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DLN: 93493301013715

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

| A Fo | r the | 2014 cal | endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 | | | | |
|-----------------------------|-----------|---|---|---------------------------|-------------------|--------------|----------------------------|
| B Ch | eck if a | applicable | C Name of organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE | | D Emplo | yer ider | itification number |
| ┌ Ad | dress c | hange | FOUNDATION | | 33-1 | 092191 | |
| П | me cha | ange | % DAVID LAVERGNE Doing business as | | | | |
| ┌ Ini | tıal retı | um | | | | | |
| Fir | | | Number and street (or P O box if mail is not delivered to street address) Room/suite | | E Teleph | one numl | per |
| ret | urn/ter | rmınated | 445 N 5TH STREET | | (602) | 343-8 | 411 |
| ☐ An | nended | return | City or town, state or province, country, and ZIP or foreign postal code | | | | |
| Гар | plicatio | n pending | PHOENIX, AZ 85004 | | G Gross | receipts \$ | 13,562,519 |
| | | | F Name and address of principal officer | i(a) Is th | l Ic o arour | roturn | for |
| | | | MICHAEL BASSOFF | | rdınates? | | |
| | | | 445 N 5TH STREET SUITE 600 PHOENIX,AZ 85004 | | | | |
| | | | THOUNTA, AZ 03004 | 1(b) Area ınclu | | ınates | ☐ Yes ☐ No |
| T Ta | ıx-exer | mpt status | ✓ 501(c)(3) | | | n a list | (see instructions) |
| | | | | | | | |
| | ebsit | e: F ww | w helptgen org | H(c) Grou | ip exemp | tion nun | nber ► |
| K For | m of o | rganızatıon | Corporation Trust Association Other ► | L Year of fo | rmation 20 | 004 M | State of legal domicile AZ |
| Pa | rt I | Sum | ımary | | | | |
| | 1 | Briefly d | escribe the organization's mission or most significant activities | | | | |
| | | BIOGEN | IOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONA | LGENOM | ICS RES | EARCH | INSTITUTE (TGEN) |
| 3 | | | | | | | |
| € | | | | | | | |
| E . | , | Check th | his box দ if the organization discontinued its operations or disposed of m | ore than 2 | 5% of its | netas | sets |
| Governance | - | CHECK II | ins box F If the organization discontinued its operations of disposed of the | iore than 2 | 5 70 01 103 | , nec as | 5015 |
| ್ 20 | 3 | Number | of voting members of the governing body (Part VI, line 1a) | | | 3 | 18 |
| Activities & | 4 | Number | of independent voting members of the governing body (Part VI, line 1b) . | | | 4 | 15 |
| Ě | 5 | Total nu | mber of individuals employed in calendar year 2014 (Part V, line 2a) . | | | 5 | 0 |
| ᅙ | 6 | Total nu | mber of volunteers (estimate if necessary) | | | 6 | 100 |
| ч. | 7a | Total un | related business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| | Ь | Net unre | elated business taxable income from Form 990-T, line 34 | | | 7b | 0 |
| | | | | Prio | r Year | | Current Year |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | 12,174, | 321 | 13,561,515 |
| ≘ | 9 | Program service revenue (Part VIII, line 2g) | | | | 0 | 0 |
| Revenue | 10 | Invest | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 947 | 1,004 |
| ď. | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 | 0 |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | | | |
| | | | | | 12,175, | | 13,562,519 |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1–3).... | | 6,708, | | 4,427,718 |
| | 14 | | its paid to or for members (Part IX, column (A), line 4) | | | 0 | 0 |
| ø | 15 | Saları 5-10 | es, other compensation, employee benefits (Part IX, column (A), lines | | 1,083, | 142 | 937,442 |
| Expenses | 16a | | ' ssional fundraising fees (Part IX, column (A), line 11e) | | | 0 | 0 |
| <u>क</u> | | | | | | | |
| 五 | b | i otai tu | ındraısıng expenses (Part IX, column (D), line 25) ▶1,230,808 | | | | |
| | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 739, | 611 | 744,944 |
| | 18 | | expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 8,531, | 083 | 6,110,104 |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | | 3,644, | | 7,452,415 |
| \$ 0 | | | | Beginning | | nt | End of Year |
| Net Assets or Fund Balances | | T - 4 - 2 | | Y | 'ear | 313 | |
| A.S. | 20 | | assets (Part X, line 16) | | 14,620, | | 21,642,528 |
| \$ <u>\$</u> | 21 | | liabilities (Part X, line 26) | | 5,377, | | 4,943,600 |
| | 22 | | ssets or fund balances Subtract line 21 from line 20 | | 9,242, | 970 | 16,698,928 |
| | rt II | | ature Block | | | | |
| my k | nowle | dge and | perjury, I declare that I have examined this return, including accompanyin belief, it is true, correct, and complete Declaration of preparer (other than nowledge | | | | |
| | | Ti. | | 1 | | | |
| | | | ature of officer | |)15-10-28 | | |
| Sign | | 1, | | Da | ate | | |
| Her | C | | HAEL BASSOFF PRESIDENT, TGEN FDN e or print name and title | | | | |
| | | | Print/Type preparer's name Preparer's signature Date | l | | PTIN | |
| De: | 4 | | BRENDA D GRIESEMER BRENDA D GRIESEMER BRENDA D GRIESEMER | I CIIC | ck if employed | P00264 | 669 |
| Pai | | | Firm's name ► ERNST & YOUNG US LLP | | s EIN 🕨 | | |
| | pare | | Firm's address ►TWO NORTH CENTRAL AVENUE STE 2300 | Pho | ne no (602 | 2) 322-30 | 000 |
| US | On | ııy | PHOENIX, AZ 85004 | | (302 | , 50 | |
| | | | FIIOLINIA, MZ 03004 | I | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 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 | 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 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts 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^{\square} | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, 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 |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet} | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 15 | 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 |
| 16 | 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 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | | | |
| | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 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 | | No |
| 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 | | |
| 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

| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | · · · | <u>.</u> ▽ |
|-----|--|------------|-------|------------|
| 1 ~ | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3 | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b | _ | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| a | Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
|) | 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 | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | l No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| a | 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| a | 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 | | N (|
| = | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 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 | 7a | | l NI. |
| | services provided to the payor? | | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | N |
| ł | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| • | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | N |
| • | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| J | 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 | | |
| } | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| 3 | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
|) | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| a | 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 | | | |
| | | 1 | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| _ | In which the organization is licensed to issue qualified health plans | - | | |
| | Enter the amount of reserves on hand | | | |
| 2 | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | l | No |

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 it Schedule O contains a response or note to any line in this Part VI | if Schedule O contains a response or note to any line in this Part VI |
|---|---|
|---|---|

| Se | 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 | | | |
| | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νo |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | | | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID LAVERGNE

445 N 5TH STREET SUITE 600

PHOENIX, AZ 85004 (602) 343-8799

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 pers | than on is | one bot | not box h ar or/tr | office | ess er | (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 |
|--|--|--------------|---------------|------------|-----------------------------|--------|-----------|---|--|--|
| (1) Michael Bassoff | 24 0 | х | | х | | | | 0 | 453,093 | 20,545 |
| President, TGen Foundation | 16 0 | | | | | | | | · | |
| (2) Bennett Dorrance Board Member/Chairman | 1 0 | х | | х | | | | 0 | 0 | 0 |
| (3) Ken Kendrick | 1 0 | | | | | | | | | |
| Board Member/Secretary | 0 0 | Х | | X | | | | 0 | 0 | 0 |
| (4) Richard J Lehmann | 1 0 | | | | | | | | | - |
| Board Member/Treasurer | 0 0 | Х | | Х | | | | 0 | 0 | 0 |
| (5) Teresa Burleson | 10 | | | | | | | | | |
| BOARD MBR/ASST SEC/ASST TREAS | 39 0 | Х | | | | | | 0 | 764,367 | 67,475 |
| (6) Karl Eller | 1 0 | | | | | | | _ | _ | _ |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (7) Phil Francis | 1 0 | | | | | | | | | |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (8) Diane Halle | 1 0 | | | | | | | | | |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (9) Carrie Hulburd | 1 0 | | | | | | | | | |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (10) Mike Ingram | 1 0 | | | | | | | | | - |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (11) Catherine Ivy | 1 0 | | | | | | | | | - |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (12) F Francis Najafi | 1 0 | ., | | | | | | | | |
| Board Member | 0 0 | Х | | | | | | 0 | 0 | 0 |
| (13) William J Post | 1 0 | V | | | | | | 0 | 0 | |
| Board Member | 1 0 | Х | | | | | | 0 | 0 | 0 |
| (14) J Danforth Quayle | 1 0 | х | | | | | | 0 | 0 | 0 |
| Board Member | 0 0 | | | | | | | | Ů | |
| | | | | | | | | | | Form 990 (2014) |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not box h ar | chec x, unle n offic rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|---|---|-----------------------------------|-----------------------|------------|--------------------|--------------------------------------|-----------|---|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (15) Troy Richards Board Member | 1 0 | х | | | | | | 0 | 0 | 0 |
| (16) Ray Thurston Board Member | 1 0 | х | | | | | | 0 | 0 | 0 |
| (17) Jeffrey M Trent PhD Board Member | 1 0 39 0 | х | | | | | | 0 | 1,295,334 | 120,337 |
| (18) Howard Young Board Member | 1 0 | х | | | | | | 0 | 0 | 0 |
| (19) Charles K Coleson Chief Financial Officer | 1 0 | | | х | | | | 0 | 264,145 | 18,448 |
| (20) ERIN MASSEY VICE PRESIDENT | 40 0 | | | | | х | | 0 | 125,476 | 8,495 |

| Lb | Sub-Total | F | | | |
|----|---|---|---|-----------|---------|
| C | Total from continuation sheets to Part VII, Section A | F | | | |
| d | Total (add lines 1b and 1c) | • | 0 | 2,902,415 | 235,300 |

