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**A** For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION  
% KEVIN GROFF  
Doing business as  
  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
445 N 5TH STREET Suite 600  
  
City or town, state or province, country, and ZIP or foreign postal code  
PHOENIX, AZ 85004  
  
**F** Name and address of principal officer  
MICHAEL BASSOFF  
445 N 5TH STREET 600  
PHOENIX, AZ 85004

**D** Employer identification number  
33-1092191  
  
E Telephone number  
(602) 343-8411  
  
**G** Gross receipts \$ 9,118,406

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► www.helptgen.org

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

**L** Year of formation 2004 **M** State of legal domicile AZ

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ►

| Part I Summary              |  |                           |              |
|-----------------------------|--|---------------------------|--------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN)<br><br><br>  |                           |              |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                           |              |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 18           |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 15           |
|                             | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>                  | 0            |
|                             | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 100          |
| Revenue                     | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0            |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                 | 0            |
|                             | <b>8</b> Contributions and grants (Part VIII, line 1h)<br><b>9</b> Program service revenue (Part VIII, line 2g)<br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)<br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | Prior Year                | Current Year |
|                             |  | 13,561,515                | 9,117,401    |
|                             |  | 0                         | 0            |
|                             |  | 1,004                     | 1,005        |
|                             |  | 0                         | 0            |
|                             |  | 13,562,519                | 9,118,406    |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | 4,427,718                 | 6,881,065    |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0                         | 0            |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 937,442                   | 780,788      |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0                         | 0            |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ►1,178,368  |                           |              |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 744,944                   | 765,144      |
| Net Assets or Fund Balances | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   | 6,110,104                 | 8,426,997    |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12  | 7,452,415                 | 691,409      |
|                             | <b>20</b> Total assets (Part X, line 16)<br><b>21</b> Total liabilities (Part X, line 26)<br><b>22</b> Net assets or fund balances Subtract line 21 from line 20   | Beginning of Current Year | End of Year  |
|                             |  | 21,642,528                | 23,669,414   |
|                             |  | 4,943,600                 | 6,279,170    |
|                             |  | 16,698,928                | 17,390,244   |

**Part II** Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2016-11-08

Date

MICHAEL BASSOFF PRESIDENT, TGEN FDN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
BRENDA GRIESEMER

Preparer's signature  
BRENDA GRIESEMER

Date

Check ☐ if self-employed

PTIN  
P00264669

Firm's name  
► ERNST & YOUNG US LLP

Firm's EIN  
►

Firm's address  
► TWO NORTH CENTRAL AVENUE STE 2300  
PHOENIX, AZ 85004

Phone no  
(602) 322-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**Part III**   **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☒

**1**   Briefly describe the organization's mission  
BIOMEDICAL MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN)

**2**   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these new services on Schedule O

**3**   Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these changes on Schedule O

**4**   Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

|                |   |
|----------------|---|
| <b>4a</b>      | (Code ) (Expenses \$ 6,881,065 including grants of \$ 6,881,065 ) (Revenue \$ 0 ) |
| SEE SCHEDULE O |   |
















|           |   |
|-----------|---|
| <b>4b</b> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

|           |   |
|-----------|---|
| <b>4c</b> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
|           |   |
|           |   |
|           |   |
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|           |   |
|           |   |
|           |   |
|           |   |
|           |   |

|              |  |
|--------------|--|
| <b>4d</b>    | Other program services (Describe in Schedule O ) |
| (Expenses \$ | including grants of \$ ) (Revenue \$ )           |

|           |   |           |
|-----------|---|-----------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 6,881,065 |
|-----------|---|-----------|

**Part IV Checklist of Required Schedules**

|   | Yes            | No |
|---|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?    | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | <b>4</b>       | No |
| <b>5</b> 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>   | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>   | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>    | <b>8</b>       | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>  | <b>9</b>       | No |
| <b>10</b> 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>    | <b>10</b> Yes  |    |
| <b>11</b> 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  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>    | <b>11a</b>     | No |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>    | <b>11b</b>     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>    | <b>11c</b>     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>   | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>    | <b>11e</b>     | No |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>   | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>    | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b>     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>   | <b>14b</b>     | No |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | <b>15</b>      | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b>     |    |

Part IV Checklist of Required Schedules (continued)

|     |   |     |     |    |
|-----|---|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .   | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>  |     |     |    |
|     | 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? If "Yes," complete Schedule L, Part III . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |    |
| a   | 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 |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  | 31  |     | 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  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                      |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | No |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |     | No |
| b   | If "Yes," enter the name of the foreign country ▶<br>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? . . . . .  |     | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | No |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |     | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | 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? . . . . .  |     | No |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | No |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | No |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| a   | Gross income from members or shareholders . . . . .  |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |     |    |
| 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 . . . . .  |     |    |
| c   | Enter the amount of reserves on hand . . . . .   |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  |     |    |

**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 | 18  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  | 15  |    |
| <b>2</b>  | 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?   |     | No |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | 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?  | Yes |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>a</b>  | The governing body?   | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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  |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   |     | No |
| <b>b</b>   | Other officers or key employees of the organization  |     | No |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **AZ**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ 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  
**▶KEVIN GROFF 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 (602) 343-8478**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Michael Bassoff<br>.....<br>President, TGen Foundation    | 24 0<br>.....<br>16 0  | X   |                       | X       |              |                              |        | 0   | 484,032  | 21,077  |
| (2) BENNETT DORRANCE<br>.....<br>Board Member/Chairman        | 1 0<br>.....<br>1 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) RICHARD J LEHMANN<br>.....<br>Board Member/Treasurer      | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) KEN KENDRICK<br>.....<br>BOARD MEMBER/SECRETARY           | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) Teresa Burleson<br>.....<br>BOARD MBR/ASST SEC/ASST treaS | 1 0<br>.....<br>39 0   | X   |                       | X       |              |                              |        | 0   | 547,980  | 55,384  |
| (6) Karl Eller<br>.....<br>Board Member                       | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) Phil Francis<br>.....<br>Board Member                     | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) Diane Halle<br>.....<br>Board Member                      | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) Carne Hulburd<br>.....<br>Board Member                    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) MIKE INGRAM<br>.....<br>BOARD MEMBER                     | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) Cathenne Ivy<br>.....<br>Board Member                    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) F FRANCIS NAJAFI<br>.....<br>BOARD MEMBER                | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) WILLIAM J POST<br>.....<br>BOARD MEMBER                  | 1 0<br>.....<br>1 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) J Danforth Quayle<br>.....<br>Board Member               | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) Troy Richards<br>.....<br>Board Member                | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) Ray Thurston<br>.....<br>Board Member                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) Jeffrey M Trent PhD<br>.....<br>Board Member          | 1 0<br>.....<br>39 0   | X   |                       |         |              |                              |        | 0   | 999,967  | 220,796   |
| (18) Howard Young<br>.....<br>Board Member                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) Enn Massey<br>.....<br>Vice President                 | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 0   | 133,294  | 8,958   |
| (20) CHARLES K COLESON<br>.....<br>CHIEF FINANCIAL OFFICER | 1 0<br>.....<br>29 0   |   |                       |         |              |                              | X      | 0   | 157,822  | 1,974   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |
|  |  |   |                       |         |              |                              |        |   |  |   |

|  |   |   |           |         |
|--|---|---|-----------|---------|
| <b>1b</b> Sub-Total . . . . .  | ▶ |   |           |         |
| <b>c</b> Total from continuation sheets to Part VII, Section A . . . . . | ▶ |   |           |         |
| <b>d</b> Total (add lines 1b and 1c) . . . . .                           | ▶ | 0 | 2,323,095 | 308,189 |

