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DLN: 93493317063375

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{\textit{www.IRS.gov/form990}}$

OMB No 1545-0047

A For	the	2014 cale	endar year, or tax year begi	nning 01-01-2014 , and ending 1	12-31-2014				
_		pplicable	C Name of organization THE TRANSLATIONAL GENOMIC	CS RESEARCH INSTITUTE			D Emp	loyer ide	ntification number
Addr		-	% DAVID LAVERGNE				75-3	306544	5
│ Nam		_	Doing business as						
Initia		rn	Number and street (or P.O. bo	x if mail is not delivered to street address	e) Room/suit		E Telep	hone num	ber
Final retur		mınated	445 N 5TH STREET	A II Mail is not delivered to street address	5) ROOM, Suit	C	(602	2)343-8	400
Ame	nded	return	City or town, state or province	, country, and ZIP or foreign postal code					
Appli	ıcatıor	n pending	PHOENIX, AZ 85004				G Gross	receipts s	86,632,843
			F Name and address o			H(a) Is t	- hıs a grou	ıp return	
			JEFFREY M TRENT PHO 445 N 5TH STREET SU			sub	ordinates	?	Γ Yes Γ No
			PHOENIX,AZ 85004			H(b) Are	all subore	dınates	┌ Yes ┌ No
. Tov		ant status					uded?		/
		npt status) ◀ (insert no) 4947(a)(1) or	527	11 "	No," attac	n a list	(see instructions)
J We	bsite	e: 🕨 WW	WTGEN ORG			H(c) Gro	up exemp	ption nui	mber ►
K Form	of or	ganızatıon	Corporation Trust Asso	ociation Other 🕨	•	L Year of t	ormation 2	2002 M	State of legal domicile Az
Par	tΙ	Sum	mary						
				nission or most significant activiti	es				
		SEE SCF	IEDULE O						
ĕ									
Governance									
§	2	Check th	is box 🕶 if the organization	on discontinued its operations or o	disposed of	more than	25% of it	ts net as	sets
	3	Number	of voting members of the go	verning body (Part VI, line 1a)				3	1:
<u>ကို</u>				pers of the governing body (Part V				4	1:
Ě				d ın calendar year 2014 (Part V,				5	349
Activities &	6	Total nur	mber of volunteers (estimat	e if necessary)				6	8!
"	7a ⁻	Total unr	elated business revenue fr	om Part VIII, column (C), line 12				7a	-8,333
	b	Net unre	lated business taxable inco	me from Form 990-T, line 34 .				7b	-600,345
						Pri	or Year		Current Year
	8	Contril	butions and grants (Part VI	ons and grants (Part VIII, line 1h)			25,261	.,567	15,937,701
1	9	Progra	m service revenue (Part VI	II, line 2g)			23,328	,457	17,307,268
Rayenue	10			lumn (A), lines 3, 4, and 7d) .			16,761	.,926	49,382,196
	11		•	(A), lines 5, 6d, 8c, 9c, 10c, and	•		1,170	,902	1,618,401
	12		_	h 11 (must equal Part VIII, colun			66,522	2,852	84,245,566
	13			Part IX, column (A), lines 1–3)				0	0
	14			art IX, column (A), line 4)				0	C
	15			ployee benefits (Part IX, column (A), lines		26,747	949	25,596,001
8		5-10)					20,717		
Expenses	16a			t IX, column (A), line 11e)				0	C
置	b	Total fui	ndraising expenses (Part IX, colur	nn (D), line 25) ► <u>0</u>					
	17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24e) .			31,046	,486	30,799,882
	18		· ·	(must equal Part IX, column (A),	=		57,794		56,395,883
	19	Reven	ue less expenses Subtract	line 18 from line 12	<u> </u>	1	8,728		27,849,683
Net Assets or Fund Balances						_	ng of Curr Year	ent	End of Year
2 to 1	20	Totala	assets (Part X, line 16)				48,515	,458	78,134,333
₹ <u>₽</u>	21						16,101		19,850,175
2ª	22			ract line 21 from line 20			32,413	3,623	58,284,158
Part	ш	Sign	ature Block						
my kno prepar	owled	dge and bas any kr	pelief, it is true, correct, and nowledge	e examined this return, including a complete Declaration of prepare		an officer) is	s based o 2015-11-11	n all info	
Sign		'	ture of officer				Date		
Here			SA BURLESON COO or print name and title						
		17	rint/Type preparer's name	Preparer's signature	l Da	ite Cr	neck 🗀 ıf	PTIN	
Paid		В	RENDA GRIESEMER	BRÉNDA GRÍESEMER		se	lf-employed	Dooge.	1669
Prep			ırm's name 🕨 ERNST & YOUNG	US LLP		Fı	m's EIN 🟲		
Piep		-	ırm's address 🟲 TWO NORTH CEN	TRAL AVENUE STE 2300		0+	one no (60	121 222-2i	200

PHOENIX, AZ 85004

Use Only

□Yes □No

Form	1990 (2014)					Page 2					
Par					ш	٠					
1	Briefly describe t	he organization's missio	n								
SEE	SCHEDULE O										
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III											
2					r which were not listed on						
	If "Yes," describe these new services on Schedule O										
3	_	_ ·	_	_	onducts, any program						
	If "Yes," describe	these changes on Sche	dule O								
4	expenses Section	n 501(c)(3) and 501(c)(4) organizations	are required to repo							
4a	(Code) (Expenses \$	10,397,339	ıncludıng grants of \$	0) (Revenue \$	5,650,797)					
	Integrated Cancer G	enomics Division - SEE SCHEE	OULE O								
4b	(Code) (Expenses \$	6,846,387	ıncludıng grants of \$	0) (Revenue \$	1,707,995)					
	Neurogenomics Divis	sion - SEE SCHEDULE O									
4c	(Code) (Expenses \$	11,126,899	ıncludıng grants of \$	0) (Revenue \$	792,334)					
	Genotyping Technolo	ogy Center - SEE SCHEDULE C)								
4d	Other program s	ervices (Describe in Sch	edule O)								
	(Expenses \$	5,381,552 in	cluding grants o	f\$	0)(Revenue \$	10,782,876)					
4e	Total program se	rvice expenses 🗠	33,752,177								
						Form 990 (2014)					

art IV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
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	Yes	
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?	20h		

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		No
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		
С	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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

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>
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 38		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	i	١,,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	Yes	
-Tu	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
7	Organizations that may receive deductible contributions under section 170(c).	 _		NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
Ī	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		_
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		140

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

Se	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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
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		No
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	ıe Cod	e.)
Se		evenu	<i>le Cod</i> Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official O ther officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

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, AR 85004 (602) 343-8799

Form 990 (2014)	
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age 7	7
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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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
--	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

c Total from continuation sheets to Part VII, Section A			_	Sub-Total
■ C 202 40E				Total from continuation sheets to Part VII, Section A
d lotal (add lines 1b and 1c)	532,208	0	6,393,405	Total (add lines 1b and 1c)