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

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

Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|----------------------------|
| THE TRANSLATIONAL GENOMICS RESEARCH, 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 | MANAGEMENT SERVICES | 108,000 |
| | | |
| | | |
| - <u></u> | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

| | Check if Schedule O contains a response or note to any | | | | · · · · · · · · · · · · · · · · · · · |
|--|--|----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| <u>yı</u> 1a | Federated campaigns 1a | _ | | | |
| and Other Similar Amounts | Membership dues 1b | | | | |
| Ē | Fundraising events 1c | - | | | |
| ₹ ` | | - | | | |
| iar a | Related organizations 1d | - | | | |
| <u> </u> | Government grants (contributions) 1e | _ | | | |
| S t | All other contributions, gifts, grants, and 1f 13,561,515 | | | | |
| 흝 | similar amounts not included above | - | | | |
| <u> </u> | Noncash contributions included in lines 1a-1f \$ | - | | | |
| ₽ h | Total. Add lines 1a-1f | 13,561,515 | | | |
| | Business Code | - | | | |
| 2a | Business code | - | | | |
| 2a b c d f | | | | | |
| ֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡֓֡֓֡֡֓֡֡֡֡֡֡֡֡֡֡ | | | | | |
| [| | | | | |
| } d | | | | | |
| _ e | | | | | |
| ਵੁੱ f | All other program service revenue | | | | |
| Ĺ g | Total. Add lines 2a-2f | 0 | | | |
| 3 | Investment income (including dividends, interest, | | | | |
| | and other similar amounts) | 1,004 | | | 1,00 |
| 4 | Income from investment of tax-exempt bond proceeds • | 0 | | | |
| 5 | Royalties | 0 | | | |
| | (ı) Real (ıı) Personal | _ | | | |
| 6a | Gross rents | _ | | | |
| Ь | Less rental expenses | | | | |
| C | Rental income 0 or (loss) | 0 | | | |
| d | Net rental income or (loss) | 0 | | | |
| | (ı) Securities (ıı) Other | | | | |
| 7a | Gross amount from sales of assets other | 1 | | | |
| | than inventory | | | | |
| b | Less cost or other basis and | | | | |
| | sales expenses Gain or (loss) | _ | | | |
| C | | \dashv \mid | | | |
| | Net gain or (loss) | Ĭ | | | |
| | \$ of contributions reported on line 1c) | | | | |
| b | See Part IV, line 18 a | | | | |
| ь | Less direct expenses b | | | | |
| С | Net income or (loss) from fundraising events | 0 | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | | | | |
| _ | a | 4 | | | |
| b | Less direct expenses b | - | | | |
| | Net income or (loss) from gaming activities | + | | | |
| 10a | Gross sales of inventory, less returns and allowances. | | | | |
| | a | 1 | | | |
| ь | Less cost of goods sold b | 7 | | | |
| | Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | | | | |
| 11a | | 7 | | | |
| ь | | | | | |
| c | | 1 | | | |
| d | All other revenue | + | | | |
| e | Total. Add lines 11a-11d | | | | |
| | | 0 | | | |
| 12 | Total revenue. See Instructions | 13,562,519 | | (| 1,00 |

Part IX Statement of Functional Expenses

| section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column |) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column | olumn (A |
|---|---|----------|
|---|---|----------|

| | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All Check if Schedule O contains a response or note to any line in this | | | | <u></u> |
|----|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 4,427,718 | 4,427,718 | | · |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 473,638 | 0 | 47,364 | 426,274 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 463,804 | 0 | 143,250 | 320,554 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 0 | 0 | 0 | 0 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| c | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 159,741 | | 159,741 | |
| 12 | Advertising and promotion | 41,734 | 0 | 4,173 | 37,561 |
| 13 | Office expenses | 215,405 | 0 | 21,541 | 193,864 |
| 14 | Information technology | 12,579 | | 1,258 | 11,321 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 71,784 | 0 | 7,178 | 64,606 |
| 17 | Travel | 42,402 | 0 | 4,240 | 38,162 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 153,851 | 0 | 15,385 | 138,466 |
| 20 | Interest | 0 | 0 | 0 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 | Insurance | 0 | 0 | 0 | 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) | | | | |
| а | DUES AND SUBSCRIPTIONS | 43,653 | 0 | 43,653 | 0 |
| b | RECRUITMENT | 31 | 0 | 31 | 0 |
| c | ALL OTHER EXPENSES | 3,764 | 0 | 3,764 | 0 |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,110,104 | 4,427,718 | 451,578 | 1,230,808 |
| 26 | Joint costs. Complete this line only if the organization 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 | | | |
| | | <u> </u> | | | rm 990 (2014) |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in \boldsymbol{t} | hıs Par | t X | | | |
|--|-----|--|--------------------|------------------------------|---|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 31,607 | 1 | 36,922 |
| | 2 | Savings and temporary cash investments | | | 8,937,566 | 2 | 10,722,866 |
| | 3 | Pledges and grants receivable, net | | | 5,639,193 | 3 | 10,871,204 |
| | 4 | Accounts receivable, net | | | 212 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L | rt II of | | 0 | | |
| sts | 6 | Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(1)$ 0 employers and sponsoring organizations of section $501(c)(9)$ 0 beneficiary organizations (see instructions) Complete Part II o | 3), and oluntar | contributing y employees' | 0 | | 0 |
| Assets | 7 | Notes and loans receivable, net | | | 0 | | 0 |
| ⋖ | 8 | Inventories for sale or use | | | 5,248 | 8 | 5.049 |
| | 9 | Prepaid expenses and deferred charges | | | 6,487 | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 1 | 168,169 | , | , | 5,15. |
| | ь | Less accumulated depreciation | 10b | 168,169 | | 10c | |
| | 11 | Investments—publicly traded securities | - | | 0 | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 14,620,313 | 16 | 21,642,528 |
| | 17 | Accounts payable and accrued expenses | | | 5,377,343 | 17 | |
| | 1 | Grants payable | | | 0 | 18 | 0 |
| | | Deferred revenue | | | 0 | 19 | 0 |
| | | Tax-exempt bond liabilities | | - | 0 | 20 | 0 |
| _ | | Escrow or custodial account liability Complete Part IV of Sche | | | 0 | 21 | |
| 17 18 19 20 21 22 22 | | Loans and other payables to current and former officers, directokey employees, highest compensated employees, and disqualif | rs, tru | | | | |
| 졅 | | persons Complete Part II of Schedule L | | | 0 | 22 | 0 |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai | | | 0 0 0 0 0 0 5,049 6,487 0 0 0 0 0 21,642,528 4,943,600 0 0 0 0 0 0 0 0 0 0 0 | | |
| | | D | | | 0 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 5,377,343 | 26 | 4,943,600 |
| S e S | | Organizations that follow SFAS 117 (ASC 958), check here ► Fines 27 through 29, and lines 33 and 34. | ✓ and o | complete | | | |
| ű a | 27 | Unrestricted net assets | | | -2,496,744 | 27 | -3,589,898 |
| 80 | 28 | Temporarily restricted net assets | | • | 11,677,621 | 28 | 20,226,733 |
| Ξ | 29 | Permanently restricted net assets | | | 62,093 | 29 | 62,093 |
| r Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34. | ere ► ſ | and | | | |
| 9 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets or | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| 4 | 32 | Retained earnings, endowment, accumulated income, or other for | unds | | | 32 | |
| ĕ | 33 | Total net assets or fund balances | | | 9,242,970 | 33 | 16,698,928 |
| 2 | 34 | Total liabilities and net assets/fund balances | | | 14,620,313 | 34 | 21,642,528 |

| Par | 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 | | 13,5 | 562,519 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 6,1 | 110,104 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 7,4 | 152,415 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 242,970 |
| 5 | Net unrealized gains (losses) on investments | 5 | | , | 3,543 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 16,6 | 598,928 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | wed o | n | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | 1 | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of th | ne 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O | n | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493301013715

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.