**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 ▶ 0

|  | Yes   | No |
|--|-------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | 3 Yes |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5     | No |

**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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| TRANSLATIONAL GENOMICS RESEARCH INS,<br>445 N 5th Street Suite 600<br>Phoenix, AZ 85004 | MANAGEMENT SERVICES            | 108,000             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

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

Part VIII

Statement of Revenue

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

|   |   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |       |
|---|---|---|---|----------------------|--|---|---|-------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . .   | 1a  |                      |  |   |   |       |
|   | b   | Membership dues . . . . .   | 1b  |                      |  |   |   |       |
|   | c   | Fundraising events . . . . .  | 1c  | 0                    |  |   |   |       |
|   | d   | Related organizations . . . .   | 1d  |                      |  |   |   |       |
|   | e   | Government grants (contributions)   | 1e  |                      |  |   |   |       |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f  | 9,117,401            |  |   |   |       |
|   | g   | Noncash contributions included in lines<br>1a-1f \$   |   | 0                    |  |   |   |       |
|   | h   | Total. Add lines 1a-1f . . . . .  |   |                      | 9,117,401  |   |   |       |
| Program Service Revenue                                   | 2a  |   | Business Code   |                      |  |   |   |       |
|   | b   |   |   |                      |  |   |   |       |
|   | c   |   |   |                      |  |   |   |       |
|   | d   |   |   |                      |  |   |   |       |
|   | e   |   |   |                      |  |   |   |       |
|   | f   | All other program service revenue   |   |                      |  |   |   |       |
|   | g   | Total. Add lines 2a-2f . . . . .  |   |                      | 0  |   |   |       |
|   | Other Revenue   | 3   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                      | 1,005  |   |   | 1,005 |
| 4   |   | Income from investment of tax-exempt bond proceeds . .  |   | 0                    |  |   |   |       |
| 5   |   | Royalties . . . . .   |   | 0                    |  |   |   |       |
| 6a  |   | (i) Real  |   | (ii) Personal        |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
| b   |   | Less rental expenses  |   |                      |  |   |   |       |
| c   |   | Rental income or (loss)   |   | 0                    | 0  |   |   |       |
| d   |   | Net rental income or (loss) . . . . .   |   |                      | 0  |   |   |       |
| 7a  |   | (i) Securities  |   | (ii) Other           |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
|   |   |   |   |                      |  |   |   |       |
| b   |   | Less cost or other basis and sales expenses   |   |                      |  |   |   |       |
| c   |   | Gain or (loss)  |   |                      |  |   |   |       |
| d   |   | Net gain or (loss) . . . . .  |   |                      | 0  |   |   |       |
| 8a  |   | Gross income from fundraising events (not including<br>\$ _____ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |   |                      |  |   |   |       |
|   |   | a   |   |                      |  |   |   |       |
|   |   | b   |   |                      |  |   |   |       |
| b   |   | Less direct expenses . . . . .  |   |                      |  |   |   |       |
| c   |   | Net income or (loss) from fundraising events . .  |   |                      | 0  |   |   |       |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . . |   |   |                      |  |   |   |       |
|   | a   |   |   |                      |  |   |   |       |
|   | b   |   |   |                      |  |   |   |       |
| b   | Less direct expenses . . . . .  |   |   |                      |  |   |   |       |
| c   | Net income or (loss) from gaming activities . . .                     |   |   | 0                    |  |   |   |       |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .    |   |   |                      |  |   |   |       |
|   | a   |   |   |                      |  |   |   |       |
|   | b   |   |   |                      |  |   |   |       |
|   | b   |   |   |                      |  |   |   |       |
| b   | Less cost of goods sold . . . . .                                     |   |   |                      |  |   |   |       |
| c   | Net income or (loss) from sales of inventory . .                      |   |   | 0                    |  |   |   |       |
| Miscellaneous Revenue                                     |   |   | Business Code   |                      |  |   |   |       |
| 11a   |   |   |   |                      |  |   |   |       |
| b   |   |   |   |                      |  |   |   |       |
| c   |   |   |   |                      |  |   |   |       |
| d   | All other revenue . . . . .   |   |   |                      |  |   |   |       |
| e   | Total. Add lines 11a-11d . . . . .                                    |   |   | 0                    |  |   |   |       |
| 12  | Total revenue. See Instructions . . . . .                             |   |   | 9,118,406            |  | 0                                       | 1,005   |       |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☒

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 6,881,065                    | 6,881,065                              |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0                            | 0                                      |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                            | 0                                      |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   | 0                            | 0                                      |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 505,109                      | 0                                      | 50,511  | 454,598                            |
| <b>6</b>  | 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                                  |
| <b>7</b>  | Other salaries and wages . . . . .  | 275,679                      | 0                                      | 89,548  | 186,131                            |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>9</b>  | Other employee benefits . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>10</b>   | Payroll taxes . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>b</b>  | Legal . . . . .   | 104                          | 0                                      | 104   | 0                                  |
| <b>c</b>  | Accounting . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>d</b>  | Lobbying . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17   | 0                            |  |   | 0                                  |
| <b>f</b>  | Investment management fees . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 130,640                      |  | 130,640                                       |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   | 143,634                      | 0                                      | 14,363  | 129,271                            |
| <b>13</b>   | Office expenses . . . . .   | 189,510                      | 0                                      | 18,951  | 170,559                            |
| <b>14</b>   | Information technology . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>15</b>   | Royalties . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>16</b>   | Occupancy . . . . .   | 71,632                       | 0                                      | 7,163   | 64,469                             |
| <b>17</b>   | Travel . . . . .  | 34,822                       | 0                                      | 3,482   | 31,340                             |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  | 157,778                      | 0                                      | 15,778  | 142,000                            |
| <b>20</b>   | Interest . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>21</b>   | Payments to affiliates . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>23</b>   | Insurance . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>24</b>   | 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) . . . . .                                    |                              |  |   |                                    |
| <b>a</b>  | DUES & SUBSCRIPTIONS  | 36,691                       | 0                                      | 36,691  | 0                                  |
| <b>b</b>  | ALL OTHER EXPENSES  | 333                          | 0                                      | 333   | 0                                  |
| <b>c</b>  |   |                              |  |   |                                    |
| <b>d</b>  |   |                              |  |   |                                    |
| <b>e</b>  | All other expenses  |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 8,426,997                    | 6,881,065                              | 367,564                                       | 1,178,368                          |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0                            |  |   |                                    |