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

			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	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
FIRSTSTRATEGIC, 300 W CLARENDON AVENUE SUITE 460 PHOENIX, AZ 85013	CONSULTING SERVICES	198,000
CANCER RESEARCH AND BIOSTATISTICS, 1730 MINOR AVENUE SUITE 1900 SEATTLE, WA 981011468	RESEARCH SERVICES	190,821
TECH66 LLC, 4557 E VIA LOS CABALLOS PHOENIX, AZ 850286141	CONSULTING SERVICES	181,625
POLSINELLI PC, PO BOX 878681 KANSAS CITY, MO 641878681	LEGAL SERVICES	100,990

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 ▶4

Form 99		•						Page S
Part \	ЛΠ	Statement of Check of Sched	of Revenue ule O contains a respoi	nse or note to any lir	ne in this Part VIII			
		CHECK II SCHOOL	uic o contums a respon	isc of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u 2	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes 1b					
9 E	_c	Fundraising ev	ents 1c	0				
Giffs, ilar A	d	Related organiz		4,427,718				
<u>:</u> :∃								
ış, iğ	e	Government grant	is (contributions) 1e	6,628,537				
音光	f	All other contribute	ons, gifts, grants, and 1f ot included above	4,881,446				
Contributions, and Other Sim	و ا	Noncash contributi	ons included in lines	1,868,838		ŀ		
탈		1a-1f \$			45.007.704			
<u>ප</u>	h	Total. Add line:	s 1 a - 1 f		15,937,701			
<u>9</u>				Business Code				
Program Serwce Revenue	2a	RESEARCH CONTR	RACTS	541711	17,307,268	17,307,268	0	(
æ	Ь							
9 2	c							
že Z	d							
2	e							
<u>≏</u>	f	All other progra	am service revenue					
နို	ا و	Total. Add line	s 2a-2f		17,307,268			
	3		come (including dividen					
		and other simil	ar amounts)		154,921			154,921
	4	Income from inves	stment of tax-exempt bond	proceeds -	0			
	5	Royalties .			0			
	1 _		(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental inco	me or (loss)		0			
			(ı) Securities	(п) O ther				
	7a	Gross amount from sales of		51,614,552				
		assets other than inventory						
	Ь	Less cost or other basis and		2 207 277				
		sales expenses		2,387,277				
	C	Gain or (loss)		49,227,275				40.000.000
	d		ss)	· · · · •	49,227,275			49,227,275
	8a	Gross income f events (not inc						
n e		\$						
₹		of contributions See Part IV, lir	s reported on line 1c)					
é		See raiciv, iii	a a					
<u></u>	Ь	Less direct ex	penses b					
Other Revenue	c		(loss) from fundraising	events 🛌	0		<u></u>	
~	9a		from gaming activities					
		See Part IV, lir	ne 19 a					
	Ь	less directev	penses b					
	c		(loss) from gaming acti		0			
		Gross sales of						
		returns and allo	owances .					
	.		a					
	b	_	oods sold b	L antory	0			
	С	Miscellaneou	(loss) from sales of inv	entory				
	11a	JOINT VENTU		900099	379,755		379,755	
		SERVICES RE						
	ь	K-1 PARTNER	SHIP FLOW	900099	-388,088	0	-388,088	
		THROUGH REV		900099	1,626,734	1,626,734	0	C
	C	ALL OTHER RE		900099	1,020,734	1,020,734	0	
	d		ue					
	e	Total. Add lines		· · · •	1,618,401			
	12	Total revenue.	See Instructions .	🕨	84,245,566	18,934,002	-8,333	49,382,196

orm !	990 (2014)				Page 10
Part	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	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	0	0		
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	4,610,620	1,752,036	2,858,584	0
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	18,299,817	9,149,908	9,149,909	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	614,405	294,914	319,491	0
9	Other employee benefits	699,475	335,748	363,727	0
10	Payroll taxes	1,371,684	658,408	713,276	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	592,182	0	592,182	0
c	Accounting	358,992	0	358,992	0
d	Lobbying	118,800	118,800	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)	7,079,666	5,663,733	1,415,933	
12	Advertising and promotion	27,319	0	27,319	0
13	Office expenses	8,012,196	6,009,147	2,003,049	0
14	Information technology	1,682,274	841,137	841,137	0
15	Royalties	0	0	0	0
16	Occupancy	5,921,219	4,440,914	1,480,305	0
17	Travel	430,820	172,328	258,492	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	243,283	97,313	145,970	0
20	Interest	34,376		34,376	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,216,729	3,912,547	1,304,182	0
23	Insurance	424,859	42,486	382,373	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 & SUBSCRIPTIONS	102,057	40,823	61,234	0
b	SEMINARS & EDUCATION	90,526	36,102	54,424	0
c	RELOCATION	53,776	21,510	32,266	0
d	RECRUITMENT	47,700	19,080	28,620	0
е	All other expenses	363,108	145,243	217,865	
25	Total functional expenses. Add lines 1 through 24e	56,395,883	33,752,177	22,643,706	0
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)				

Part X Balance Sheet

Ра	rt X	Check if Schedule O contains a response or note to any line in	thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,269,231	1	24,631,525
	2	Savings and temporary cash investments		5,387,283	2	7,600,747	
	3	Pledges and grants receivable, net			3,724,063	3	3,525,069
	4	Accounts receivable, net			51,075	4	1,037,099
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers			0
Š	,	Notes and leans resourchle, not			0	<u> </u>	
Ą	8	Notes and loans receivable, net			0		
	9	Prepaid expenses and deferred charges			680,217	⊢	2,029,667
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		38,055,907	,	-	2,020,007
	Ь	Less accumulated depreciation	10b	29,827,236	10,181,762	10c	8,228,671
	11	Investments—publicly traded securities		<u> </u>	0	\vdash	0
	12	Investments—other securities See Part IV, line 11		0		0	
	13	Investments—program-related See Part IV, line 11		1,971,302		24,849,594	
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			8,250,525		6,231,961
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			48,515,458	\vdash	78,134,333
	17	Accounts payable and accrued expenses			4,449,211		5,949,564
	18	Grants payable			0	H	0
	19	Deferred revenue			9,541,785		10,380,601
	20	Tax-exempt bond liabilities			0		0
_	21	Escrow or custodial account liability Complete Part IV of Sch		0		0	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors, tr				<u>_</u>
æ		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	es .		1,221,227	23	1,767,395
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	f Schedule	000.040		4 750 045	
		D	889,612		1,752,615		
	26	Total liabilities. Add lines 17 through 25			16,101,835	26	19,850,175
ř	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			21,497,379	27	49,744,801
<u>ರ</u>			10,916,244	\vdash	8,539,357		
ă	28	Temporarily restricted net assets					
Ĭ	29	Permanently restricted net assets			0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check be complete lines 30 through 34.	nere ►	and			
Ş	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ď	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances	•		32,413,623	33	58,284,158
	34	Total liabilities and net assets/fund balances			48,515,458	34	78,134,333