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

2014

Open to Public Inspection

| | | ne organization ATIONAL GENOMICS RESEARC | CH INCTITUTE | | | | Employer identification | ation number | | | | |
|-------------|----------|--|---|-------------------------------|------------------------|-------------------------|---|---|--|--|--|--|
| | DATION | | ZII INSTITOTE | | | | 33-1092191 | | | | | |
| Pa | rt I | Reason for Publi | c Charity S | Status (All organiza | itions must co | mplete this n | | ns | | | | |
| | | zation is not a private fo | | | | | | | | | | |
| 1 | Ē | A church, convention | | · | = - | • | • | | | | | |
| 2 | _ | A school described in | | | | | , (- , (- , (- , - , - , - , - , - , | | | | | |
| 3 | <u></u> | | | | | tion 170(h)(1) | (| | | | | |
| 4 | <u>'</u> | | rative hospital service organization described in section 170(b)(1)(A)(iii). Iganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | | |
| 4 | ı | hospital's name, city, | | erated iii conjunction v | with a hospital d | lescribed in sec | |). Enter the | | | | |
| 5 | Г | | ted for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | |
| | • | section 170(b)(1)(A) | | | , | | 5 | | | | | |
| 6 | Г | A federal, state, or loc | | | described in se | ection 170(b)(1 |)(A)(v). | | | | | |
| 7 | <u>,</u> | An organization that n | | | | | | ieneral nublic | | | | |
| , | 1,4 | described in section 1 | • | • | | om a governme | intal unit of from the g | general public | | | | |
| 8 | Г | A community trust de | | | | tII) | | | | | | |
| 9 | Г | An organization that n | | | | | outions, membership | fees, and gross | | | | |
| | | receipts from activitie | | | | | | | | | | |
| | | its support from gross | | | | | | | | | | |
| | | acquired by the organi | | | | | | | | | | |
| 10 | г | | | | | | | | | | | |
| 11 | Ė | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of | | | | | | | | | | |
| | ' | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check | | | | | | | | | | |
| | | • • • • | | | • | | | | | | | |
| а Г | | the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the | | | | | | | | | | |
| | | supported organization | | | | ty of the directo | ors or trustees of the | supporting | | | | |
| L | _ | | inization You must complete Part IV, Sections A and B. | | | | | | | | | |
| Ь | ı | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You | | | | | | | | | | |
| | | management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. | | | | | | | | | | |
| c | Γ | Type III functionally | • | | n operated in c | onnection with, | and functionally inte | grated with, its | | | | |
| | _ | supported organizatio | | | | | | | | | | |
| d | J | Type III non-function | | | | | | | | | | |
| | | not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. | | | | | | | | | | |
| e | Г | Check this box if the o | | | | | s a Type I. Type II. T | vne III functionally | | | | |
| | , | integrated, or Type II | | | | | , , . , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| f | | Enter the number of s | upported orga | nızatıons | | | | | | | | |
| g | | Provide the following i | nformation ab | out the supported orga | anızatıon(s) | | | | | | | |
| | | | | | | | | | | | | |
| | (i)Na | ame of supported | (ii) EIN | (iii) Type of | (iv) Is the org | ganization | (v) A mount of | (vi) A mount of | | | | |
| 0 | | organızatıon | | organization | listed in your | governing | monetary support | other support (see | | | | |
| | | | | (described on lines | docume | ent? | (see instructions) | ınstructions) | | | | |
| | | | | 1-9 above or IRC section (see | | | | | | | | |
| | | | | instructions)) | | | | | | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| _Se | ection A. Public Support | | | | | | | |
|--------|--|---|---|---|---------------------------|------------------|------------|--------------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2 | 014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 5,945,925 | 5,860,920 | 488,410 | 12,174,321 | 13 | 3,561,515 | 38,031,091 |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 5,945,925 | 5,860,920 | 488,410 | 12,174,321 | 13 | 3,561,515 | 38,031,091 |
| | The portion of total contributions by each person (other than a | 2,3.0,320 | 5,000,520 | 100,110 | 11,11,011 | | 70017010 | 00,002,032 |
| | governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 7,518,948 |
| | Public support. Subtract line 5 from line 4 | | | | | | | 30,512,143 |
| Se | ection B. Total Support | | | | | | | |
| Cale | endar year (or fiscal year | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 20 |)14 | (f) Total |
| 7 | beginning in) ► A mounts from line 4 | 5,945,925 | 5,860,920 | 488,410 | 12,174,321 | | ,561,515 | 38,031,091 |
| 7 8 | Gross income from interest, | 3,343,323 | 3,800,920 | 400,410 | 12,174,321 | 13 | ,301,313 | 30,031,091 |
| • | dividends, payments received on securities loans, rents, royalties and income from similar | 152,708 | 20,879 | 1,740 | 947 | | 1,004 | 177,278 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | 0 |
| 11 | Total support Add lines 7 | | | | | | | 38,208,369 |
| 12 | through 10 L Gross receipts from related activiti | as atc (sae insti | ructions) | | | 142 | | 2.002 |
| 13 | First five years. If the Form 990 is | | • | third fourth or t | fifth tay year as a | 12 | 501(c)(3 | 2,803 |
| | organization, check this box and st | _ | | | | | | · |
| Se | ection C. Computation of Pub | olic Support P | ercentage | | | | | |
| 14 | Public support percentage for 2014 | l (lıne 6, column (| (f) dıvıded by lıne | 11, column (f)) | | 14 | | 79 857 % |
| 15 | Public support percentage for 2013 | Schedule A, Par | t II, line 14 | | | 15 | | 73 525 % |
| 16a | 33 1/3% support test—2014. If the | organization did | not check the box | on line 13, and | line 14 is 33 1/3% | or more | , check t | hıs box |
| ь | and stop here. The organization qua 33 1/3% support test—2013. If the | | | | , and line 15 is 33 | 3 1/3% or | · more, ch | ▶ ▼ ieck this |
| 17a | box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization part VI how the organization mee | —2014. If the orga tion meets the "fa | anization did not d acts-and-circums | theck a box on lir tances" test, che | eck this box and s | top here | . Explain | rted ▶ ┌ |
| b | organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza | nization meets the | e "facts-and-circi | ımstances" test, | check this box a | nd stop h | ere. | · |
| | supported organization | | | | - | | • | ′ ▶□ |
| 18 | Private foundation. If the organizations | tion 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) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

| Section A. All Supporting Organizations |
|---|
|---|

| Se | ection A. All Supporting Organizations | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) . | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |
| l1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | | | |
| | the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|----|-----|----|
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions. | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | 1 1 | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | _ | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other |
|-----|----|---|
| ype | [] | II non-functionally integrated supporting organizations must complete Sections A through E |

| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|---|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | Current Year | | |
|---|-------------------------------|--|---|
| 1 Amounts paid to supported organizations to accom | | | |
| 2 Amounts paid to perform activity that directly furthexcess of income from activity | ers exempt purposes of supp | ported organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | |
| | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2014 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | (::) | (:::) |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009 | | | |
| b From 2010 | | | |
| c From 2011 | | | |
| d From 2012 | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| A pplied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010 | | | |
| b From 2011 | | | |
| c From 2012 | | | |
| d From 2013 | | | |

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
| |

| Return Reference | Explanation |
|---------------------------------|--|
| SCHEDULE A, PART II, COLUMN (C) | THE AMOUNTS INCLUDED IN PART II, COLUMN(C) ARE FOR A SHORT PERIOD, |

Schedule A (Form 990 or 990-EZ) 2014

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

DLN: 93493301013715

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

| | TRANSLATIONAL GENOMICS RESEARCH INSTITUTE | | | , |
|----------|---|---|-----------------------|--|
| | t I Organizations Maintaining Donor Advis | ed Funds or Other Similar F | | or Accounts Complete if the |
| | organization answered "Yes" to Form 990, P | | unus | or Accounts. Complete if the |
| | | (a) Donor advised funds | | (b) Funds and other accounts |
| | Total number at end of year | | | |
| | Aggregate value of contributions to (during year) | | | |
| | Aggregate value of grants from (during year) | | | |
| ļ | Aggregate value at end of year | | | |
| ; | Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organization | | nor advi | sed Yes No |
| , | Did the organization inform all grantees, donors, and dono used only for charitable purposes and not for the benefit of | or advisors in writing that grant funds | | |
| | conferring impermissible private benefit? | a arganization anguianed "Vac" t | - Form | |
| ŒL | Conservation Easements. Complete if the | | . 0 F0 F11 | 1 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by the organi Preservation of land for public use (e g , recreation or Protection of natural habitat | education) Preservation of an | | ically important land area d historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a queasement on the last day of the tax year | ualified conservation contribution in t | the forn | n of a conservation |
| | | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic | structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquir historic structure listed in the National Register | ed after 8/17/06, and not on a | 2d | |
| } | Number of conservation easements modified, transferred, | released, extinguished, or terminate | ed by th | ne organization during |
| | the tax year ► | · · · · · · · · · · · · · · · · · · · | • | • |
| | Number of states where property subject to conservation | easement is located ► | | |
| ; | Does the organization have a written policy regarding the enforcement of the conservation easements it holds? | periodic monitoring, inspection, hand | dling of | violations, and Yes No |
| ; | Staff and volunteer hours devoted to monitoring, inspecting. | ng, and enforcing conservation easer | ments c | luring the year |
| | ^ | | | |
| ' | Amount of expenses incurred in monitoring, inspecting, as | nd enforcing conservation easement: | s auring | g the year |
| ; | Does each conservation easement reported on line 2(d) a and section 170(h)(4)(B)(ii)? | bove satisfy the requirements of sec | ction 17 | 70(h)(4)(B)(ı) |
|) | In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the fo | otnote to the organization's financia | | nse statement, and |
| ar | the organization's accounting for conservation easements Organizations Maintaining Collections of | | or Otl | her Similar Assets |
| | Complete if the organization answered "Yes" | | | |
| a | If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to it | held for public exhibition, education, | or rese | arch in furtherance of public |
| b | If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these it | held for public exhibition, education, | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | | ► \$ |
| | (ii) Assets included in Form 990, Part X | | | ▶ \$ |
| <u>!</u> | If the organization received or held works of art, historica following amounts required to be reported under SFAS 11 | | | cial gain, provide the |

Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| Par | •••• Organizations Maintaining Co | <u>llections of Art</u> | , His | tori | <u>cal Tr</u> | <u>easur</u> | es, or O | ther | <u>Similar As</u> | sets (| continued) |
|----------|--|---------------------------|---------|------------------|------------------------|--------------|-------------------------|---------------------------------------|--------------------------------|-------------|----------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other recor | ds, cl | neck a | • | | _ | | ignificant use | of its | |
| а | Public exhibition | | d | Γ | Loan | or exch | ange progi | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expla | ın hov | w they | / furthe | r the or | ganızatıor | 's exe | mpt purpose ı | n | |
| 5 | During the year, did the organization solicit of | | | | | | | | | - ., | - |
| Dai | assets to be sold to raise funds rather than to the sold to raise funds rather than the rather than to raise funds rather than the | | | | | | | | ' | Yes | □ No |
| 1461 | Part IV, line 9, or reported an an | | | | | | answere | u ie | 5 (0 101111 5 | 50, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | ediary | forc | ontrıbu | tions oi | rotherass | ets no | | _ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | wing t | able | | _ | | | | |
| | | | | | | | | | An | ount | |
| С | Beginning balance | | | | | | L | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | | 1e | | | |
| f | Ending balance | | | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, lin | e 21, | for es | crow o | rcusto | dıal accou | nt liab | ılıty? | Yes | □ No |
| ь | If "Yes," explain the arrangement in Part XII | I Check here if the | expl | anatıd | on has | been pr | ovided in I | art X | III | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | / NF | |
| 1a | Beginning of year balance | (a)Current year 62,093 | (b |) Prior y | ear 62,093 | b (c)IW | o years back 62,091 | +`- | ree years back 62,093 | (e)⊦our | years back 62,093 |
| b | Contributions | 02,000 | | | 02,000 | | | 1 | 32,000 | | |
| c | Net investment earnings, gains, and losses | | | | | | | + | | | |
| _ | - 7 - 7 | 6,500 | | | 7,353 | | 566 | 5 | 6,787 | | 6,025 |
| d | Grants or scholarships | | | | | | | + | | | |
| е | Other expenditures for facilities and programs | 6,500 | | | 7,353 | | 566 | 5 | 6,787 | | 6,025 |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 62,093 | | | 62,093 | | 62,093 | 3 | 62,093 | | 62,093 |
| 2 | Provide the estimated percentage of the curi | ent year end balan | ce (lır | ne 1g, | colum | n (a)) h | eld as | | • | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| ь | Permanent endowment ► 100 000 % | | | | | | | | | | |
| c | Temporarily restricted endowment ► | 11.000 | | | | | | | | | |
| - | The percentages in lines 2a, 2b, and 2c should be a sh | | | | | | . | ا ج ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ | | | |
| За | Are there endowment funds not in the posses organization by | ssion of the organiz | ation | tnat a | ire neic | i and ac | aministere | ם וסר נו | 1e | Ye | s No |
| | (i) unrelated organizations | | | | | | | | 3a(| i) | No |
| | (ii) related organizations | | | | | | | | 3a(| ii) Ye | s |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | | 3t | Ye | s |
| 4 | Describe in Part XIII the intended uses of the | | | | | | arad Was | | 000 Da | T\/ | lina |
| Pal | t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line: | | tile o | ryan | izatioi | i alisw | ered res | lo r | 01111 990, Pa | ILIV, | ille |
| | Description of property | | | | a) Cost o sıs (ınve | | (b)Cost or basis (ot | | (c) Accumulate depreciation | |) Book value |
| 1a | Land | | | + | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | : | 11,053 | 11, | 053 | |
| d | Equipment | | | | | | 1 | 57,116 | 157, | 116 | |
| | Other | <u> </u> | | | | | | | | | |
| Tota | I. Add lines 1a through 1e <i>(Column (d) must e</i> | qual Form 990, Part | X, colu | ımn (E | 3), line | 10(c).) | | | • | | |
| | | | | | | | _ | | Schedule D | (Form | 990) 2014 |

| | nvestments—Other Securities. Com ee Form 990, Part X, line 12. | plete if the organization | answered 'Yes' to For | m 990, Part IV, line 11b. |
|------------------|---|------------------------------|---------------------------|------------------------------|
| | Description of security or category | (b)Book value | (c) Method of va | |
| /1 \5 | (including name of security) | | Cost or end-of-year | market value |
| (1)Financial d | | | | |
| Other | ld equity interests | | | |
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| Total (Column) | (b) must equal Form 990. Part X. col (B) line 12) | | | |
| | ib) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Con | 1 | answered 'Ves' to Fo | orm 990 Part IV line 11c |
| Part VIII | See Form 990, Part X, line 13. | ripiete ii tile organizatioi | ranswered les to it | offit 990, Parciv, line 11c. |
| | (a) Description of investment | (b) Book value | (c) Method of va | |
| | | | Cost or end-of-year | market value |
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| Total. (Column (| b) must equal Form 990, Part X, col (B) line 13) | | | |
| | ther Assets. Complete if the organization | answered 'Yes' to Form 990 | , Part IV, line 11d See I | Form 990, Part X, line 15 |
| | (a) Descrip | tion | | (b) Book value |
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| Total. (Column | (b) must equal Form 990, Part X, col.(B) line 15 |) | | |
| | ther Liabilities. Complete if the organ | | | ine 11e or 11f. See |
| | orm 990, Part X, line 25. | | , , . | |
| 1 | (a) Description of liability | (b) Book value | | |
| Federal incom | e taxes | 0 | | |
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| | (h) | | | |
| iotal. (Column (| b) must equal Form 990, Part X, col (B) line 25) | 0 | | Jakakan |

| Part | | Revenue per Audited Financial Statements With Revenu wered 'Yes' to Form 990, Part IV, line 12a. | e per R | eturn Complete If |
|----------------------------|--|--|---|---|
| 1 | | er support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 b | out not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses | on investments 2a | | |
| b | Donated services and use of | facilities | | |
| c | Recoveries of prior year gran | ts | | |
| d | Other (Describe in Part XIII |) | | |
| e | Add lines 2a through 2d | · · · · · · · · · · · · · · · · · · · | . 2e | |
| 3 | Subtract line 2e from line 1 | | . 3 | |
| 4 | Amounts included on Form 9 | 90, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not inc | cluded on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII |) | | |
| c | Add lines 4a and 4b | · · · · · · · · · · · · · · · · · · · | 4c | |
| 5 | | nd 4c. (This must equal Form 990, Part I, line 12) | 5 | |
| Part | XIII Reconciliation of I | Expenses per Audited Financial Statements With Expensions Superior Superi | ses per | Return. Complete |
| 1 | | er audited financial statements | 1 | |
| 2 | A mounts included on line 1 b | ut not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of | facilities | | |
| b | Prior year adjustments . | | | |
| C | Otherlosses | 2c | | |
| d | Other (Describe in Part XIII |) | | |
| e | Add lines 2a through 2d . | | . 2e | |
| 3 | Subtract line 2e from line 1 . | | 3 | |
| 4 | Amounts included on Form 9 | 90, 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 |) | | |
| C | Add lines 4a and 4b . | | 4c | |
| 5 | Total expenses Add lines 3 a | and 4c. (This must equal Form 990, Part I, line 18) | 5 | |
| Part | Supplemental In | formation | • | • |
| Part | | r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par | | de any additional |
| | Return Reference | Explanation | | |
| SCHE | DULE D, PART V, LINE 4 | TGen Foundation classifies as permanently restricted net assets (1) donated to the permanent endowment, (2) the original value of subsequent permanent endowment, and (3) accumulations to the permanent endowned the direction of the applicable donor gift instrument. TGen Foundation allows them to use any investment income for operating expenses | uent gifts vment ma | donated to the ade in accordance with |
| SCHEDULE D, PART X, LINE 2 | | MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF FOUNDATION'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PUNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECO ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AT 2013 TGEN AND THE FOUNDATION FILE FORMS 990 IN THE USAND COMPARABLE FORMS IN THE STATE OF ARIZONA TAX FILE 2014 ARE SUBJECT TO EXAMINATION, HOWEVER, THE INSTITUTOR OF ANY SUCH EXAMINATIONS | URPOSE RDED IN DECEME FEDERA NGS FO | S, AND NO MATERIAL THE BER 31, 2014 OR AL JURISDICTION R 2011 THROUGH |

| Jenedale 2 (1 31111 33 3) 23 13 | r age 3 | | |
|------------------------------------|----------------|--|--|
| Part XIII Supplemental Information | on (continued) | | |
| Return Reference | Explanation | | |
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Schedule D (Form 990) 2014

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

DLN: 93493301013715

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Open to Public **Inspection**

Name of the organization Employer identification number THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 33-1092191 FOUNDATION

Part I General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|----------------------------------|--------------------------------------|---|---|--|---------------------------------------|
| (1) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N 5TH ST SUITE 600 Phoenix PHOENIX,AZ 85004 | 75-3065445 | 501(c)(3) | 4,427,718 | 0 | | | FUNDRAISING FOR TGEN |

| Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table. |
|--|
|--|

Enter total number of other organizations listed in the line 1 table.

| Schedule I | (Form 990) 2014 |
|------------|---|
| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
| | Part III can be duplicated if additional space is needed. |