Part X

Balance Sheet

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

|                             |   |   |      | (A)               |     | (B)         |
|-----------------------------|---|---|------|-------------------|-----|-------------|
|                             |   |   |      | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing   |      | 36,922            | 1   | 163,967     |
|                             | 2   | Savings and temporary cash investments  |      | 10,722,866        | 2   | 13,528,527  |
|                             | 3   | Pledges and grants receivable, net  |      | 10,871,204        | 3   | 9,965,268   |
|                             | 4   | Accounts receivable, net  |      | 0                 | 4   | 0           |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |      | 0                 | 5   | 0           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |      | 0                 | 6   | 0           |
|                             | 7   | Notes and loans receivable, net   |      | 0                 | 7   | 0           |
|                             | 8   | Inventories for sale or use   |      | 5,049             | 8   | 5,165       |
|                             | 9   | Prepaid expenses and deferred charges   |      | 6,487             | 9   | 6,487       |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a0 |                   |     |             |
|                             | b   | Less: accumulated depreciation  | 10b0 |                   | 10c |             |
|                             | 11  | Investments—publicly traded securities  |      | 0                 | 11  | 0           |
|                             | 12  | Investments—other securities. See Part IV, line 11  |      | 0                 | 12  | 0           |
|                             | 13  | Investments—program-related. See Part IV, line 11   |      | 0                 | 13  | 0           |
|                             | 14  | Intangible assets   |      | 0                 | 14  | 0           |
|                             | 15  | Other assets. See Part IV, line 11  |      | 0                 | 15  | 0           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)   |      | 21,642,528        | 16  | 23,669,414  |
| Liabilities                 | 17  | Accounts payable and accrued expenses   |      | 4,943,600         | 17  | 6,279,170   |
|                             | 18  | Grants payable  |      | 0                 | 18  | 0           |
|                             | 19  | Deferred revenue  |      | 0                 | 19  | 0           |
|                             | 20  | Tax-exempt bond liabilities   |      | 0                 | 20  | 0           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |      | 0                 | 21  | 0           |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |      | 0                 | 22  | 0           |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  |      | 0                 | 23  | 0           |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  |      | 0                 | 24  | 0           |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |      | 0                 | 25  | 0           |
|                             | 26  | Total liabilities. Add lines 17 through 25  |      | 4,943,600         | 26  | 6,279,170   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |      |                   |     |             |
|                             | 27  | Unrestricted net assets   |      | -3,589,898        | 27  | -4,439,389  |
|                             | 28  | Temporarily restricted net assets   |      | 20,226,733        | 28  | 21,767,540  |
|                             | 29  | Permanently restricted net assets   |      | 62,093            | 29  | 62,093      |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |      |                   |     |             |
|                             | 30  | Capital stock or trust principal, or current funds  |      |                   | 30  |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund   |      |                   | 31  |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |      |                   | 32  |             |
|                             | 33  | Total net assets or fund balances   |      | 16,698,928        | 33  | 17,390,244  |
|                             | 34  | Total liabilities and net assets/fund balances  |      | 21,642,528        | 34  | 23,669,414  |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 9,118,406  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 8,426,997  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 691,409    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 16,698,928 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -93        |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses   | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 17,390,244 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
|                                       |         |   | Yes  | No |  |  |
|                                       |         |   |  |    |  |  |
|                                       |         |   |  |    |  |  |
| Total                                 |         |   |  |    |  |  |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |           |         |            |            |           |            |
|---|-----------|---------|------------|------------|-----------|------------|
| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011   | (b)2012 | (c)2013    | (d)2014    | (e)2015   | (f)Total   |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )   | 5,860,920 | 488,410 | 12,174,321 | 13,561,515 | 9,117,401 | 41,202,567 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |         |            |            |           | 0          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |           |         |            |            |           | 0          |
| 4 Total. Add lines 1 through 3  | 5,860,920 | 488,410 | 12,174,321 | 13,561,515 | 9,117,401 | 41,202,567 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |         |            |            |           | 8,404,446  |
| 6 Public support. Subtract line 5 from line 4   |           |         |            |            |           | 32,798,121 |

| Section B. Total Support  |           |         |            |            |           |                          |
|---|-----------|---------|------------|------------|-----------|--------------------------|
| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011   | (b)2012 | (c)2013    | (d)2014    | (e)2015   | (f)Total                 |
| 7 Amounts from line 4   | 5,860,920 | 488,410 | 12,174,321 | 13,561,515 | 9,117,401 | 41,202,567               |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 20,879    | 1,740   | 947        | 1,004      | 1,005     | 25,575                   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |           |         |            |            |           | 0                        |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )   |           |         |            |            |           | 0                        |
| 11 Total support. Add lines 7 through 10  |           |         |            |            |           | 41,228,142               |
| 12 Gross receipts from related activities, etc (see instructions)   |           |         |            |            | 12        | 469                      |
| 13 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 . . . . . |           |         |            |            |           | <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage  |                                     |          |
|--|-------------------------------------|----------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  | 14                                  | 79.553 % |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14   | 15                                  | 79.857 % |
| 16a 33 1/3% support test—2015.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  | <input checked="" type="checkbox"/> |          |
| b 33 1/3% support test—2014.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   | <input type="checkbox"/>            |          |
| 17a 10%-facts-and-circumstances test—2015.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      | <input type="checkbox"/>            |          |
| b 10%-facts-and-circumstances test—2014.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 supported organization | <input type="checkbox"/>            |          |
| 18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | <input type="checkbox"/>            |          |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b> <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</b> 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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6 )   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )  |         |         |         |         |         |          |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )  |         |         |         |         |         |          |
| <b>14</b> <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 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

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a  |    |
| 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  |    |
| 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)? 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c <b>Substitutions only.</b> 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 <b>Part VI</b> .   | 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 <b>Part VI</b> .  | 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? If "Yes," provide detail in <b>Part VI</b> .  | 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 <b>Part VI</b> .   | 9c  |    |
| 10a 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 |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a 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 |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <div>1</div> <div>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?<br/><i>If "No," describe in <b>Part VI</b> 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.</i></div> |     |    |
| <div>2</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>  |     |    |

Section C. Type II Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <div>1</div> <div>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)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <div>1</div> <div>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?</div> |     |    |
| <div>2</div> <div>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?<br/><i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>   |     |    |
| <div>3</div> <div>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?<br/><i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>  |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> |  |  |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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?<br/><i>If "Yes," then in <b>Part VI</b> 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.</i></div>  |  |  |
| <div>b</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>   |  |  |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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.</div>   |  |  |
| <div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>   |  |  |

**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 Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                        | 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) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

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

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

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2015 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2015   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d From 2013. . . . .  |                             |  |   |
| e From 2014. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2015 distributable amount  |                             |  |   |
| i Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2015 from Section D, line 7   |                             |  |   |
| \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2015 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c Excess from 2013. . . . .   |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |

**Part VI**   **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  
(B)

THE AMOUNTS INCLUDED IN PART II, COLUMN(B) ARE FOR A SHORT PERIOD, 12/01/2012 -  
12/31/2012

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   |   |                              |
|---|---|------------------------------|
|   | (a) Donor advised funds   | (b) Funds and other accounts |
| 1 | Total number at end of year   |                              |
| 2 | Aggregate value of contributions to (during year)   |                              |
| 3 | Aggregate value of grants from (during year)  |                              |
| 4 | Aggregate value at end of year  |                              |
| 5 | 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |                              |
| 6 | 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|   |   |    |
|---|---|----|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> |    |
| 2 | 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  |    |
| a | Total number of conservation easements  | 2a |
| b | Total acreage restricted by conservation easements  | 2b |
| c | Number of conservation easements on a certified historic structure included in (a)  | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____   |    |
| 4 | Number of states where property subject to conservation easement is located ► _____   |    |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► _____  |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► \$ _____   |    |
| 8 | 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>   |    |
| 9 | 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   |    |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|      |  |            |
|------|--|------------|
| 1a   | 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 |            |
| b    | 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 on Form 990, Part VIII, line 1  | ► \$ _____ |
| (ii) | Assets included in Form 990, Part X  | ► \$ _____ |
| 2    | If the organization received or held works of art, historical 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  |            |
| a    | Revenue included on Form 990, Part VIII, line 1  | ► \$ _____ |
| b    | Assets included in Form 990, Part X  | ► \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

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 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's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?