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
		Check if Schedule & Contains a response of note to any line in this Fatt XI	$\overset{\cdot}{ o}$			
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		84,2	245,566
2	Total	expenses (must equal Part IX, column (A), line 25)	2		56,3	395,883
3	Rever	ue less expenses Subtract line 2 from line 1	3		27,8	349,683
4	Neta	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,4	113,623
5	Netu	realized gains (losses) on investments	5		-2,3	367,236
6		ed services and use of facilities	6			
7	Inves	ment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9		3	388,088
	colum		10		58,2	284,158
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>	• •	· ·	<u>. </u>
					Yes	No
1		nting method used to prepare the Form 990 Cash 🗸 Accrual Otherorganization changed its method of accounting from a prior year or checked "Other," explain in ule O				
2a	Were	he organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		,' check a box below to indicate whether the financial statements for the year were compiled or review irate basis, consolidated basis, or both	ved on			
	Γs	eparate basis				
b	Were	he organization's financial statements audited by an independent accountant?		2b	Yes	
		,' check a box below to indicate whether the financial statements for the year were audited on a sepai consolidated basis, or both	ate			
	Γs	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	c of the	2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain in ule O				
	Single	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	!	За	Yes	
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: **Software Version:**

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

No. No.	Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, Higl	nest	
Control Fig. 2 Cont	(A)	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
March Marc		for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130/	2,1033 111307	related
DAME MINER 10	` '		х						0	0	0
Company Comp	BOARD MEMBER	0 0									
20 Shored Heinber	(-,		x						0	0	o
Second Hember											
30 Bosed Member Scenaries			Х						0	0	0
South Hember Sout	(3) Bennett Dorrance	1 0	,,		,,						
SOURCE MEMBER (TIRLU) 2749 0	Board Member/Secretary		X		×				0	0	0
Design D	` '		×						0	0	0
Desire Permiser Co	BOARD MEMBER (THRU 2/14)	0 0									
For Development For Development For Development Developmen			х						0	0	o
Board Member 0 0 0 0 0 0 0 0 0 0											
Decord Member			X						0	0	0
Board Member	, ,		v						0	0	0
Name	Board Member	0 0	^						Ů		
Common C	` ' '		х		х				0	0	О
March Marc											
Col Rehard Silverman			х		Х				0	0	О
Board Member									_		
Marchemer Marc			X						0	0	0
Board Member			×						0	0	0
Name	Board Member										
Table Tabl			х		х				1,295,334	0	120,337
Chief Operating Officer		_									
X 264,145 0 18,448					Х				764,367	0	67,475
Chief Financial Officer	` '				х				264.145	0	18 448
Deputy Director of Research	Chief Financial Officer	1 0			<u> </u>				251,215		10,110
Comparison						х			386,107	0	19,442
Deputy Director of Sciences 0 0 0	_ , ,	_									
Deputy Director of Informatics						Х			500,526	0	70,562
Deputy Director of Informatics	` '					V			512 177	0	70.049
X 201,561 0 9,405	Deputy Director of Informatics	0 0							312,177		70,049
Comparison Com	* *					х			201,561	0	9,405
X 686,403 0 66,888											
(20) Patrick Smith 40 0 X 624,185 0 8,942 VP, Corporate Development 0 0 X 294,428 0 18,063 General Counsel 0 0 X 294,428 0 18,063 General Counsel 0 0 X 233,725 0 10,077 Professor 0 0 X 233,725 0 10,077 (23) David Duggan 40 0 X 227,415 0 21,853 Associate Professor 0 0 X 227,415 0 21,853 (24) Manuel Estrada 40 0 X 220,702 0 14,143						Х			686,403	0	66,888
VP, Corporate Development 0 0 1 2 (21) Stephanie A McRae 40 0 X 294,428 0 18,063 General Counsel 0 0 X 294,428 0 18,063 (22) Johanna Distefano 40 0 X 233,725 0 10,077 Professor 0 0 X 233,725 0 10,077 (23) David Duggan 40 0 X 227,415 0 21,853 Associate Professor 0 0 X 227,415 0 21,853 (24) Manuel Estrada 40 0 X 220,702 0 14,143											
X 294,428 0 18,063							X		624,185	0	8,942
General Counsel 0 0 200 300	• • •						x		294,428	0	18,063
X 233,725 0 10,077	General Counsel	0 0		<u> </u>		_	<u> </u>	_			
(23) David Duggan 40 0	`						x		233,725	0	10,077
Associate Professor 0 0 Image: Control of the control											
(24) Manuel Estrada 40 0 X 220,702 0 14,143							X		227,415	0	21,853
							Y		220 702	0	14 143
									220,702		17,173

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit the position of the person and individual trustice or director	ion (d nan o n is b	ne booth a ctor/	ox, u an of /trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) James Harris Vice President, Business Dev	0 0						Х	182,330	0	16,524

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317063375

Employer identification number

LN: 93493317063375

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE											
							75-3065445				
Pai	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	part.) See instruction	ns.			
		zation is not a private fo									
1	Г	A church, convention									
2	<u></u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	,		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ė	A medical research or		_). Enter the			
•	,	hospital's name, city,		stated in conjunction v	vien a nospitar a	, Lincol the					
5	Γ			nefit of a college or uni	university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)	(iv). (Complet	e Part II)							
6	\sqcap	A federal, state, or loc	al government	t or governmental unit	described in s e	ection 170(b)(1	l)(A)(v).				
7	~	An organization that n	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the g	jeneral public			
	_	described in section 1				.L TT \					
8	<u> </u>	A community trust des					h	face and grace			
9	'	An organization that n									
		receipts from activitie									
		its support from gross						Dusinesses			
4.0	_	acquired by the organi		•			•				
10	<u> </u>	An organization organ	· ·		•	· ·					
11	J	An organization organ one or more publicly s									
		the box in lines 11a th									
а	Γ	Type I. A supporting o									
						ty of the direct	ectors or trustees of the supporting				
	_	organization You mus	-				upported organization(s), by having control				
D	,	management of the su	_				=	=			
		must complete Part IV			sume persons t	nac control of h	nanage the supported	organization(5) Tou			
C	\sqcap	Type III functionally	•		n operated in c	onnection with,	and functionally inte	grated with, its			
	_	supported organization									
d	ı	Type III non-function									
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement			
e	Г	Check this box if the c					s a Type I, Type II, T	ype III functionally			
	•	integrated, or Type III					,, , ,, ,	,			
f		Enter the number of su	upported orgar	nizations							
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)						
				т	1			Γ			
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	•	(v) A mount of	(vi) Amount of			
		organization		organization (described on lines	listed in your		monetary support (see instructions)	other support (see instructions)			
				1- 9 above or IRC	document?		(see ilistractions)	instructions)			
				section (see							
				instructions))							
					Yes	No					
Total											