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

| Part IV Supplemental In | nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |
|-------------------------|--|
| Return Reference | Explanation |
| , , | THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT TGEN, A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND DEVELOPMENT FUNCTIONS THE FOUNDATION RELIES UPON THE GOVERNANCE PRACTICES OF TGEN TO MONITOR USE OF GRANT FUNDS |

Schedule I (Form 990) 2014

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DLN: 93493301013715

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

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

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION 33-1092191 Part I Questions Regarding Compensation Yes No

| 1a | Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide a | | | | |
|----|--|--|----|-----|----|
| | First-class or charter travel | using allowance or residence for personal use | | | |
| | ☐ Travel for companions ☐ Pay | ments for business use of personal residence | | | |
| | □ Tax idemnification and gross-up payments □ Hear | alth or social club dues or initiation fees | | | |
| | Discretionary spending account Per | sonal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization for reimbursement or provision of all of the expenses described abo | | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing directors, trustees, officers, including the CEO/Executive Direct | | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used organization's CEO/Executive Director Check all that apply Doused by a related organization to establish compensation of the | not check any boxes for methods | | | |
| | Compensation committee Write | tten employment contract | | | |
| | ☐ Independent compensation consultant ☐ Cor | mpensation survey or study | | | |
| | Form 990 of other organizations App | proval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Secondary a related organization | ction A, line 1a with respect to the filing organization | | | |
| а | a Receive a severance payment or change-of-control payment? | | | | Νo |
| b | b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | |
| С | c Participate in, or receive payment from, an equity-based compensation arrangement? | | | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the ap | plicable amounts for each item in Part III | | | |
| 5 | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must of For persons listed in Form 990, Part VII, Section A, line 1a, did | | | | |
| | compensation contingent on the revenues of | | | | |
| а | The organization? | | 5a | | No |
| 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, line 1a, did compensation contingent on the net earnings of | the organization pay or accrue any | | | |
| а | The organization? | | 6a | | No |
| b | b Any related organization? | | | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in P | | 7 | Yes | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accursubject to the initial contract exception described in Regulations in Part III | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958\text{-}6(c)\text{?}$ | presumption procedure described in Regulations | 9 | | |

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

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

Note. The sum of columns (B)(I)-(III) 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 o (i) Base compensation | f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|--|-------------|--|--|-------------------------------------|--|-----------------------------------|------------------------------------|---|
| 1 Michael Bassoff, President, TGen Foundation (ii | | 0 436,128 | 0 | 016,965 | 010,400 | 0 10,145 | 0 473,638 | 0 |
| 2 Teresa Burleson, BOARD MBR/ASST SEC/ASST TREAS | (i) (ii) | 0 402,080 | 0 361,352 | 935 | 0 60,400 | 0 7,075 | 0 831,842 | 0 |
| 3 Jeffrey M Trent PhD, Board Member | (i) (ii) | 911,776 | 0 350,000 | 0 33,558 | 0 110,400 | 0 9,937 | 0 1,415,671 | 0 |
| 4 Charles K Coleson, Chief Financial Officer | (i) (ii) | 0 245,076 | 0 15,000 | 0 4,069 | 0 10,400 | 0 8,048 | 0 282,593 | 0 |

Schedule J (Form 990) 2014

Part IIII 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

| Return Reference | Explanation | | |
|-----------------------------|---|--|--|
| SCHEDULE J, PART I, LINE 1A | First class travel is permitted by executive staff only and must, per TGen policy, be pre-approved by the Chief Operating Officer These expenses were not considered as taxable compensation to the recipient since they were reimbursements for business use under an accountable plan TGen, a related tax-exempt organization, provides this benefit | | |
| SCHEDULE J, PART I, LINE 3 | TGEN FOUNDATION DOES NOT DETERMINE OR PAY ANY COMPENSATION OR BENEFITS ALL COMPENSATION AND BENEFITS ARE DETERMINED AND PAID BY TGEN, A RELATED TAX-EXEMPT ORGANIZATION | | |
| 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, AS APPROVED BY THE TGEN BOARD OF DIRECTORS | | |
| SCHEDULE J, PART II | DEFERRED COMPENSATION INCLUDES RETENTION AGREEMENTS FOR DR JEFFREY TRENT AND TERESA BURLESON DR TRENT IS ELIGIBLE TO RECEIVE \$500,000 ON 03/12/2017 AND TERESA BURLESON IS ELIGIBLE TO RECEIVE \$250,000 ON 11/30/2017 PAYABLE BY TGEN AMOUNTS ACCRUED BY TGEN DURING CALENDAR YEAR 2014 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 | | |

Schedule J (Form 990) 2014

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As Filed Data -

DLN: 93493301013715

OMB No 1545-0047

2014

Open to Public Inspection

CHEDULE O

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

| Name of the ord THE TRANSLATION FOUNDATION | ganization AL GENOMICS RESEARCH INSTITUTE | | Employer identification number 33-1092191 | | |
|--|--|-------------|--|--|--|
| | | | | | |
| Poturn | | Evalenation | | | |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 4A | THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION RAISES FUNDS FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE ("TGBN") THE PROGRAM SERVICE ACCOMPLISHMENTS OF TGEN ARE LISTED BELOW Introduction in FY14, our 12th year of operations, we experienced significant scientific and medical progress across multiple areas of the institute, many of which reached new heights and forged the potential for significantly greater achievements in the future. Unique to this past year is the crystallization of enterprise initiatives that will leverage internal discoveries and developments in genomics research and informatics tools. TGen Animal Health. An internal research project with a local Arizona firm to evaluate the portability of human diagnostic tools in the treatment of canine cancer. TGen is one of the early adopters of the canine model as a vehicle to accelerate human research. TGen's Center for Rare Childhood Disorders, which we announced late last year, has biossomed during FY14, providing parents an opportunity to discover answers about their children's diagnosis and potential Treatments. It was also a year when celebrities and pop culture collided in meaningful ways with TGen to highlight for the general public our goals of using genomic science to further the prevention, detection and treatment of the many significant diseases that plague humanity. The General Manager of the New York Yankees, Brian Cashman, joined our National Advisory Council for Pancreatic Cancer Research. Arizona State University's football team agreed to join us along with Riddell Sports in neurogenomic research that could help prevent serious sports injuries in the future. Miss Arizona, who struggled with her own childhood disorder, agreed to advocate for TGen's neurogenomic research into rare childhood diseases, and Wonder Woman actress Lynda CARTER advocated for our Alzheimer's research. She even convinced a fellow actor, Ashton Kutcher, to help spread the word on social media about our MindCrowd org study. We are multiplying our inve |

| Return Reference | Explanation |
|---|--|
| Peer-Review ed Laboratory Research Publications and Presentations | As it has been from our very founding in 2002, the focus of our work remains the patient but not the patient of the future Our work is having an impact on patients in need today, many of who cannot afford to wait months or years for treatments that may work. Our work leverages the latest technology to survey the human genome at depths few could have imagined a decade ago. And our capacity to understand and leverage what the genome is telling us has never been greater. Our long-term hope is that doctors will leverage this information to inform decisions about patient care as the standard rather than the exception. While this is happening today on a limited basis, we envision a day in the not too distant future where it will happen for all patients across all diseases. Much of what we learn is published in leading scientific and medical journals, which continuously adds to the growing knowledge base of molecular research and medicine. In FY14, TGen researchers published their research results extensively in numerous scholarly peer-reviewed academic journals and through presentations at leading national and international conferences. These include publication in leading scientific journals such as New England Journal of Medicine, Nature Genetics, PLos One, the Journal of Clinical Psychiatry, Journal of the American Medical Association, Proceedings of the National Academy of Sciences USA, and a host of other disease-associated publications. |

| Return Reference | Explanation | |
|---------------------|---------------------------|---|
| | FY14 Select Highlights | a) increased survival in pancreatic cancer with nab-pacitaxel plus gemotabine. Von Hoff DD, Ervin T, Arena FP, Chiorean EG, Infante J, Moore M, Seay T, Tujlandin SA, Ma WW, Saleh MN, Harris M, Reni M, Dowden S, Laheru D, Bahary N, Ramanathan RK, Tabernero J, Hidalgo M, Goldstein D, Van Cutsem E, Wei X, Iglesias J, Renschler MF N Engl J Med. 2013 Oct 31,36 9(18) 1691-703. b) Phase Itrial of AEG35156 an antisense oligonucleotide to XIAP plus gem citabine in patients with metastatic pancreatic ductal adenocarcinoma. Mahadevan D, Chalas ani P, Rensvold D, Kurtin S, Pretzinger C, Joliwe J, Ramanathan RK, Von Hoff DD, Weiss GJ. Am J Clin Oncol. 2013 Jun,36(3) 239-43. c) Ligand-dependent EphB1 signaling suppresses glioma myasion and correlates with patient survival. Tengl Rakada M, Furuyama N, Sabt H, Furuta T, Haysahi Y, Takino T, Dong Y, Sato H, Sai Y, Myamoto K, Berens ME, Zhao SG, Ha mada J, Neuro Cnool. 2013 Dec. 15(12) 17(10-20. d) implications of Rho GTPase Signaling in G lioma Cell Invasion and Tumor Progression Fortin Ensign SP, Mathews IT, Symons MH, Berens ME, Tran NL. Front Oncol. 2013 Oct 4, 3241. e) Whole genome sequencing reveals potential targets for therapy in patients with refractory KRAS mutated metastatic colorectal cancer. Shanmugam V, Ramanathan RK, Lavender NA, Sinari S, Chadha M, Lang WS, Kurdoglu A, Latri T, Christofordes A, Benson H, Phillips L, Bader A, Murray C, Hostetter G, Von Hoff DD, Cria gi DW, Carpten JD BMC Med Genomics. 2014 Jun 18,7.36. i) Association analysis of 9,560 prostate cancer cases from the international Consortium of Prostate Cancer Genetics confirms the role of reported prostate cancer associated SNFs for familial disease. Teerlink CC, Thibodeau SN, McDonnell SK, Schad DJ, Rinckleb A, Maer C, Vogel W, Cancel-Tassin G, Egrot C, Cussenot O Carpten J (et al), International Consortium for Prostate cancer associated SNFs for familial disease. Teerlink CC, Thibodeau SN, McDonnell SK, Schad DJ, Rinckleb A, Maer C, Vogel W, Cancel-Tassin G, Egrot C, Cusanot A, Sussend M, Steven |