☐ Yes

☐ No

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 62,093          | 62,093        | 62,093              | 62,093              | 62,093             |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               | 7,353           | 6,500         | 7,353               | 566                 | 6,787              |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 7,353           | 6,500         | 7,353               | 566                 | 6,787              |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 62,093          | 62,093        | 62,093              | 62,093              | 62,093             |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on 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 . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) | Yes |    |

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

|    |     |  |
|----|-----|--|
| 3b | Yes |  |
|----|-----|--|

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      |                                 |                              |                |
| e Other . . . . .  |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶ |                                      |                                 |                              |                |





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |    |  |
|---|---|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .      |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                      |    |    |  |
| a | Net unrealized gains (losses) on investments . . . . .                                  | 2a |    |  |
| b | Donated services and use of facilities . . . . .  | 2b |    |  |
| c | Recoveries of prior year grants . . . . .   | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .  | 2d |    |  |
| e | Add lines 2a through 2d . . . . .   |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .  |    | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                     |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .              | 4a |    |  |
| b | Other (Describe in Part XIII ) . . . . .  | 4b |    |  |
| c | Add lines 4a and 4b . . . . .   |    | 4c |  |
| 5 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . . |    | 5  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |    |    |  |
|---|--|----|----|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                     |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                         |    |    |  |
| a | Donated services and use of facilities . . . . .   | 2a |    |  |
| b | Prior year adjustments . . . . .   | 2b |    |  |
| c | Other losses . . . . .   | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .   | 2d |    |  |
| e | Add lines 2a through 2d . . . . .  |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .   |    | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                       |    |    |  |
| a | Investment expenses not included 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 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . . |    | 5  |  |

**Part XIII Supplemental Information**

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

| Return Reference           | Explanation   |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | TGEN FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (1) THE ORIGINAL VALUE OF THE GIFT DONATED TO THE PERMANENT ENDOWMENT, (2) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS DONATED TO THE PERMANENT ENDOWMENT, AND (3) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT. TGEN FOUNDATION HAS A RESTRICTED ASSET WHICH ALLOWS THEM TO USE ANY INVESTMENT INCOME FOR OPERATING EXPENSES. |

**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

OMB No 1545-0047

▶ **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2015

**Open to Public Inspection**

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

|                                |  |
|--------------------------------|--|
| Employer identification number |  |
|--------------------------------|--|

33-1092191

## Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes☐ No

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

[illegible]

- |          |   |          |
|----------|---|----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . | <b>1</b> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            | <b>0</b> |

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference           | Explanation  |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT TGEN, A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND DEVELOPMENT FUNCTIONS THE FOUNDATION RELIES UPON THE GOVERNANCE PRACTICES OF TGEN TO MONITOR USE OF GRANT FUNDS |

|  |  |  |   |
|--|--|--|---|
| <b>Schedule J</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Compensation Information</b><br><br>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b><br>► <b>Attach to Form 990.</b><br>► <b>Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b> |  | OMB No 1545-0047<br><br><div>2015</div> Open to Public Inspection |
|  | Name of the organization<br>THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION   |  | Employer identification number<br>33-1092191                      |
|  |  |  |   |

**Part I**
Questions Regarding Compensation

|   | Yes  | No  |
|---|--|---|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div> <div> <input type="checkbox"/> First-class or charter travel                                 <input type="checkbox"/> Housing allowance or residence for personal use                             </div> <div> <input type="checkbox"/> Travel for companions                                 <input type="checkbox"/> Payments for business use of personal residence                             </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments                                 <input type="checkbox"/> Health or social club dues or initiation fees                             </div> <div> <input type="checkbox"/> Discretionary spending account                                 <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                             </div> </div> |  |   |
| <b>b</b> 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.  | <b>1b</b>  |   |
| <b>2</b> 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?   | <b>2</b>   |   |
| <b>3</b> 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. <div> <div> <input type="checkbox"/> Compensation committee                                 <input type="checkbox"/> Written employment contract                             </div> <div> <input type="checkbox"/> Independent compensation consultant                                 <input type="checkbox"/> Compensation survey or study                             </div> <div> <input type="checkbox"/> Form 990 of other organizations                                 <input type="checkbox"/> Approval by the board or compensation committee                             </div> </div>  |  |   |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div> <div><b>a</b> Receive a severance payment or change-of-control payment?</div> <div><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</div> </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  | <div><b>4a</b></div> <div><b>4b</b></div> <div><b>4c</b></div> | <div>No</div> <div>No</div> <div>No</div> |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |  |   |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div> <div><b>a</b> The organization?</div> <div><b>b</b> Any related organization?</div> </div> If "Yes," on line 5a or 5b, describe in Part III.  | <div><b>5a</b></div> <div><b>5b</b></div>                      | <div>No</div> <div>No</div>               |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div> <div><b>a</b> The organization?</div> <div><b>b</b> Any related organization?</div> </div> If "Yes," on line 6a or 6b, describe in Part III.  | <div><b>6a</b></div> <div><b>6b</b></div>                      | <div>No</div> <div>No</div>               |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  | <b>7</b>   | Yes                                       |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.   | <b>8</b>   | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>   |   |

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

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

| (A) Name and Title                                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 Michael Bassoff<br>President, TGen Foundation    | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 465,336  | 0                                   | 18,696                              | 10,600   | 10,477                  | 505,109                         | 0  |
| 2 Teresa Burleson<br>BOARD MBR/ASST SEC/ASST treaS | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 430,331  | 116,667                             | 982                                 | 48,100   | 7,284                   | 603,364                         | 100,000  |
| 3 Jeffrey M Trent PhD<br>Board Member              | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 965,834  | 0                                   | 34,133                              | 210,600  | 10,196                  | 1,220,763                       | 0  |
| 4 CHARLES K COLESON<br>CHIEF FINANCIAL OFFICER     | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 141,107  | 15,000                              | 1,715                               | 1,924  | 50                      | 159,796                         | 0  |

**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.

| Return Reference            | Explanation   |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1A | FIRST CLASS TRAVEL IS PERMITTED BY EXECUTIVE STAFF ONLY AND MUST, PER TGEN POLICY, BE PRE-APPROVED BY THE CHIEF OPERATING OFFICER. THESE EXPENSES WERE NOT CONSIDERED AS TAXABLE COMPENSATION TO THE RECIPIENT SINCE THEY WERE REIMBURSEMENTS FOR BUSINESS USE UNDER AN ACCOUNTABLE PLAN. TGEN, A RELATED TAX-EXEMPT ORGANIZATION, PROVIDES THIS BENEFIT.   |
| SCHEDULE J, PART I, LINE 3  | TGEN FOUNDATION DOES NOT DETERMINE OR PAY ANY COMPENSATION OR BENEFITS. ALL COMPENSATION AND BENEFITS ARE DETERMINED AND PAID BY TGEN, A RELATED TAX-EXEMPT ORGANIZATION.   |
| SCHEDULE J, PART I, LINE 7  | SOME OF THE PERSONS LISTED IN FORM 990, PART VII, WERE PAID BONUSES WHICH WERE BASED ON ACCOMPLISHMENTS OF SPECIFIC MILESTONES AND/OR PERFORMANCE BASES, AS APPROVED BY THE TGEN BOARD OF DIRECTORS.  |
| SCHEDULE J, PART II         | DEFERRED COMPENSATION INCLUDES RETENTION AGREEMENTS FOR DR. JEFFREY TRENT AND TERESA BURLESON. DR. TRENT IS ELIGIBLE TO RECEIVE \$400,000 ON 03/12/2017 AND TERESA BURLESON IS ELIGIBLE TO RECEIVE \$250,000 ON 03/31/2020 PAYABLE BY TGEN. AMOUNTS ACCRUED BY TGEN DURING CALENDAR YEAR 2015 UNDER THESE AGREEMENTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (C) AS DEFERRED COMPENSATION AS FOLLOWS: JEFFERY M. TRENT, PH.D. \$200,000; TERESA BURLESON \$37,500. TERESA BURLESON RECEIVED \$116,667 FROM A RETENTION AGREEMENT IN WHICH SHE VESTED 3/31/2015. |