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 55,961,459 27,781,232 2,315,103 25,261,567 15,937,701 127,257,062 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 55,961,459 27,781,232 2,315,103 25,261,567 15,937,701 127,257,062 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 26,217,985 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 101,039,077 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 55,961,459 27,781,232 2,315,103 25,261,567 15,937,701 Amounts from line 4 127,257,062 Gross income from interest, dividends, payments received on securities loans, rents, royalties 329,668 20,014 1,668 175,334 154,921 681,605 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 127,938,667 through 10 12 Gross receipts from related activities, etc (see instructions) 96,050,028 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 78 975 % Public support percentage for 2013 Schedule A, Part II, line 14 15 78 643 % 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 this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

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.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

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	1 Amounts paid to supported organizations to accomplish exempt purposes					
2 A mounts 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						
	Qualified set-aside amounts (prior IRS approval required)					
6 Other distributions (describe in Part VI) See instru						
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						
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

DLN: 93493317063375

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Internal Revenue Service www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

		rganization is exempt under section 501(c)(3) and has left election under section 501(h)).	NOT			<u> P</u>	age 3
	-		(6	a)		(b)	
For e	·	gh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Aı	nour	nt
1		anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,					
а	Volunteers?			Νo			
b	Paid staff or management (includ	le compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?			Νo			0
d	Mailings to members, legislators	, or the public?		Νo			0
е	Publications, or published or bro	adcast statements?		Νo			0
f	Grants to other organizations for	lobbying purposes?		Νo			0
g	Direct contact with legislators, t	heir staffs, government officials, or a legislative body?		Νo			0
h	Rallies, demonstrations, seminai	rs, conventions, speeches, lectures, or any similar means?		Νo			0
i	O ther activities?		Yes			11	18,800
j	Total Add lines 1c through 1i		1			1:	18,800
2a b		the organization to be not described in section 501(c)(3)? tax incurred under section 4912		No			
c		tax incurred by organization managers under section 4912	ı				
d		a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the or 501(c)(6).	rganization is exempt under section 501(c)(4), section	501(c)(5), o			n
_					-	Yes	No
1	, ,	nore) dues received nondeductible by members?			1		
2	_	n-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		
3		ry over lobbying and political expenditures from the prior year?		\ <u> </u>	3		<u> </u>
Pa		rganization is exempt under section 501(c)(4), section beither (a) BOTH Part III-A, lines 1 and 2, are answered " d "Yes."					
1	Dues, assessments and similar		1				
2	Section 162(e) nondeductible lo expenses for which the section 5	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in se	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to ca	ount on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and					
5	political expenditure next year?	political expenditures (see instructions)	5				
_							
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground 1 Also, complete this part for any additional information	up list),	Part II	-A , lın	es 1	and
	Return Reference	Explanation					
SCH	EDULE C, PART II-B, LINE 1I	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) (COMMUNICATIONS AND PUBLIC AFFAIRS FIRM TO COORDINATE BEHALF OF TGEN THROUGH COMMUNICATION TO LOCAL GOVER FEDERAL OFFICIALS AND COMMUNITY LEADERS ON TGEN ACTIV	LOBBY NMENT	ING EF	FORT	s o	

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493317063375

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table It	Part	Organizations Maintaining Co	ollections of Art,	Histori	cal Tr	easu	res, or O	ther	Similar As	sets (continued)
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive denations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3		ion, and other records	s, check	any of t	he follo	owing that a	ire a s	significant use	of its	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance C Beginning balance Id Additions during the year Ie Ending balance Distributions during the year In Ending balance Distributions during the year In Ending balance Amount Yes Amount Yes Amount Id C Additions during the year Id C Distributions during the year In Ending balance Active Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 20 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part IV, line 10. 20 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. C Net investment earnings, gains, and losses 94,127 456,554 53,539 6,331,023 6,6 d Grants or scholarships	а	Public exhibition		d Γ	Loan	or exch	nange progr	ams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance 1	b	Scholarly research		е Г	Other	-					
During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Yes Part IV lies Part IV li	c	Preservation for future generations									
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Septically the part XIII Check here if the explanation has been provided in Part XIII. Septically the organization answered "Yes" to Form 990, Part IV, line 10. 2a Did the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization answered "Yes" to Form 990, Part XIII. Septically the organization of the organization answered "Yes" to Form 990, Part XIII. Septically the organization of Sept	4		ollections and explain	n how the	y furthe	r the o	rganızatıon	's exe	mpt purpose	n	
Part IV Inc 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes If Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Id Id Id Id Id Id Id If Ending balance If Id Id Id Id Id Id Id	5									-	–
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Finding balance b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	Dar										No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1e Inding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Inding balance 2b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Inding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Inding balance 2b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Inding balance 2a Did the organization include an amount on Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part IV, line 10. 2b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 2a Did the organization include an amount on Form 990, Part IV, line 10. 2a Did the organizations in the part XIII Check here if the explanation has been provided in Part XIII. 2b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 2c Ness Indiana Arrangement in Part XIII the intended uses of the organization is endowment that are held and administered for the organization by Indiana I	T.C.II						i aliswelet	u 10	3 (0 (0))	,50,	
Additions during the year Additional during the ye	1a		dian or other intermed	liary for d	ontribu	tions o	r other ass	ets no		┌ Yes	□ No
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Contrib	b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	able		_				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 8 Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 8 Beginning of year balance 9 (a) Current year (b) Prior year (b) Prior year (c) Contributions (c) Net investment earnings, gains, and losses (d) Hive years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e							-	-	An	nount	
Ending balance Distributions during the year Ending balance Inf	_						-				
Did the organization include an amount on Form 990, Part X, line 21, for escribe or custodial account liability?		,					<u> </u>				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Fire Form 990, Part XIII Check here if the explanation has been provided in Part XIII Fire Form 990, Part IV, line 10.							-				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete Section		•	000 5 127	24.6			L				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete Complete	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow o	rcusto	odial accour	nt liab	oility?	Yes	□ No
(a)Current year (b)Pror year b (c)Two years back (d)Three years back (e)Four years	ь									<u> </u>	<u> </u>
Beginning of year balance	Pa	TEV Endowment Funds. Complete								(e)Four	vears hack
b Contributions	1a	Beginning of year balance				D (C) W				(C) our	6,676,003
d Grants or scholarships	ь										
e Other expenditures for facilities and programs	c	Net investment earnings, gains, and losses	94,127		456,554		53,629		643,547		550,880
and programs	d	Grants or scholarships									
g End of year balance	е	and programs	522,692		536,604		35,162		421,940		894,960
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment 100 000 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	•	6 062 202		401-047		6 571 007		6 552 520		6 221 022
a Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted endowment ► 100 000 % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	_	•	· · l						6,553,530		6,331,923
b Permanent endowment ► c Temporarily restricted endowment ► 100 000 % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	•	rent year end balance	e (line 1g	, colum	n (a)) h	neld as				
Temporarily restricted endowment ▶ 100 000 % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment 🗠									
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b										
organization by (i) unrelated organizations	С	remporarily restricted endowment F									
(i) unrelated organizations	3a	•	ssion of the organizat	on that	are held	d and a	dmınıstered	for t	he		T
(ii) related organizations						_	_	_	3a/		No No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?											No
	b				dule R?	٠	·	٠. ٠			
Part VI Land Buildings and Equipment Complete if the organization answered 'Ves' to Form 990 Part IV line	4	Describe in Part XIII the intended uses of t	he organization's endo	owment f	unds						
11a. See Form 990, Part X, line 10.	Par			ie orgar	ıızatıor	n answ	ered 'Yes	' to F	orm 990, Pa	rt IV, l	line
										(d) E	Book value
1a Land	1a	Land								\top	
b Buildings	b	Buildings						\neg		1	
							5,332	,890	2,363,87	′3	2,969,017
d Equipment	d	Equipment		. \square			29,533	,041	24,465,12	27	5,067,914
								,976		36	191,740
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 8,22	Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X,	column (B), line	10(c).)			<u> ▶ </u>		8,228,671