| Return Ex Reference | xplanation | |
|------------------------|------------|--|
| | ighlights | Roden RB, Cunliffe HE, Huntsman DG, Trent JM Nat Genet 2014 Jun 26,46(7) 759 q) Small cell carcinoma of the ovary, hypercalcemic type, displays frequent inactivating germline and somatic mutations in SMARCA4 Ramos P, Karnezis AN, Craig DW, Sekulic A, Russell ML, He ndricks WP, Corneveaux JJ, Barrett MT, Shumansky K, Yang Y, Shah SP, Prentice LM, Marra MA, Kiefer J, Zismann VL, McEachron TA, Salhia B, Prat J, D'Angelo E, Clarke BA, Pressey JG, Farley JH, Anthony SP, Roden RB, Cunliffe HE, Huntsman DG, Trent JM Nat Genet 2014 May, 46 (5) 427-9 r) Brain differences in infants at differential genetic risk for late-onset A Izheimer disease a cross-sectional imaging study. Dean DC 3rd, Jerskey BA, Chen K, Protas H, Thiyyagura P, Roontiva A, O'Muircheartaigh J, Dirks H, Waskiewicz N, Lehman K, Siniard AL, Turk MN, Hua X, Madsen SK, Thompson PM, Fleisher AS, Huentelman MJ, Deoni SC, Reiman EM, JAMA Neurol. 2014 Jan,71(1) 11-22 s) Integrated genomic and epigenomic analysis of briest cancer brain metastasis. Salhia B, Kiefer J, Ross JT, Metapally R, Martinez RA, Johns on KN, DiPerna DM, Paquette KM, Jung S, Nasser S, Wallstrom G, Tembe W, Baker A, Carpten J, Resau J, Ryken T, Sibenaller Z, Petriconi EF, Liotta LA, Ramanathan RK, Berens ME, Tran NL. PLoS One. 2014 Jan 29,9(1) e85448 t) Profiles of extracellular miRNA in cerebrospinal fluid and serum from patients with Alzheimer's and Parkinson's diseases correlate with diseases status and features of pathology. Burgos K, Malenica I, Metpally R, Courtright A, Ra kela B, Beach T, Shill H, Adler C, Sabbagh M, Villa S, Tembe W, Craig D, Van Keuren-Jensen K. PLoS One. 2014 May 5,9(5) e94839 u) CRL4A-FBXW5-mediated degradation of DLC1 Rho GTPa se-activating protein tumor suppressor promotes non-small cell lung cancer cell growth. Kill m TY, Jackson S, Xiong Y, Whitsett TG, Lobello JR, Weiss GJ, Tran NL, Bang YJ, Der CJ. Pro c Natl Acad Sci U S.A. 2013 Oct 15,110(42) 16868-73. |

| Return | Explanation | |
|-----------|---|--|
| Reference | | |
| Reference | Clinical Research / Clinical Trials | Tigen has a direct clinical research site through a strategic alliance with the Virginia G. Piper Cancer Center (VGPCC) Clinical Trials Program at Scottsdale Healthcare Dr. Daniel Von Hoff, TGen's Physician-in-Chief, also serves as the program's Chief Scientific Officer. The program focuses on clinical trials with targeted agents and genomics-based individual lized therapy and with an initial focus on cancer, allows the unique opportunity for TGen to transition its laboratory-based research to patient care centered on individualized the rapy. The program brings new clinical research into the community, to those patients who would otherwise have to travel someplace else for access to new therapies or prevention agents. According to the National Institutes of Health, only 3% of adults with cancer are part ticipating in clinical trials. A recent study shows that if given the opportunity and access to clinical trials 63% of the population would participate, according to a survey by the Charloton Research Co. With more than 50 active clinical trials for advanced and/or rare cancers, the program is one of the leading centers for Phase I oncology trials in the nation. Clinical trials with agents directed at specific targets in patients' turnors were lau inched in November 2005. These clinical trials give options that did not extended the patients' turnors were lau inched in November 2005. These clinical trials give options that did not extended to the control of cancer specific divisions in pancreatic cancer, breast cancer, leukema, prostate cancer, lung cancer, and mel anoma are under development in addition to clinical trials, a molecular profiling pilot situdy has been designed and implemented to test the hypothesis that treatment with a cancer agent selected based on the specific cancer type. Patient participation in clinical trials is a necessary component to the research process. As noted earlier, only 3% of adults with cancer are participating in clinical trials. A treatment selected based on the specific cance |
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| Return Reference | Explanation | |
|---------------------|---|---|
| | Clinical Research / Clinical Trials | ypically used for certain types of leukemia) or pazopinib (a kidney cancer drug), dependin g on the genetic alterations identified through sequencing. In June 2014, TGen and SHC BEG AN TO study a new cancer immunotherapy to see if it can successfully help patients with advanced pancreatic cancer. The Phase 2B clinical trial of CRS-207 and GVAX Pancreas vaccine s opened at SHC, where cancer patients are treated with promising new drugs. Participants in the study, named ECLIPSE (Efficacy of Combination Listeria/GVAX Immunotherapy in the Paincreatic Cancer Setting), will be randomized so patients receive only the CRS-207 vaccine, or that vaccine combined with the GVAX Pancreas vaccine and low doses of cyclophosphamide. A third group of patients will receive a standard chemotherapy. |

| Return Reference | Explanation |
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| Grant Support | In additional to philanthropic donations and research contracts, grant funding is an important funding source for research in FY14. Teen investigators submitted 142 grants totaling \$93M. Teen was avared 13 grants, totaling \$23M, with an additional 76 grants pending and under review totaling \$42M. Additionally, Teen received \$6 3M from 2012 and 2013 pending grants. Teen's success rate currently rests at 22 percent of total grants submitted, placing the institute nearly 4 percent higher than the national average (NIH overall success rate). FY14 highlights a) A four-year grant from the Department of Defense totaling \$938,715 to Dr. Paul Keimto conduct genomic profiles of the various near-neighbor forms of the pathogen B pseudomallei, a biological warfare agent b) Five-year grant from NIH totaling \$635,74 to Dr. Daniel Von Hoff to identify potential glycomarkers for pancreatic and breast cancer in an effort toward early cancer detection o; Five-year grant from the National Science Foundation totaling \$499,759 to Dr. Lance Price to study microbial biodiversity in relation to soil carbon cycles of) Five-year grant from NIH totaling \$579,656 to Dr. Matt Huentelman to leverage our genome-wide and Next Generation Sequencing (NGS) genetic data, as well as transcriptome and proteome datasets, to map novel risk loci for late onset Alzheimer's disease (LOAD) that are acting either in epistasis with, or independently of, the APOE E4 allele, which has previously been identified as the strongest LOAD risk signal within the human genome o! Three-year grant from the Defense Science and Technology Laboratory-Proton Down totaling \$558,186 to Dr. Paul Keimto study the temporal molecular response of Yersinia pestis (plague) to survival in aerosols f) Five-year grant from NIH totaling \$479,304 to Dr. Dave Duggan to continue and expand the international, multi-ste Colon Cancer Family Registry Corhor (CCFRC) program, which now is comprised of more than 10,000 families and individual at increased risk of colorectal and other cancers g) |

| Return Reference | Explanation |
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| Enterprise Efforts, Collaboration, Spin-offs and Job Creation | During FY14, TGen formed and secured investment for three companies. Invention Disclosures TGen filed 20 invention disclosures in FY14 based on discoveries stemming from TGen-led research, and 20 provisional patent applications. Contracts and Collaborations TGen signed a total of 436 contracts in FY14, broken down as follows: a) 103 Confidential Disclosure Agreements b) 66 Material Transfer Agreements c) 69 Research Collaborations d) 30 Consulting Agreements e) 61 Professional Service Agreements f) 4 Commercialization Licenses g) 103 agreements covering miscellaneous activities A listing of a number of the major research collaborators include AstraZeneca Pharmaceuticals, Mayo Clinic, Ventana Medical Systems, Side-Out Foundation, Daiichi Sankyo, Onyx Pharmaceuticals, Illiumina Inc., George Mason University, GE Healthcare/Janssen Research & Development, Sarcoma Alliance for Research thru Collaboration (SARC), Bi Lilly, GlaxoSmith Kline, Baylor Research Institute, Cancer Treatment Centers of America, Allina Health, Ignyta Operating Inc., Hills Pet Nutrition, Spectrum Health Hospitals, Flagship Biosciences. Job Creation Eighteen new full-time equivalent positions were created in 2014 with salaries and benefits totaling \$1,531,245. Salaries for temporary positions (those positions created for a finite period of time) totaled \$205,700, which includes temporary TGen staff and temporary service fees. Student salaries were just over \$439,000, bringing the overall FY14 total to \$2,175,944. In terms of education level, eighty-three percent of full-time. TGen staff holds a college degree and forty-six percent holds an advanced degree. FY 14 full-time positions filled (new and replacements) included. Purchasing Assistant. Purchasing Agent. Manager, Accounting. Research Technician. Clinical Research Coordinator. Engineer, HPC. HIPAA Compliance and Risk Management Specialist. Histotechnologist. Patent. Attorney. Post-Doc Fellow. Professor. Research Associate. Research Associate. Il. Staff Scientist. Technician, Facilities. |