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION**Employer identification number**

33-1092191

| Return<br>Reference            | Explanation   |
|--------------------------------|---|
| FORM 990, PART<br>III, LINE 4A | THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION RAISES FUNDS FOR THE TRANSLATIONAL<br>GENOMICS RESEARCH INSTITUTE ("TGEN") THE PROGRAM SERVICE ACCOMPLISHMENTS OF TGEN ARE LISTED<br>BELOW |



| Return Reference | Explanation   |
|------------------|---|
| INTRODUCTION     | <p>TGEN CONTINUES TO BE AT THE FOREFRONT OF SCIENTIFIC INNOVATION AND DISCOVERY, USING OUR TECHNOLOGICAL EXPERTISE TO PROVIDE PATIENTS AND THEIR PHYSICIANS WITH THE BEST POSSIBLE INFORMATION TO HELP DIAGNOSE AND TREAT DISEASE. IN 2015, EARLY DETECTION OF DISEASE WAS A MAIN FOCUS OF TGEN INITIATIVES. WE MADE SIGNIFICANT PROGRESS IN THIS AREA OF RESEARCH BY NEARLY ALL MEASURES. ESPECIALLY NOTABLE IS A STUDY THAT ALIGNS OUR MASTERY OF GENE SEQUENCING WITH EFFORTS TO CREATE METHODS OF EARLY DETECTION OF CANCER, AND IN THIS CASE POTENTIALLY THROUGH THE USE OF A SIMPLE BLOOD TEST, OR LIQUID BIOPSY. THE RESULTS OF THIS STUDY, PUBLISHED IN CLINICAL EPIGENETICS, DETAILED THE IDENTIFICATION OF 21 DNA HYPER METHYLATION HOTSPOTS - GENE LOCATIONS ALONG THE 3 BILLION CHEMICAL BASES OF DNA - WITH INCREASED LEVELS OF METHYLATION THAT COULD INDICATE THE EXISTENCE OF METASTATIC BREAST CANCER. THESE FINDINGS COULD LEAD TO A HIGHLY SENSITIVE BLOOD-BASED TEST PANEL (A TYPE OF LIQUID BIOPSY), WHICH COULD HELP IMPROVE THE CARE OF WOMEN WITH BREAST CANCER. THE TEST WOULD LOOK FOR BIOMARKERS DERIVED FROM CELL-FREE STRANDS OF DNA (CFDNA) CIRCULATING IN THE BLOOD. THIS BREAKTHROUGH HAS SIGNIFICANT IMPLICATIONS FOR ALL BREAST CANCER PATIENTS IN THE FUTURE, SINCE ALL SUBTYPES OF BREAST CANCER IN VARYING DEGREES CAN REOCCUR AND METASTASIZE. THIS TEST COULD PROVIDE PHYSICIANS WITH CRITICAL INFORMATION ABOUT THERAPIES, ESPECIALLY FOLLOWING SURGERY OR SESSIONS OF CHEMOTHERAPY. ANOTHER TGEN-LED PROJECT, FUNDED BY THE SEENA MAGOWITZ FOUNDATION AND STAND UP TO CANCER (SU2C), IS ADVANCING TREATMENT OF LATE-STAGE PANCREATIC CANCER PATIENTS THROUGH OUR CLINICAL PARTNERSHIP AT HONORHEALTH (FORMERLY SCOTTSDALE HEALTHCARE). ONE PATIENT WHO ARRIVED AT THE CLINIC LAST APRIL WITH STAGE 4 PANCREATIC CANCER NOW HAS NO DETECTABLE TUMORS, THANKS TO A CLINICAL TRIAL THAT BUILT ON OUR SUCCESS IN TESTING - AND GAINING FDA APPROVAL - OF THE GEMCITABINE/ABRAXANE COMBINATION AS THE NEW STANDARD OF CARE FOR THESE PATIENTS. THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) RECOGNIZED THE GROUNDBREAKING WORK AT TGEN BY INCLUDING AN OVARIAN CANCER STUDY LED BY TGEN PRESIDENT DR. JEFFREY TRENT IN ITS ANNUAL CLINICAL CANCER ADVANCES REPORT, PUBLISHED JAN. 20, IDENTIFYING THE STUDY AS ONE OF THE YEARS TOP RESEARCH PAPERS, WHICH WAS PUBLISHED IN NATURE GENETICS. TGEN WAS ABLE TO IDENTIFY THE LIVELY GENETIC DRIVER OF THIS PARTICULARLY AGGRESSIVE TYPE OF OVARIAN CANCER THAT MOSTLY STRIKES YOUNG WOMEN AND GIRLS. FACULTY WITHIN OUR PATHOGEN GENOMICS DIVISION, TGEN NORTH, PARTICIPATED IN THE DESIGN OF NEW GENOMICS-BASED METHODS FOR ACCURATELY DIAGNOSING VALLEY FEVER AND LYME DISEASE. CREATING A DEFINITIVE, LOW-COST AND ACCURATE DIAGNOSTIC TOOL FOR BOTH DISEASES GREATLY BENEFITS PATIENT HEALTH SINCE SYMPTOMS IN BOTH DISEASES ARE SIMILAR TO OTHER AILMENTS, AND THE CURRENT TESTS ARE SO UNRELIABLE THEY HAVE BEEN COMPARED TO COIN FLIPS. AS A RESULT, BOTH VALLEY FEVER AND LYME DISEASE ARE OFTEN MISDIAGNOSED AND MISTREATED. TGEN NORTH'S NEW TESTS WILL CHANGE THAT. A COLLABORATION WITH BAYLOR RESEARCH INSTITUTE (BRI), DALLAS, FOCUSES ON ACCELERATING EARLY DETECTION AND TREATMENTS FOR PATIENTS WITH A BROAD RANGE OF CANCERS. THIS AGREEMENT ALIGNS THE BEST SCIENCE FROM BOTH INSTITUTIONS, LEADING TO NEW CLINICAL TRIALS AND ACCESS TO TECHNOLOGY TO DRIVE THE DEVELOPMENT OF NEW THERAPIES, STARTING AT BAYLOR SCOTT &amp; WHITE HEALTH'S 49 HOSPITALS THROUGHOUT TEXAS. AS A MEASURE OF OUR IMPACT IN THE COMMUNITY, TGEN DISTINGUISHED PROFESSOR AND PHYSICIAN-IN-CHIEF, DR. DANIEL VON HOFF, RECEIVED THE 2015 WALLACE A. REED M.D. AWARD BY THE ARIZONA MEDICAL ASSOCIATION, RECOGNIZING HIS MANY INNOVATIVE CONTRIBUTIONS TO THE ADVANCEMENT OF CANCER CARE, ESPECIALLY IN THE REALM OF PANCREATIC CANCER, ONE OF THE MOST DIFFICULT TO TREAT OF ALL CANCER TYPES. BUILDING ON OUR EXPERTISE WITH HELIOS EDUCATION FOUNDATION IN TRAINING THE NEXT GENERATION OF PHYSICIANS AND RESEARCH SCIENTISTS, WE CONDUCTED A PILOT PROGRAM WITH THE SCOTTSDALE UNIFIED SCHOOL DISTRICT THAT PROVIDES TEACHERS WITH STRONG FLUENCY IN BIOMEDICAL RESEARCH. THE EXCELLENCE IN BIOSCIENCE TEACHER INITIATIVE CONSISTED OF AN INTENSIVE, THREE-DAY SERIES OF PRESENTATIONS, INTERACTIVE DISCUSSIONS AND PRACTICAL EXPERIENCES LED BY TGEN BIO-MEDICAL EXPERTS. IN OCTOBER, THE FOOD AND DRUG ADMINISTRATION (FDA) APPROVED A DRUG, ONIVYDE, FOR ADVANCED PANCREATIC CANCER, BASED ON TGEN-LED RESEARCH AND CLINICAL TRIALS, PROVIDING PATIENTS NEW TREATMENT OPTIONS. BRAIN CANCER RESEARCH, FUNDED BY THE BEN &amp; CATHERINE IVY FOUNDATION, PRODUCED SEVERAL NOTABLE ADVANCEMENTS. ONE TGEN STUDY SHOWED THAT A DRUG, PROPENTOFYLLINE, PREVIOUSLY DEVELOPED FOR DEMENTIA, KNOCKS DOWN A PROTEIN THAT PROMOTES THE SPREAD OF THE BRAIN CANCER GLIOBLASTOMA, INCREASES SENSITIVITY TO A STANDARD CHEMOTHERAPY DRUG, AND INHIBITS GLIOBLASTOMA CELL INVASION. THIS NOW BECOMES A TARGET OF TREATMENT-FOCUSED RESEARCH. NEUROGENOMICS FACULTY ALSO COMPLETED A THIRD SEASON OF A CONCUSSION/BRAIN INJURY STUDY WITH RIDDELL, THE ARIZONA STATE UNIVERSITY'S FOOTBALL TEAM - ALONG WITH BARROW NEUROLOGICAL INSTITUTE, AND A T. STILL UNIVERSITY - TO DISCOVER BIOMARKERS THAT MIGHT INDICATE WHEN AN ATHLETE IS TOO HURT TO PLAY. ADDITIONALLY, THE FOLLOWING SUMMARY PROVIDES A SNAPSHOT OF PROGRESS IN CLINICAL RESEARCH AND CLINICAL TRIALS, SCIENTIFIC PUBLICATIONS, GRANTS, CONTRACTS, PHILANTHROPY, EDUCATION AND OUTREACH, MEDIA AND COMMUNITY RECOGNITION.</p> |

