information.

Return Reference	Explanation
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.

Return Reference	Explanation
Form 990, Part VI, Line 19	The Organization's governing documents, conflict of interest policy, and financial statements are provided to the general public upon request

Return Reference	Explanation
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 nonvoting advisory Governors not listed as Directors in Part VII, Section A include Betsy Bayless Susan Clark-Johnson The Honorable Diane Enos John D. Haeger, Ph.D. Ann Weaver Hart, Ph.D. Sethuraman Panchanathan, Ph.D. The Honorable Jim Slattery Victor Trastek, M.D.

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSORTIUM/CONTRACTUAL TOTAL FEES 5182007

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE RESEARCH SERVICES TOTAL FEES 1437179

Return Reference	Explanation						
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 659265						

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY SERVICES TOTAL FEES 116645

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DLN: 93493316049794

2013

Open to Public Inspection

Employer identification number

75-3065445

SCHEDULE R (Form 990)

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Identification of Disregarded Entities Con	·	_							
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of-y	(e) ear assets	D	(f) Direct controlling entity		
ee Additional Data Table									
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during		the organization ar	nswered "Yes'	" on For	m 990, P	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection P	(e) Public charity status (if section 501(c)(3))		status (c)(3)) (f) Direct controlling entity		(g) n 512(ontrolle ntity?
								Yes	No
(1) TGEN RESEARCH INSTITUTE FOUNDATION	Fundraising	AZ	501(c)(3)	7			TGEN	Yes	
145 n 5th Street Suite 600									
Phoenix, AZ 85004 33-1092191									
									1
									+
or Paperwork Reduction Act Notice, see the Instructions for Form							Schedule R (Forr	000) (

(a) Name, address, and EIN of related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	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		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end- year ssets		(h) ercentage ownership	tage Section 512		!
					1	<u> </u>			_		Yes		No
					_	+			_				+

(4) TGEN RESEARCH INSTITUTE FOUNDATION

(5) TGEN RESEARCH INSTITUTE FOUNDATION

Pa	rt V	Transactions With Related Organizations Complete if the organization	answered "Yes" on Form	m 990, Part IV, lin	e 34, 35b, or 36.					
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
10	uring th	e tax year, did the orgranization engage in any of the following transactions with one or r	more related organizations l	isted in Parts II-IV?	•					
а	Recei	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gıft, g	rant, or capital contribution to related organization(s)				1b		No		
c	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)								No		
f	Divide	nds from related organization(s)				1f		No		
g	Sale	fassets to related organization(s)				1g		No		
h	Purch	ase of assets from related organization(s)				1h		No		
i	Excha	nge of assets with related organization(s)				1i		No		
j	Lease	of facilities, equipment, or other assets to related organization(s)				1j		No		
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
n	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharın	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes			
0	Sharıı	g of paid employees with related organization(s)				10	Yes			
р	Reimb	ursement paid to related organization(s) for expenses				1р	Yes			
q	Reimb	ursement paid by related organization(s) for expenses				1q		No		
		transfer of cash or property to related organization(s)				1r		No		
S	Other	transfer of cash or property from related organization(s)				1s		No		
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must coi	mplete this line, including c	overed relationships	and transaction thresholds					
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt ır	nvolved			
(1) T	GEN RES	ARCH INSTITUTE FOUNDATION	С	6,708,330	Actual Cost					
(2) T	GEN RES	ARCH INSTITUTE FOUNDATION	m	7,830,838	Actual Cost					
(3) T	GEN RES	ARCH INSTITUTE FOUNDATION	n	84,000	Actual Cost					

176,526 Actual Cost

534,104 Actual Cost

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: **Software Version:**

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990, Schedule R, Part I - Identification of Disregarded Entities											
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity						
(1)TGEN ACCELERATOR MANAGEMENT LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445	GENOMICS	AZ	0	0	TGEN						
(1) INT'L BIOSCIENCES COMMERCIALIZATION LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 27-2987735	LICENSING	AZ	0	0	TGAM LLC						
(2) THE CENTER FOR TRANSLATIONAL DRUG DEV 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 43-2047329	DRUG DEVEL	AZ	0	0	TGAM LLC						
(3)TRANSLATIONAL DRUG DEV LLC(THRU 1113) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4150915	DRUG DEVEL	DE	-274,344		CTR TD2 LLC						
(4)TRANSLATIONAL SYSTEMS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-1309498	ADV RESEARCH	AZ	0	0	TGEN						
(5) PET CANCER DIAGNOSTICS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004	ANIMAL DIAG	AZ	0	0	TGEN						
(6) TGEN HEALTH VENTURES LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4520712	HEALTH CARE	AZ	0	0	TGEN						
(7) ASHION PMED MANAGEMENT LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 38-3922888	PERSONAL MED	DE	0	0	TGHV LLC						
(8) ASHION ANALYTICS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 45-4587602	GENO ANALYSIS	AZ	0	0	PMED LLC						
(9) ASHION ADVANCED INDIVIDUAL MEDICINE LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4706761	PERSONAL MED	DE	0	0	PMED LLC						
(10) PERSONALIZED MEDICINE PARTNERS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 37-1751435	PERSONAL MED	DE	0	0	TGHV LLC						
(11) PERSONALIZED MEDICINE CAPITAL LP 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-5070366	PERSONAL MED	DE	0	0	PMP LLC						