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 110
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation
(1) = 0.017 (1) (1) (1) (1) (1)	1 22 4 22 4	Cost or end-of-year market value
(1) EQUITY INVESTMENT IN TD2	1,894,881	F
(2) EQUITY INVESTMENT IN PMED	22,954,713	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	24,849,594	
·		Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
(1) DUE FROM TGEN FOUNDATION		4,360,312
(2) IN-KIND DONATED ASSETS		906,759
(3) INVESTMENT IN 457(B) PLAN		964,890
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	. ▶ 6,231,961
Part X Other Liabilities. Complete if the org		
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
DUE TO EMPLOYEE 457(B) PLAN	964,890	
CAPITAL LEASE OBLIGATION	787,725	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,752,615	
		organization's financial statements that reports the

Pari		wered 'Yes' to Form 990, Part IV, line 1		with Revenue p	er ke	turn Complete if
1		er support per audited financial statements			1	
2	Amounts included on line 1 be	ut not on Form 990, Part VIII, line 12				
а		on investments	2a			
b	Donated services and use of	facilities	2b		1	
c		:s	2c		1	
d)	2d		1	
e	Add lines 2a through 2d	·			2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
ь	·)	4b		1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12).		5	
Part		xpenses per Audited Financial Sta			per	Return. Complete
	ıf the organization ar	nswered 'Yes' to Form 990, Part IV, line	12a.			
1	Total expenses and losses pe	r audited financial statements			1	
2	Amounts included on line 1 bu	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII))	2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII))	4b			
C	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lin	e 18) .		5	
Part	XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
SCHE	DULE D, PART V, LINE 4	TGen's policy for appropriating the distributes designed to support a specific number of support a specific number of support and support a specific number of support and sup	ummer inte	erns each year for th		
SCHE	DULE D, PART X, LINE 2	Management is of the opinion that substan related to their exempt purposes, and no me recorded in the accompanying consolidate TGen and the Foundation file Forms 990 in state of Arizona TAX FILINGS FOR 2011 HOWEVER, THE INSTITUTE HAS NOT B	tially all of naterial und d financial i the US fo THROUGI	TGens and the Four certain tax positions statements at Dece ederal jurisdiction ar 1 2014 ARE SUBJE	have be mber 3 nd com CT TO	peen Identified or 11, 2014 or 2013 parable forms In the EXAMINATION,

Jenedale 2 (1 31111 33 3) 23 13		1 age 5				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

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THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

As Filed Data -

DLN: 93493317063375

OMB No 1545-0047

Employer identification number

75-3065445

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public **Inspection**

Part I General Information "Yes" to Form 990, Part 100,			he United States. C	omplete if the organiza	ation answered
For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a content.	organızatıon m antees' elıgıbılı	aıntaın record ty for the grai	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3 Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific		-	Program services	RESEARCH SERVICES	48,231
(2) East Asia and the Pacific			Program services	SOFTWARE SERVICES	1,890
(3) Europe (Including Iceland and Greenland)			Program services	RESEARCH SERVICES	174,950
(4) South Asia			Program services	SOFTWARE SERVICES	107,024
(5) North America			Program Services	RESEARCH SERVICES	27,496
3a Sub-total b Total from continuation sheets to Part I					359,591
c Totals (add lines 3a and 3b)					359,591
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2014

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	3		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total nun	nber of other or	ganizations or ent	ities					

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

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

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	▽	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	F	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	[~	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

DLN: 93493317063375

OMB No 1545-0047

Schedule J (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

75-3065445 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract ~ Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Also complete this part for any additional information

rise delipiete cine pare ior arry dudicie	so complete this pare for any additional morning to						
Return Reference	Explanation						
	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						
	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						
	DEFERRED COMPENSATION INCLUDES RETENTION AGREEMENTS FOR THE PRESIDENT AND CHIEF SCIENTIFIC OFFICER (DR JEFFREY TRENT), THE CHIEF OPERATING OFFICER (TERESA BURLESON), EXECUTIVE VICE PRESIDENT (DANIEL VON HOFF) AND TWO DEPUTY DIRECTORS (JOHN CARPTEN AND DAVID CRAIG) DR TRENT IS ELIGIBLE TO RECEIVE \$500,000 ON 03/12/2017, TERESA BURLESON IS ELIGIBLE TO RECEIVE \$250,000 ON 11/30/2015, AND THE DEPUTY DIRECTORS ARE ELIGIBLE TO RECEIVE \$192,000 EACH ON 11/30/2015 PAYABLE BY TGEN AMOUNTS ACCRUED BY TGEN DURING CALENDAR YEAR 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 DANIEL VON HOFF \$50,000 JOHN CARPTEN \$50,000 DAVID CRAIG \$50,000						

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title (B) Breakdown of W-			W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
	Compensation incentive re		(iii) Other reportable compensation	reportable compensation		(B)(ı)-(D)	column (B) reported as deferred in prior Form 990	
1 Jeffrey M Trent PhD, BOARD MEMBER/PRES/SCIENCE DIR	(I) (II)	911,776 0	350,000	33,558 0	110,400	9,937 0	1,415,671 0	o 0
Teresa Burleson, Chief	(I)	402,080	361,352	935	60,400	7,075	831,842	0
Operating Officer	(II)	0	0	0	0	0	0	0
2 Charles K Coleson, Chief	(I)	2 4 5,076	15,000	4,069	10,400	8,048	282,593	0
Financial Officer	(II)	0	0	0	0	0	0	
3 Michael Berens, Deputy	(I)	300,634	63,792	21,681	10,400	9,042	405,549	0
Director of Research	(II)	0	0	0	0	0	0	0
4 John Carpten, Deputy	(I)	309,100	190,441	985	60,400	10,162	571,088	0
Director of Sciences	(II)	0	0	0	0	0	0	0
5 David Craig, Deputy	(I)	266,813	244,759	605	60,400	9,649	582,226	0
Director of Informatics	(II)	0	0	0	0	0	0	0
6 James Lowey, Vice	(1)	185,791	15,000	770	8,056	1,349	210,966	0
President, Technology	(11)	0	0	0	0	0	0	
7 Patrick Smith, VP,	(I)	273,330	350,221	634	0	8,942	633,127	0
Corporate Development	(II)	0	0	0		0	0	0
8 Stephanie A McRae,	(I)	231,869	43,989	18,570	10,400	7,663	312,491	0
General Counsel	(II)	0	0	0	0	0	0	0
9 Johanna Distefano,	(I)	231,358	1,500	867	9,344	733	243,802	0
Professor	(II)	0	0	0	0	0	0	
10 David Duggan,	(I)	216,567	10,000	848	9,504	12,349	249,268	0
Associate Professor	(II)	0	0	0	0	0	0	0
11 Manuel Estrada, Vice	(I)	187,778	32,500	424	5,908	8,235	234,845	0
President, Finance	(II)	0	0	0	0	0	0	0
12 James Harris, Vice President, Business Dev	(I) (II)	155,914 0	6,000 0	20,416 0	7,536 0	8,988 0	198,854 0	 0 0
13 DANIEL VON HOFF, EXECUTIVE VICE PRESIDENT	(I) (II)	616,210 0	62,280 0	7,913 0	60,400 0	0	746,803 0	0