| Return Reference | Explanation |
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| Education | TGen's science, education, and community outreach initiatives are designed to assist in the growth of the bioscience workforce in Arizona, increase public fluency in translational medicine, and build an accessible community presence. FY14 highlights include 45 Arizona students - selected from nearly 550 Arizona applicants - participated in TGen's flagship, paid summer internship program, Helios Scholars at TGen. The Program is a 25-year partnership between TGen and the local Helios Education Foundation, an education-focused philanthropic organization. Every TGen division hosted Helios Scholars for hands-on experiences grants and research administration, environmental health and safety, cancer, neurological disease, diabetes and infectious disease. Cohort demographics. 58 percent attended colleges or universities in Arizona, 22 percent self-identified as races/ethnicities underrepresented in the biosciences, 27 percent were in high school, 71 percent in college and 2 percent in graduate or medical school. TGen engaged the nearly 350 Helios Scholars alumni for the third annual alumni networking reception in July at the Sheraton Phoenix Downtown Hotel. Alumni provide guidance to each new summer intern class via a panel discussion, sit on the internship selection committee and act as ambassadors for the biosciences within their social and professional networks. Keeping them engaged with Arizona and with TGen is a major program goal to ensure the Program delivers on the mission to grow the bioscience workforce in Arizona. The Ben and Catherine by Foundation awarded TGen funding for an expanded third year of the by Neurological Sciences Internship Program, a paid internship program now supporting two high school students for paid summer internships, two undergraduates for academic year paid internships, and one medical school candidate for a full calendar year paid internship in neurological disease research and a clinical training module. The program has expanded each year over three years to support extended, immer |

| Return Reference | Explanation |
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| Public Outreach | In FY14 TGen hosted over 45 public tours (nearly 500 attendees) for students, teachers, community organizations and the general public. Tours typically include a presentation providing an overview of the Institute and information on translational medicine. TGen took a leadership role in the Arizona Science and Engineering Fair (AzSEF) in FY14 by chairing the judging committee responsible for recruiting, planning and coordinating judges for the over one thousand elementary, junior and senior division students and their projects competing in the state fair. The chairs recruited more than 350 judges. More than a dozen TGen faculty and staff volunteered as judges for the event, held March 31-April 2 at the Phoenix Convention Center. AzSEF sends high school level winners to represent Arizona at the Intel International Science and Engineering Fair. This year, BASIS Scottsdale high school student Shrey Gupta, a 2013 Helios Scholar and ongoing academic year intern mentored by TGen's Dr. Seungchan Kim, presented his TGen research at the 2014 Intel ISEF in Los Angeles this May and won a \$1,000 Third Place Grand Award in Computer Science and an Arzona State University. New American University Provost Scholarship TGen also developed an AzSEF Special Award the TGen Excellence in Biomedical Research Award, which recognized two outstanding high school student projects, focusing on research and technology to unravel the genetic underpinnings of human diseases Winners toured TGen laboratories and ate lunch with Dr. Trent and the team of three TGen postdoctoral fellows that selected them for the award. Students from BASIS Scottsdale public charter school and public Chandler High School won the inaugural award For a second year, TGen participated in the Lesson2Life teacher-training program offered by the Arizona K12 Center Five teachers visited the Institute for a genomics and biotechnology update, a laboratory tour and interaction with a paniel of high school and undergraduate interns. For a third year, as part of the annual Ari |

| Return Reference | Explanation |
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| Media / Public Recognition | As noted in years past, the overall goal of TGen's media efforts is to build a strong and compelling communications tool set to tell TGen's story immediately to audiences that, over time, will be increasingly aware of TGen and what makes it unique and essential To the end, TGen continually pursues earned media exposure for the institute's research activities in FY14, TGen received just over 1,000 earned media mentions, highlighted by - In December 2013, Drs. Kendall Jensen (TGen) and Javier Cardenas (Barrow) received prominent national placement on CBS Evening News and CBS This Morning for our work with Riddell, ASU and Barrow Neurological institute on concussions - Dr. Paul Keim, Director of TGen's Pathogen Genomics Division, was featured for his research of The Plague in a front-page lead-centerpiece story in the Sunday, May 18, edition of The Arizona Republic - During spring sweeps week on April 24, 12 News featured TGen Dr. Matt Huentelman describing why we study Obsessive-compulsive disorder (OCD) dogs to find clues for childhood autism - Dr. Muhammed Murtaza describes his DNA-based cancer blood tests April 30 on Channel 8's Horizon - CBS Sunday Morning featured TGen Professor Dr. Eric Reiman April 13 in a story about his cutting-edge Alzheimer's research - TGen's Center for Rare Childhood Disorders and patient Shelby Valint are featured in the popular annual "Best Doctors" issue of Phoenix Magazine. Shelby also is featured in a 12 News report about TGen genomic studies. TGen media releases resulted in additional and numerous media mentions locally, nationally and internationally in addition to those outlets mentioned above, others include Forbes Magazine, Washington Business Journal, The Arizona Republic, Phoenix Business Journal, CNBC, 12 News, ABC 15, CBS 5, GenomeWeb Daily News, Arizona Capitol Times, Arizona Daily Sun (Flagstaff), The Greenville News (South Carolina), San Diego Business Journal, Flus Patent News, US Official News, US Fed News, Professional Services Close-Up, Entertainment Close-Up, Bu |

| Return Reference | Explanation |
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| | TGEN FOUNDATION DOES NOT HAVE EMPLOYEES, BUT SHARES THE COST OF PERSONNEL, SERVICES, FACILITIES AND EXPENSES WITH TGEN, A RELATED TAX-EXEMPT ORGANIZATION |

| Return Reference | Explanation |
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| FORM 990, PART VI, LINE 1A | TO THE EXTENT ALLOWED BY LAW, THE EXECUTIVE COMMITTEE MAY ACT ON TGEN FOUNDATION'S BEHALF IN ANY MATTER WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, REPORTING TO THE BOARD OF DIRECTORS FOR ITS INFORMATION AT THE NEXT SUBSEQUENT REGULAR OR SPECIAL MEETING OF THE BOARD THE EXECUTIVE COMMITTEE CONSISTS OF THE DESIGNATED DIRECTORS, THE CHAIRPERSON OF THE BOARD AND UP TO THREE OTHER FOUNDATION DIRECTORS AS SHALL BE DESIGNATED BY THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
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| FORM 990, PART VI, LINE 6 | THE SOLE CORPORATE MEMBER OF TGEN FOUNDATION IS THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) |

| Return Reference | Explanation |
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| FORM 990, PART VI, LINE 7A | TGEN, AS THE SOLE CORPORATE MEMBER OF TGEN FOUNDATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF TGEN FOUNDATION |

| THE SOLE CORPORATE MEMBER'S VOTE SHALL BE REQUIRED ON A) THE ELECTION AND REMOVAL OF ELECTED DIRECTORS AS SET FORTH IN THE BYLAWS, B) THE ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, C) THE SALE OF ALL OR SUBSTANTIALLY ALL THE FOUNDATION'S ASSETS IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, D) THE AMENDMENT OF THE FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS, E) THE INSTITUTION, OR CONSENT TO INSTITUTION, OF PROCEEDINGS TO ADJUDICATE THE FOUNDATION BANKRUPT OR INSOLVENT, OR THE FILING OF A PETITION SEEKING OR CONSENTING TO REORGANIZATION OR RELIEF UNDER ANY LAW RELATING TO BANKRUPTCY, INSOLVENCY, OR OTHER RELIEF FOR DEBTORS, OR THE CONSENT TO THE APPOINTMENT OF A RECEIVER, LIQUIDATOR, ASSIGNEE, TRUSTEE, SEQUESTRATOR (OR SIMILAR OFFICIAL) OF THE FOUNDATION OR OF ALL OR ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION IN WRITING OF THE FOUNDATION'S INABILITY TO PAY ITS DEBTS GENERALLY AS THEY BECOME DUE, OR ANY STEPS IN FURTHERANCE OF SUCH ACTIONS, AND F) THOSE MATTERS UPON WHICH THE MEMBER IS GRANTED VOTING RIGHTS IN THE ARTICLES OF INCORPORATION, BYLAWS, OR THE ARIZONA NONPROFIT CORPORATION ACT THE SOLE CORPORATE MEMBER HAS THE FOLLOWING RESERVE POWERS A) APPOINT AND REMOVE THE PRESIDENT, B) APPROVE THE ESTABLISHMENT OF NEW CORPORATE PARTNERSHIP ENTITIES CREATED OR JOINED BY THE FOUNDATION'S INCURRENCE OF MATERIAL DEBTS | Return Reference | Explanation |
|---|---------------------|---|
| | PART VI, | AS SET FORTH IN THE BY LAWS, B) THE ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, C) THE SALE OF ALL OR SUBSTANTIALLY ALL THE FOUNDATION'S ASSETS IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, D) THE AMENDMENT OF THE FOUNDATION'S ARTICLES OF INCORPORATION OR BY LAWS, E) THE INSTITUTION, OR CONSENT TO INSTITUTION, OF PROCEEDINGS TO ADJUDICATE THE FOUNDATION BANKRUPT OR INSOLVENT, OR THE FILING OF A PETITION SEEKING OR CONSENTING TO REORGANIZATION OR RELIEF UNDER ANY LAW RELATING TO BANKRUPTCY, INSOLVENCY, OR OTHER RELIEF FOR DEBTORS, OR THE CONSENT TO THE APPOINTMENT OF A RECEIVER, LIQUIDATOR, ASSIGNEE, TRUSTEE, SEQUESTRATOR (OR SIMILAR OFFICIAL) OF THE FOUNDATION OR OF ALL OR ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION IN WRITING OF THE FOUNDATION'S INABILITY TO PAY ITS DEBTS GENERALLY AS THEY BECOME DUE, OR ANY STEPS IN FURTHERANCE OF SUCH ACTIONS, AND F) THOSE MATTERS UPON WHICH THE MEMBER IS GRANTED VOTING RIGHTS IN THE ARTICLES OF INCORPORATION, BY LAWS, OR THE ARIZONA NONPROFIT CORPORATION ACT THE SOLE CORPORATE MEMBER HAS THE FOLLOWING RESERVE POWERS A) APPOINT AND REMOVE THE PRESIDENT, B) APPROVE THE ESTABLISHMENT OF NEW CORPORATE PARTNERSHIP ENTITIES CREATED OR JOINED BY THE FOUNDATION, C) APPROVE THE FOUNDATION'S |