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| CLINICAL RESEARCH AND CLINICAL TRIALS | <p>IN 2015, TGEN ADVANCED A SERIES OF INNOVATIVE RESEARCH INITIATIVES THAT YIELDED NUMEROUS SCIENTIFIC DISCOVERIES (ALL WITH THE POTENTIAL FOR CLINICAL APPLICATION), ESTABLISHED NATIONAL AND INTERNATIONAL COLLABORATIONS, AND LED NEW AND EXCITING CLINICAL TRIALS WITH PROMISING RESULTS. NOTABLE ARE - IN EARLY MAY, WE ANNOUNCED A COLLABORATION WITH DALLAS, TEXAS-BASED BAYLOR HEALTHCARE AND RESEARCH INSTITUTE FOCUSED ON ACCELERATING EARLY DETECTION AND TREATMENTS FOR PATIENTS WITH A BROAD RANGE OF CANCERS. THIS AGREEMENT FORGES THE BEST SCIENCE OF BOTH INSTITUTIONS, LEADING TO NEW CLINICAL TRIALS AND ACCESS TO TECHNOLOGY TO DRIVE THE DEVELOPMENT OF NEW THERAPIES, STARTING AT BAYLOR SCOTT &amp; WHITE HEALTH'S 49 HOSPITALS THROUGHOUT TEXAS. - THE WEEK PRIOR TO THE TGEN-BAYLOR ANNOUNCEMENT, PREVIOUS COLLABORATIVE WORK BETWEEN OUR INSTITUTIONS LED THE AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) TO ANNOUNCE THAT A SCIENTIFIC PAPER DESCRIBING POTENTIAL DRUG TARGETS FOLLOWING THE UNPRECEDENTED GENOMIC SEQUENCING OF 14 METASTATIC TRIPLE-NEGATIVE BREAST CANCER PATIENTS WAS THE MOST CITED STUDY IN 2013 OF ANY PUBLISHED THAT YEAR BY AACR'S JOURNAL MOLECULAR CANCER THERAPEUTICS. - IN EARLY NOVEMBER, STAND UP TO CANCER (SU2C) SELECTED DR. VON HOFF AND HIS TEAM TO LEAD ANOTHER PANCREATIC CANCER DREAM TEAM, DR. VON HOFF'S SECOND SUCH TEAM (HIS FIRST ACCRUED MORE CANCER PATIENTS ONTO CLINICAL TRIALS THAN ANY DREAM TEAM TO DATE). THIS SELECTION VALIDATES THE SUCCESS THAT DR. VON HOFF AND HIS COLLEAGUES HAVE MADE, AND SIGNIFIES SU2C'S BELIEF THAT HIS TEAM OFFERS THE MOST PROMISING NEW APPROACHES TO TREAT PANCREATIC CANCER. THE OVERARCHING AIM FOR THE RESEARCH GRANT IS TO DEVELOP THERAPIES THAT GREATLY IMPROVE A PERSON'S SURVIVAL OVER AND ABOVE WHAT DR. VON HOFF AND HIS TEAM HAVE ALREADY ACHIEVED. STAND UP TO CANCER TEAM SCIENCE AWARDS (ALL EXCEEDING 6 MILLION DOLLARS) ARE THE MOST DIFFICULT PEER-REVIEWED SUPPORT TO SECURE IN MEDICAL RESEARCH. DR. JEFFREY TRENT SERVES AS CO-LEADER OF THE MELANOMA DREAM TEAM (JOINTLY SPONSORED BY STAND UP TO CANCER AND THE MELANOMA RESEARCH ALLIANCE). FOR A RESEARCH INSTITUTION TO HAVE TWO OF THE 11 TEAM SCIENCE AWARDS IS A GREAT COMPLIMENT TO THE EXCELLENCE OF TGEN SCIENCE. - THE AVERAGE AGE OF DIAGNOSIS OF OVARIAN CANCER (THE MOST DEADLY FORM OF CANCER IN WOMAN) IS 64 YEARS. BUILDING CLINICALLY ON RESEARCH LED BY TGEN FACULTY, TGEN DEVELOPED A CLINICAL TRIAL FOR PATIENTS FROM AROUND THE WORLD WHO SUFFER FROM THE MOST DEADLY SUB-TYPE OF OVARIAN CANCER, CALLED SMALL CELL CARCINOMA OF THE OVARY (SCCOHT). THIS PARTICULARLY AGGRESSIVE TYPE OF CANCER IS DIAGNOSED AT AN AVERAGE AGE OF 24 YEARS, WITH GIRLS AS YOUNG AS 14 MONTHS DIAGNOSED WITH THIS DISEASE. - ALSO IN A LANDMARK TRIAL, THE SU2C MELANOMA DREAM TEAM DISCUSSED ABOVE (CO-LED BY YALES UNIVERSITIES DR. PAT LORUSSO) ENROLLED ITS FIRST PATIENTS, WITH UP TO ONE HUNDRED MORE PATIENTS WITH THE MOST DEADLY SUB-TYPE OF THIS MELANOMA EXPECTED TO ENROLL OVER THE 18 MONTHS. - WORK SUPPORTED BY THE BEN &amp; CATHERINE IVY FOUNDATION LED TO THREE PROJECTS FOCUSED ON GLIOBLASTOMA. THE FIRST, A SIGNIFICANT AND INNOVATIVE TRIAL WITH COLLEAGUES AT BARROW NEUROLOGICAL INSTITUTE WILL TEST NEW DRUGS IN A PHASE ZERO CLINICAL TRIAL TO DETERMINE IF THEY CAN PENETRATE THE BLOOD-BRAIN BARRIER AND BE EFFECTIVE AGAINST THE TUMOR. ANOTHER DESCRIBED OUR STUDY PUBLISHED IN THE OXFORD UNIVERSITY PRESS JOURNAL NEURO-ONCOLOGY, REVIEWING THE STATE-OF-THE-ART TREATMENTS FOR GLIOBLASTOMA, AND A RELATED CLINICAL TRIAL AT UC SAN FRANCISCO. AND THE THIRD, WORK WITH THE ALLEN BRAIN INSTITUTE IN SEATTLE, WASHINGTON, TO UPDATE THE IVY GLIOBLASTOMA ATLAS PROJECT. - TECHNOLOGY ADVANCEMENTS IN RECENT YEARS NOW ALLOW TGEN AND OTHER SCIENTISTS TO LOOK DEEPER INTO THE HUMAN GENOME THAN EVER BEFORE, WHICH HAS FURTHERED THE RESEARCH OF SEVERAL FACULTY MEMBERS INTO SO-CALLED LIQUID BIOPSIES - MORE OR LESS AN ADVANCED BLOOD TEST - FOR DETECTING THE SMALLEST OF CANCER CELLS (OR THE CONTENT OF THOSE CANCER CELLS) SWIMMING IN A PERSON'S BLOOD, LOOKING FOR A SPOT TO TAKE ROOT AND BECOME A FULL-BLOWN TUMOR. - FINALLY, A HOST OF OUR SCIENTISTS INCLUDING DRS. CRAIG AND HUENTLEMAN, JOIN OUR CLINIC LEADER (DR. NARAYANAN) IN THEIR FOCUS ON CHILDREN WITH RARE OR UNDIAGNOSED DISORDERS TO PROVIDE HOPE AND ANSWERS TO PARENTS WHO ENDURE DIAGNOSTIC ODDSSES THAT AT TIMES SPANS MULTIPLE YEARS.</p> |