DLN: 93493317063375

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Name of the or	rganization NAL GENOMICS RE	CEADOU INCTIT	т				E	mploy	er ident	ificatio	n numbe	r
THE TRANSLATION	VAL GENOMICS RE	SEARCH INSTITU	JIE				7	5-30	65445			
Part I Exc	ess Benefit	Transacti	ons (section	n 501(c)(3), s	section 501(c)(4), and 501				only)		
	plete if the orga										40b	
1 (a) Nam	ne of disqualifie	d person		hıp between d		(c) Desc	ription	of tra	nsaction	· L	rected?	
			persor	and organiza	ition						Yes	No
4958. 3 Enter the Part II Loans to a Complete if th	amount of tax II amount of tax, II nd/or From IE organization Mount on Form	Intereste		imbursed by solutions.	the organizati	on		 	▶ \$		anızatıor	n
(a) Name of interested person	(b) Relations with organizat		e of or from	(d) Loan to or from the organization?		(f) Balance due	ce (g) In (h) default? Approv by board		ved d or	(i)Wrı agreen		
			То	From			Yes	No	Yes	No	Yes	No
	ants or Assi mplete if the nterested (n answere	d "Yes" on F				ıstanc	e (e)) Purpo:	se of ass	istance

(1) TECH66 LLC WILLIAM BURLESON

Νo

Part IV	Business Transactions I	nvolving Interested	l Persons.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Na	ame of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sh of organiz reveni	: zatıon's			
					Yes	No			

SPOUSE OF OFFICER

	Part V	Supplemental Inform	mation					
	Provide additional information for responses to questions on Schedule L (see instructions)							
l	Re	eturn Reference	Explanation					

Schedule L (Form 990 or 990-EZ) 2014

181,625 CONSULTING SERVICES

DLN: 93493317063375

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

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

Internal Revenue Service Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number

75-3065445

Pa	rt I Types of Property			1.5	3003443			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(1PUTER EQUIPMENT)	×	1	1,868,838	COST OR SALES	PRIC	Е	
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by the for which the organization completed F				9			
							Yes	No
30a	During the year, did the organization	receive by	contribution any property r	eported in Part I, lines 1	through 28, that			
	ıt must hold for at least three years fi	om the date	e of the initial contribution	, and which is not required	l to be used			
	for exempt purposes for the entire ho	ldıng period	2			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell no	ncash 	32a		No
h	If "Yes," describe in Part II					J20		.10
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

SCHEDULE M, PART I, COLUMN (B) THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B) THE NUMBER OF

CONTRIBUTIONS RECEIVED

Schedule M (Form 990) (2014)

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

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

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

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

Internal Revenue Service

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

OMB No 1545-0047

2014

DLN: 93493317063375

Open to Public Inspection

Employer identification number

75-3065445

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

(g)IRC section (b)Date of 1 (a)Description of asset(s) (c)Fair market value of (d)Method of (e)EIN of recipient (f)Name and address of recipient of recipient(s) (if distributed or transaction distribution asset(s) distributed or determining FMV for tax-exempt) or type expenses paid amount of transaction asset(s) distributed or of entity expenses transaction expenses

Did or will any officer, director, trustee, or key employee of the organiza

- Become a director or trustee of a successor or transferee organization?
- **b** Become an employee of, or independent contractor for, a successor or transferee organization?
- Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2a		
2b		
2c		
2d		

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

Pa	rt I Liquidation, Termination, or Dissolution (continued)			
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		<u> </u>
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and	6b		
	state laws?			

c If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" to line 6b, explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	` '	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
50% membership interest in PMed	02-14-2014	49,021,598	SALE PRICE	CL PERSONALIZED MEDICINE LLC 400 N MICHIGAN AVE CHICAGO,IL 60611	LLC

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
а	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

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

any additional information.		
Return Reference	Explanation	
	On 02/14/2014, TGen Health Ventures, LLC, a single-member LLC owned by The Translational Genomics Research Institute (TGEN) SOLD 50% OF ITS MEMBERSHIP INTEREST IN Ashion PMed Management, LLC and Personalized Medicine Partners, LLC, (collectively, "PMED") FOR \$25M TO AN UNRELATED THIRD PARTY IN A JOINT VENTURE TRANSACTION FOR THE PURPOSE OF COMMERCIALIZING PERSONALIZED MEDICINE IN CONNECTION WITH THIS JOINT VENTURE TRANSACTION, TGEN AGREED TO CONTRIBUTE A CERTIFIED AND COMPLIANT LABORATORY TO THE JOINT VENTURE, WHICH HAD A NET BOOK VALUE OF APPROXIMATELY \$1M WHEN COMPLETED AND TRANSFERRED IN MAY 2014 UPON COMPLETION OF THE LABORATORY CONTRIBUTION, TGEN RECOGNIZED REVENUE OF \$25M FOR CASH RECEIVED AND APPROXIMATELY \$24M AS A GAIN ON SALE OF THE LABORATORY THIS TRANSACTION EXCEEDS 25% OF TGEN'S NET ASSETS IN ACCORDANCE WITH THE FORM INSTRUCTIONS FOR SCHEDULE N, A SIGNIFICANT DISPOSITION OF NET ASSETS INCLUDES CONTRIBUTION OF ASSETS TO ESTABLISH A JOINT VENTURE IF THE CONTRIBUTION EXCEEDS 25% OF NET ASSETS AT THE BEGINNING OF THE YEAR SCHEDULE N, PART II, LINE 1 REFLECTS THE NET ACTIVITY OF THIS TRANSACTION CASH RECEIVED \$ 25,000,000 CONTRIBUTION OF LAB ASSETS \$ (978,402) GAIN ON SALE OF LAB ASSETS \$ 25,000,000	