| Return Reference | Explanation |
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| 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 |
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| FORM 990, PART VI, LINE 12C | TGEN FOUNDATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ALL DIRECTOR LEVEL POSITIONS AND ABOVE, IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED BY THE TGEN CHIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE TGEN CHIEF FINANCIAL OFFICER AND TGEN'S OFFICE OF RESEARCH COMPLIANCE. THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE TGEN 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 |

| FORM OOD. THE FOLINDATION POPE NOT HAVE ANY DIDECT EMPLOYEES COMPENSATION IS DETERMINED BY THE TRANSPARIES ATIONAL | Explanation |
|---|---|
| FORM 990, PART VI, LINES 15A AND 15B THE FOUNDATION DOES NOT HAVE ANY DIRECT EMPLOYEES COMPENSATION IS DETERMINED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USING THE FOLLOWING PROCESS TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR AND 15B 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 THE COMPENSATION OF DIRECT REPORTS DURING THE DECISION MAKING PROCESS, TOMMITTEE 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 BENEF 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 THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2014 | OMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR ND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS AND FORWARDING DATIONS TO THE FULL BOARD FOR APPROVAL DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT RECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR DITHER THAN TO ANSWER QUESTIONS) THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN AS CONCERNING THE COMPENSATION OF DIRECT REPORTS DURING THE DECISION MAKING PROCESS, THE ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE IS AUTHORIZED (AND UFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL DEEMED NECESSARY AND ADVISABLE THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE THE REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT ONCERNING DISQUALIFIED PERSONS' COMPENSATION" WHEN DEVELOPING A COMPENSATION IN KEPT IN MIND THE FOLLOWING FACTORS THE TGEN MISSION AND STRATEGY THE TGEN CULTURE NSATION IN THE EXTERNAL ENVIRONMENT TRENDS IN RECRUITMENT OF NEW EMPLOYEES TRENDS IN EMPLOYEE TURNOVER TGEN'S LIFE CYCLE STAGE THE COMPENSATION REVIEW PROCESS WAS LAST |

| Return Reference | Explanation |
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| FORM 990, PART VI, LINE 19 | TGEN FOUNDATION PROVIDES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE GENERAL PUBLIC UPON REQUEST |

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OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE **FOUNDATION**

Employer identification number

33-1092191

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

| (a) Name, address, and EIN (ıf applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total ıncome | (e) End-of-year assets | (f) Direct controlling entity |
|--|--------------------------------|---|---------------------|---------------------------|--------------------------------------|
| | | | | | <u> </u> |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section (13) co ent | 512(b) ntrolled |
|---|--------------------------------|---|----------------------------|--|--|---------------------------|--------------------|
| | | | | | | Yes | No |
| (1) THE TRANSLATIONAL GENOMICS RESEARCH INST 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445 | RESEARCH | AZ | 501(c)(3) | 7 | NA | | No |

| Part III | Identification of Related Organizations Taxable a | as a Partne | ership | Complete i | f the organiz | ation ansv | ered "Ye | s" on Form | 990, Part 1 | ۷, line 3، | 4 |
|----------|---|--------------|---------|------------|---------------|------------|----------|------------|-------------|------------|---|
| | because it had one or more related organizations treate | ed as a part | nership | during the | tax year. | | | | | | |
| | | | | | | | | | | | С |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |) | (i) | Ü |) | (k) |
|---------------------------|------------------|-----------|-------------|-----------------|--------------|--------------|----------|----------|---------------|-------|-------|------------|
| Name, address, and EIN of | Primary activity | Legal | Direct | Predominant | Share of | Share of | Dispropr | rtionate | Code V-UBI | Gener | al or | Percentage |
| related organization | | domicile | controlling | ıncome(related, | total income | lend-of-year | allocati | ions? | amount in box | mana | iging | ownership |
| - | | (state or | entity | unrelated, | | assets | | | 20 of | partr | ner? | |
| | | foreign | | excluded from | | 1 | | | Schedule K-1 | | | |
| | | country) | | tax under | | 1 | | | (Form 1065) | | | |
| | | | | sections 512- | | 1 | | | | | | |
| | | 1 1 | | 514) | | 1 | L | | | L | | |
| | | | | , | | 1 | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
|---------------------------|------------------|-------------------|--------------------|----------------|----------------|---------------|------------|-------------|----|
| Name, address, and EIN of | Primary activity | Legal | Direct controlling | Type of entity | Share of total | Share of end- | Percentage | Section 512 | |
| related organization | | domicile | entity | (C corp, S | ıncome | of-year | ownership | (b)(13) | |
| | | (state or foreign | | corp, | | assets | | controlled | |
| | | country) | | or trust) | | | | entity? | |
| | | | | | | | | Yes | No |
| | | | | | | | | | |

| Part V Transactions With Related Organizations Complete if the organization answ | ered "Yes" on Forn | n 990 Part IV line | - 34 35h or 36 | | age J |
|---|----------------------------------|------------------------|--|---------|--------------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | ered res on rom | 11 330, 1 410 10, 1110 | 2 3 1, 335, 01 30. | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more re | elated organizations li | isted in Parts II-IV2 | | + | + |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | erated organizations in | isted iii Farts 11-1 v | 1a | | No |
| | | | 1b | Yes | |
| | | | 1c | | No |
| c Gift, grant, or capital contribution from related organization(s) | | | 1d | | No |
| d Loans or loan guarantees to or for related organization(s) | | | 1e | 1 | No |
| e Loans or loan guarantees by related organization(s) | | | 16 | 1 | 140 |
| f Dividends from related organization(s) | | | 1f | | No |
| g Sale of assets to related organization(s) | | | 1g | | No |
| h Purchase of assets from related organization(s) | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | <u>1j</u> | | No |
| | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | | 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | 1m | 1 | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1n | Yes | |
| • Sharing of paid employees with related organization(s) | | | 10 | Yes | |
| | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | 1p | | No |
| q Reimbursement paid by related organization(s) for expenses | | | 1 q | Yes | |
| | | | | | |
| r Other 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 If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including co | overed relationships | and transaction thresholds | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount | ınvolve | d |
| | 1 | 1 | | | |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) |
|----------------------------------|------------------|-----------|---------------|------------------|----------|--|-----------------|--------------|------------|------------|
| Name, address, and EIN of entity | Primary activity | / Legal | Predominant | Are all partners | Share of | Share of | Disproprtionate | e Code V-UBI | General or | Percentage |
| 1 | 1 | domicile | ıncome | section | total | end-of-year | allocations? | amount in | managing | ownership |
| 1 | 1 | (state or | (related, | 501(c)(3) | ıncome | assets | 1 | box 20 | partner? | ' ' |
| 1 | 1 | foreign | unrelated, | organizations? | | 1 | 1 | of Schedule | 1 | , |
| 1 | 1 | country) | excluded from | 1 | | 1 | 1 | K-1 | 1 | · |
| 1 | 1 | 1 " | tax under | 1 | | 1 | 1 | (Form 1065) | 1 | 1 |
| 1 | 1 | 1 | sections 512- | 1 | | 1 | 1 | ' ' ' | 1 | |
| 1 | 1 | 1 | 514) | $\overline{}$ | \neg | , | | ⊣ ' | | + |
| | 1 | 1 | 1 ' ' | Yes No | | ' | Yes N | No | Yes No | 7 |
| 1 | <u> </u> | | 1 | $\overline{}$ | + | | | | | _ |
| / | | . | <u> </u> | | | | | | | |

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Part VII Supplemental Information

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

Return Reference Explanation

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