| Return Reference  | Explanation  |
|---|--|
| <p>PEER-REVIEWED<br/>LABORATORY<br/>RESEARCH<br/>PUBLICATIONS AND<br/>PRESENTATIONS</p> | <p>SINCE DAY ONE, THE FOCUS OF OUR TRANSLATIONAL RESEARCH HAS CONSTANTLY REMAINED THE PATIENT, THOSE INDIVIDUALS WITH CANCER, ALZHEIMERS AND OTHER NEUROLOGICAL DISORDERS, AND A HOST OF RARE DISEASES THAT ALL TOO OFTEN GO MIS- OR UNDIAGNOSED IN JANUARY, DURING HIS STATE-OF-THE-UNION ADDRESS, PRESIDENT OBAMA SAID THAT PERSONALIZED MEDICINE "GIVES US ONE OF THE GREATEST OPPORTUNITIES FOR NEW MEDICAL BREAKTHROUGHS THAT WE HAVE EVER SEEN" WHILE MANY INSTITUTES AND HEALTHCARE NETWORKS HAVE TAKEN UP THE CHARGE OF LATE, TGEN HAS PUSHED THE BOUNDARIES OF THIS SPACE FOR THE PAST DECADE MUCH OF WHAT WE LEARN IS PUBLISHED IN LEADING SCIENTIFIC AND MEDICAL JOURNALS, WHICH INCREASES THE KNOWLEDGE BASE OF ALL THOSE IN THE BIOMEDICAL RESEARCH AND MEDICAL SPACE OUR ANNUAL SCIENTIFIC RETREAT IN OCTOBER BROUGHT TOGETHER NEARLY 240 REGISTRANTS INCLUDING TGEN FACULTY, STAFF, STUDENTS AND 45 COLLABORATORS TGEN SCIENTISTS PRESENTED OVER 60 SCIENTIFIC POSTERS, EIGHT UNIQUE BREAKOUT PANELS AND FOUR COMPETITIVELY SELECTED "HOT TOPICS" PRESENTATIONS THE PURPOSE OF THE EVENT WAS TO SUMMARIZE THE INSTITUTES SCIENTIFIC YEAR AND CREATE AN ENVIRONMENT IN WHICH NEW PROFESSIONAL RELATIONSHIPS AND COLLABORATIONS, BOTH INTERNAL AND EXTERNAL, COULD DEVELOP IN 2015, 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 SCIENCE ADVANCES, PROCEEDING OF THE NATIONAL ACADEMY OF SCIENCES, USA, CELL, NATURE COMMUNICATIONS, MOLECULAR CANCER THERAPEUTICS, NERO ONCOLOGY, PLOS ONE, GENOME RESEARCH, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, NEUROLOGY, AND A HOST OF OTHER DISEASE-ASSOCIATED PUBLICATIONS</p> |