Schedule N (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317063375

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number
75-3065445

Return Reference	Explanation
LINE 1, AND PART III,	The Translational Genomics Research Institute (TGen) is a nonprofit biomedical research institute focused on developing earlier diagnostics and smarter treatments by employing innovative advances arising from the human genome project and applying them to the development of diagnostics, prognostics and therapies for cancer, neurological disorders, diabetes and other complex diseases

Return Reference	Explanation
FORM 990, PART III, LINE 2	IN 2014, THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) UNDERTOOK THE FOLLOWING NEW ACTIVITIES (1) TGEN'S new CLIA (Clinical Laboratory Improvement Amendments) laboratory, the Dorrance Clinical Laboratory, received all required state and federal certifications, quickening its ability to provide physicians with genomic analysis that can help benefit their patients immediately (2) 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

Return Reference	Explanation
PART III, LINE 3	IN 2014, THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) SOLD 50% OF ITS MEMBERSHIP INTEREST IN PMED MANAGEMENT, LLC (PMED) TO AN UNRELATED THIRD PARTY IN A JOINT VENTURE TRANSACTION FOR THE PURPOSE OF COMMERCIALIZING PERSONALIZED MEDICINE TGEN RETAINED A 50% MEMBERSHIP INTEREST OF PMED WHICH IS RECORDED AS A PROGRAM RELATED INVESTMENT ON FORM 990, PART X, LINE 13 TGEN RECOGNIZED A \$49 0 MILLION GAIN ON THE SALE OF ITS MAJORITY INTEREST THIS GAIN IS REPORTED ON FORM 990, PART VIII, LINE 7

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TGEN'S INTEGRATED CANCER GENOMICS DIVISION BRINGS TOGETHER BIOINFORMATICS, CUTTING-EDGE TECHNOLOGIES AND BASIC RESEARCH TO CREATE A COMPREHENSIVE ATTACK ON CANCER WITH THE ULTIMATE GOAL OF DEVELOPING NEW DIAGNOSTICS AND TREATMENTS SPECIFIC AREAS OF FOCUS INCLUDE PROSTATE CANCER, MELANOMA, FAMILIAL BREAST CANCER, COLON CANCER, MULTIPLE MY ELOMA AND RENAL TUMOR RESEARCH KEEPING IN LINE WITH TGEN'S MISSION OF DEVELOPING EARLIER DIAGNOSTICS AND SMARTER TREATMENTS, WE HOPE THIS INTEGRATED APPROACH TO CANCER GENOME RESEARCH WILL HELP TO UNCOVER IMPORTANT INHERITED AND TUMOR DERIVED ALTERATIONS, WHICH ARE ASSOCIATED WITH CANCER SUSCEPTIBILITY AND IMPORTANT TUMOR CHARACTERISTICS SUCH AS PROGRESSION AND RESPONSE TO THERAPY

Return Reference	Explanation			
FORM 990, PART III, LINE 4B	THE NEUROGENOMICS DIVISION HAS TWO GOALS, BOTH OF WHICH DERIVE FROM THE OVERARCHING MISSION OF THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) IT IS COMMON KNOWLEDGE THAT EARLY INTERVENTION AND TREATMENT SAVES LIVES WHEN IT COMES TO NEUROLOGICAL DISEASES THEREFORE, OUR FIRST GOAL IS TO IMPROVE THE ABILITY TO DIAGNOSE NEUROLOGICAL DISEASE BEFORE IT STRIKES BECAUSE THESE DISEASES IMPACT SO MANY LIVES AROUND THE WORLD EITHER DIRECTLY (BY HAVING A DISEASE), OR INDIRECTLY (BY CARING FOR A LOVED ONE WITH A DISEASE), THE SECOND GOAL CENTERS ON THE DEVELOPMENT OF NEW 'SMART-DRUG' THERAPIES THERE ARE FIVE LABS WITHIN THE DIVISION, ENCOMPASSING THE ENTIRE BREADTH OF NEUROLOGICAL DISEASE			

Return Reference	Explanation
FORM 990, PART III, LINE 4C	TGEN'S GENOTY PING TECHNOLOGY CENTER ANALYZES BITS OF DNA CALLED SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS) WHICH GIVE RESEARCHERS THE POWER TO IDENTIFY DISEASE-CAUSING GENES, ASSOCIATIONS, AND DNA SIGNATURES, ALL OF WHICH HAVE PROFOUND IMPLICATIONS FOR DETECTION, PROGNOSIS AND THERAPEUTIC INTERVENTION THE SNP GENOTY PING CENTER OFFERS INNOVATIVE SOLUTIONS THAT ADDRESS THE REQUIREMENTS FOR FLEXIBILITY, SIMPLICITY, THROUGHPUT, ECONOMY AND ACCURACY

Return Reference	Explanation
FORM 990, PART III, LINE 4D	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 blossomed 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 investigative and scientific efforts. Thanks to Stand Up To Cancer, Dell, and The Ben & Catherine by Foundation, 2014 will see patients enrolled into groundbreaking clinical trials in the study

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, Tullandin 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 I trial of AEG35156 an antisense oligonucleotide to XIAP plus gem citabine in patients with metastatic pancreatic ductal adenocarcinoma Mahadevan D. Chales and J. Rensovlid D, Kurtin S, Pretzinger C, Jolivet J, Ramanathan RK, Von Hoff DD, Weiss GJ. Am J Clin Oncol 2013 Jun,36(3) 239-43. c) Ligand-dependent EphB1 signaling suppresses g lioma myasion and correlates with patient survival. Tengl Kalada M, Furuyama N, Sabth H, Furut AT, Haysahi Y, Takino T, Dong Y, Sato H, Sai Y, Myamoto K, Berens ME, Zhao SG, Ha mada J, Neuro Oncol 2013 Dec. 15(12) 1710-20. 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 WB, Kurdoglu A, Eart T, Christofordoe A, Benson H, Phillips L, Baker A, Murray C, Hostetter G, Von Hoff DD, Craig DW, Carpten JD BMC Med Genomics. 2014 Jun 18,7.36. i) Association analysis of 9,560 prostate cancer associated SNFs for familial disease. Teerlink CC, Thibodeau SN, McDonnell SK, Schad DJ, Rinckleb A, Maier 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, Maier 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, McDon

Return E Reference	Explanation	
	TY14 Select	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, Waskiew icz 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 br east 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, Petricoin 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. Ki m TY, Jackson S, Xiong Y, Whitsett TG, Lobello JR, Weiss GJ, Tran NL, Bang YJ, Der CJ. Pro c Nati Acad Sci U.S.A. 2013 Oct 15,110(42) 16868-73

Return Reference Clinical Research / Clinical Trials Clinical Trials Clinical Trials Clinical Trials Clinical Trials Clinical Trials The program at Scottsdale Healthcare Dr. Daniel Von Hoff, The program of the	also ents and
Research / (VGPCC) Clinical Trials Program at Scottsdale Healthcare Dr Daniel Von Hoff, TGen's Physician-in-Chief Scientific Officer The program focuses on clinical trials with targeted ag genomics-based individua lized therapy and with an initial focus on cancer, allows the unique opportunit	also ents and
brings new clinical research into the community, to those patients without would otherwise have to travel someplace else for access to new therapies or prevention age intsi According to the National Institutes only 3% of adults with cancer are part ticipating in clinical trais. A recent study shows that if given the oand access to clinical trais for divariance in the control of	or ogram f Health, oportunity iton ne of the gets in ore to Ph oss a cancer, , a than a clinical participa ples ow ed ent of ra longe attent's or biology ed exel, was -scale ard for nens Dr the tember attents nis clinical Gen The rea rom fever / 2014, s with oh nd is may

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
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 Keim to 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 \$579,650 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 Corbor (CCFRC) program, which now is comprised of more than 10,000 families and individuals at increased risk of colorectal and other cancers g

Return Reference	Explanation
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 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), Eli 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. Payroll Administrator. Administrative Assistant. Accountant, Sr Executive Assistant. 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. Techni

Return Reference	Explanation
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
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
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 Keilm, 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 Patient News, US Official News, US Fed News, Professional Services Close-Up, Entertainment Close-Up,

Return Reference	Explanation
FORM 990, PART VI, LINE 2	RICHARD BOALS AND WILLIAM POST HAVE A BUSINESS RELATIONSHIP RICHARD BOALS AND ROBERT BULLA HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
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
12C	TGEN DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ALL DIRECTOR LEVEL POSITIONS AND ABOVE, IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED BY THE CHIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND TGEN'S OFFICE OF RESEARCH COMPLIANCE. THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE CHIEF OPERATING OFFICER TO ENSURE AN APPROPRIATE PLAN IS SET FORTH UPDATES TO THE LIST ARE HANDLED ON AN AS-NEEDED BASIS, BASED ON CONTRACT REVIEWS AND EMPLOYEE INFORMATION

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS) THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS DURING THE DECISION MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS, WHEN DEEMED NECESSARY AND ADVISABLE THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING DISQUALIFIED PERSONS' COMPENSATION" WHEN DEVELOPING A COMPENSATION PHILOSOPHY, TGEN KEPT IN MIND THE FOLLOWING FACTORS THE TGEN MISSION AND STRATEGY THE TGEN CULTURE TRENDS IN COMPENSATION IN THE EXTERNAL ENVIRONMENT TRENDS IN RECRUITMENT OF NEW EMPLOYEES TRENDS IN ORGANIZATIONAL EMPLOYEE TURNOVER TGENS LIFE CYCLE STAGE THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2014

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	TGEN HAS A BOARD OF GOVERNORS THAT IS COMPRISED OF CURRENT VOTING DIRECTORS AND SOME FORMER DIRECTORS THAT REMAIN AFFILIATED WITH TGEN IN AN ADVISORY ROLE. THE CURRENT NONVOTING ADVISORY GOVERNORS NOT LISTED AS DIRECTORS IN PART VII, SECTION A INCLUDE BETSY BAYLESS RITA CHENG SUSAN CLARK-JOHNSON WYATT DECKER THE HONORABLE DIANE ENOS ANN WEAVER HART, PH D. THE HONORABLE JIM SLATTERY

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK TO TAX DIFFERENCE - K-1 PARTNERSHIP INCOME 388,088

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSORTIUM/CONTRACTUAL TOTAL FEES 3994387

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE RESEARCH SERVICES TOTAL FEES 1558477

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 1147170

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY SERVICES TOTAL FEES 379632

DLN: 93493317063375

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

▶ 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.

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 75-3065445 Identification of Discognized Entities Complete if the organization answered "Ves" on Form 990, Part IV, June 33

res of Form 990, Fart IV, line 33.												
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity							
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(l (13) controlle entity?	
						Yes	No
(1) TGEN RESEARCH INSTITUTE FOUNDATION 445 N 5TH STREET SUITE 600	FUNDRAISING	AZ	501(c)(3)	7	TGEN	Yes	
PHOENIX, AZ 85004 33-1092191							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											$^{-}$

(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	
									ı			

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

(3) TGEN RESEARCH INSTITUTE FOUNDATION

(4) TGEN RESEARCH INSTITUTE FOUNDATION

(5) TGEN RESEARCH INSTITUTE FOUNDATION

Part V	Transactions With Related Organizations Complete if the organization answ	wered "Yes" on Forn	n 990, Part IV, lın	e 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Rece	ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gıft,	grant, or capital contribution to related organization(s)				1b		No
c Gıft,	grant, or capital contribution from related organization(s)				1 c	Yes	
d Loan	s or loan guarantees to or for related organization(s)				1d		No
e Loan	s or loan guarantees by related organization(s)				1e		No
f Divid	ends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1g		No
h Purc	nase of assets from related organization(s)				1h		No
i Exch	inge of assets with related organization(s)				1i		No
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j		No
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k		No
I Perfo	mance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perfo	mance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharıı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Shar	ng of paid employees with related organization(s)				10	Yes	
p Reim	bursement paid to related organization(s) for expenses				1 p	Yes	
q Reim	bursement paid by related organization(s) for expenses				1 q		No
r Othe	transfer of cash or property to related organization(s)				1r		No
s Othe	r 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 complet	e 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 amo	unt ı	nvolved	
(1) TGEN RES	SEARCH INSTITUTE FOUNDATION	С	4,427,718	ACTUAL COST			
(2) TGEN RES	SEARCH INSTITUTE FOUNDATION	m	6,435,597	ACTUAL COST			

n

0

108,000

174,451

978,803

ACTUAL COST

ACTUAL COST

ACTUAL COST

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

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

(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
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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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Software ID: Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
TGEN ACCELERATORS LLC (TGAM) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 _75-3065445	GENOMICS	AZ	0	0	TGEN
IBCC LLC (THRU 414) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 27-2987735	LICENSING	AZ	0	0	TGAM LLC
THE CENTER FOR TRANSLATIONAL DRUG DEV 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 43-2047329	DRUG DEVEL	AZ	0	0	TGAM LLC
TRANSLATIONAL SYSTEMS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-1309498	ADV RESEARCH	AZ	0	0	TGEN
PET CANCER DIAGNOSTICS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 00000000	ANIMAL DIAG	AZ	0	0	TGEN
TGEN HEALTH VENTURES LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4520712	HEALTH CARE	AZ	49,876,786	40,643,775	TGEN
ASHION PMED MGMT LLC (THRU 214) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 38-3922888	PERSONAL MED	DE	0	0	TGHV LLC
ASHION ANALYTICS LLC (THRU 214) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 45-4587602	GENO ANALYSIS	AZ	0	0	PMED LLC
ASHION ADV INDIVIDUAL MED (THRU 214) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4706761	PERSONAL MED	DE	0	0	PMED LLC
PMED PARTNERS LLC (THRU 214) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 37-1751435	PERSONAL MED	DE	0	0	TGHV LLV
PERSONALIZED MEDICAL CAPITAL (THRU 214) 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-5070366	PERSONAL MED	DE	0	0	PMP LLC