| Return<br>Reference          | Explanation   |
|------------------------------|---|
| 2015<br>SELECT<br>HIGHLIGHTS | <p>A) DESMOPLASIA IN PRIMARY TUMORS AND METASTATIC LESIONS OF PANCREATIC CANCER CLIFFORD J WHATCOTT, CAROLINE H DIEP, PING JIANG, APRILL WATANABE, JANINE LOBELLO, CHAO SIMA, GALEN HOSTETTER, H MICHAEL SHEPARD, DANIEL D VON HOFF, AND HAIYONG HAN FEBRUARY 18, 2015 B) REVIEW OF X-LINKED SYNDROMES WITH ARTHROGYROSIS OR EARLY CONTRACTURES-AID TO DIAGNOSIS AND PATHWAY IDENTIFICATION HUNTER JM1, KIEFER J, BALAK CD, JOOMA S, AHEARN ME, HALL JG, BAUMBACH-REARDON L AM J MED GENET A 2015 MAY, 167(5) 931-73 EPUB 2015 MAR 19 C) NOVEL PATHOGENIC VARIANTS AND GENES FOR MYOPATHIES IDENTIFIED BY WHOLE EXOME SEQUENCING HUNTER JM, AHEARN ME, BALAK CD, LIANG WS, KURDOGLU A, CORNEVEAUX JJ, RUSSELL M, HUENTELMAN MJ, CRAIG DW, CARPTEN JD, COONS SW, DEMELLO DE, HALL JG, BERNES SN AND BAUMBACH-REARDON L MOLECULAR GENETICS &amp; GENOMIC MEDICINE VOLUME 3, ISSUE 4, PAGES 283301 ARTICLE FIRST PUBLISHED ONLINE APRIL 8, 2015 D) TOWARDS PRECISION MEDICINE IN GLIOBLASTOMA THE PROMISE AND THE CHALLENGES MICHAEL D PRADOS, SARA A BYRON, NHAN L TRAN, JOANNA J PHILLIPS, ANNETTE M MOLINARO, KEITH L LIGON, PATRICK Y WEN, JOHN G KUHN, INGO K MELLINGHOFF, JOHN F DE GROOT, HOWARD COLMAN, TIMOTHY F CLOUGHESY, SUSAN M CHANG, TIMOTHY C RYKEN, WAIBHAV D TEMBE, JEFFREY A KIEFER, MICHAEL E BERENS, DAVID W CRAIG, JOHN D CARPTEN AND JEFFREY M TRENT NEURO ONCOL (2015) DOI 10.1093/NEUONC/NOV031 FIRST PUBLISHED ONLINE MAY 1, 2015 E) STAPHYLOCOCCUS AUREUS AND THE ECOLOGY OF THE NASAL MICROBIOME CINDY M LIU, LANCE B PRICE, BRUCE A HUNGATE, ALISON G ABRAHAM, LISBETH A LARSEN, KAARE CHRISTENSEN, MARC STEGGER, ROBERT SKOV, PAAL SKYTT ANDERSEN SCIENCE ADVANCES 05 JUN 2015, VOL 1, NO 5 F) PHYLOGENETICALLY TYPING BACTERIAL STRAINS FROM PARTIAL SNP GENOTYPES OBSERVED FROM DIRECT SEQUENCING OF CLINICAL SPECIMEN METAGENOMIC DATA SAHL JW, SCHUPP JM, RASKO DA, COLMAN RE, FOSTER JT, KEIM P GENOME MED 2015 JUN 9,7(1) 52 G) ORCHESTRATING THE TUMOR MICROENVIRONMENT TO IMPROVE SURVIVAL FOR PATIENTS WITH PANCREATIC CANCER NORMALIZATION, NOT DESTRUCTION WHATCOTT CJ, HAN H, VON HOFF DD CANCER J 2015 JUL-AUG, 21(4) 299-306 H) PILOT TRIAL OF SELECTING MOLECULARLY GUIDED THERAPY FOR PATIENTS WITH NON-V600 BRAF-MUTANT METASTATIC MELANOMA EXPERIENCE OF THE SU2C/MRA MELANOMA DREAM TEAM LORUSSO PM, BOERNER SA, PILAT MJ, FORMAN KM, ZUCCARO CY, KIEFER JA, LIANG WS, HUNSBERGER S, REDMAN BG, MARKOVIC SN, SEKULIC A, BRYCE AH, JOSEPH RW, COWEY CL, FECHER LA, SOSMAN JA, CHAPMAN PB, SCHWARTZ GK, CRAIG DW, CARPTEN JD, TRENT JM MOL CANCER THER. 2015 AUG, 14(8) 1962-71 EPUB 2015 JUN 10 I) WHOLE-GENOME BISULFITE SEQUENCING OF CELL-FREE DNA IDENTIFIES SIGNATURE ASSOCIATED WITH METASTATIC BREAST CANCER LEGENDRE C, GOODEN GC, JOHNSON, MARTINEZ RA, LIANG WS AND SALHIA B CLINICAL EPIGENETICS 2015, 7 100 SEPTEMBER 16, 2015 J) BRINGING RNA-SEQ CLOSER TO THE CLINIC VAN KEUREN-JENSEN K, KEATS JJ, CRAIG DW NAT BIOTECHNOL 2014 SEP; 32(9) 884-5 K) MULTIFOCAL CLONAL EVOLUTION CHARACTERIZED USING CIRCULATING TUMOR DNA IN A CASE OF METASTATIC BREAST CANCER MUHAMMED MURTAZA, SARAH-JANE DAWSON, KATHERINE POGREBNAK, OSCAR M RUEDA, ELENA PROVENZANO, JOHN GRANT, SUET-FEUNG CHIN, DANA W Y TSUI, FRANCESCO MARASS, DAVINA GALE, H RAZA ALI, PANKTI SHAH, TANIA CONTENTE-CUOMO, HOSSEIN FARAHANI, KAREY SHUMANSKY, ZOYA KINGSBURY, SEAN HUMPHRAY, DAVID BENTLEY, SOHRAB P SHAH, MATTHEW WALLIS, NITZAN ROSENFELD &amp; CARLOS CALDAS NATURE COMMUNICATIONS 6, ARTICLE NUMBER 8760 L) RARE VARIANTS IN CARDIOMYOPATHY GENES ASSOCIATED WITH STRESS-INDUCED CARDIOMYOPATHY KALANI MY, SINIARD AL, CORNEVEAUX JJ, BRUHNS R, RICHHOLT R, FORSETH J, ZABRAMSKI JM, NAKAJI P, SPETZLER RF, HUENTELMAN MJ NEUROSURGERY 2015 NOV 24</p> |

| Return Reference | Explanation  |
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| GRANT SUPPORT    | <p>IN ADDITION TO PHILANTHROPIC DONATIONS AND RESEARCH CONTRACTS, GRANT FUNDING IS AN IMPORTANT FUNDING SOURCE FOR RESEARCH TO DATE IN 2015, TGEN INVESTIGATORS SUBMITTED 97 GRANTS TOTALING \$84M TO DATE IN 2015, TGEN HAS AWARDED 20 GRANTS, TOTALING \$5.7M, WITH AN ADDITIONAL 12 GRANTS PENDING AWARD TOTALING \$3.6M AND 54 GRANTS UNDER REVIEW TOTALING \$35M. TGEN'S SUCCESS RATE HAS CONSISTENTLY MET OR EXCEEDED THE NATIONAL AVERAGE AS CALCULATED BY THE NIH. IN 2015, TGEN'S CUMULATIVE SUCCESS RATE OF 22%, WAS SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE. 2015 HIGHLIGHTS A SELECTION OF AWARDS INCLUDE:</p> <p>A) THREE-YEAR STAND-UP TO CANCER GRANT TOTALING \$12M TO DR. VON HOFF TO DEVELOP THERAPIES THAT IMPROVE SURVIVAL OF PATIENTS WITH PANCREATIC CANCER. B) FIVE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$1,665,818 TO DR. MATT HUENTELMAN TO STUDY NEURAL SYSTEM DYNAMICS AND GENE EXPRESSION SUPPORTING SUCCESSFUL COGNITIVE AGING. C) FIVE-YEAR GRANT FROM NIH TOTALING \$778,502 TO DR. MATT HUENTELMAN TO STUDY EPIGENETIC, NEUROIMAGING AND BEHAVIORAL EFFECTS OF HYPERTENSION IN THE AGING BRAIN. D) TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$735,851 TO DR. PATRICK PIRROTTE TO STUDY PRESERVATION OF DRIED PLASMA SPOTS FOR DOWNSTREAM PROTEOMIC APPLICATIONS. E) FOUR-YEAR GRANT FROM NIH TOTALING \$471,542 TO DR. MATT HUENTELMAN TO STUDY A CELL ACTIVITY TAGGING TOOLBOX, ALSO KNOWN AS CATT, TO BETTER UNDERSTAND DEVELOPMENT AND APPLICATION OF NEURONAL CELL ACTIVITY. F) ONE-YEAR GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TOTALING \$339,997 TO DR. PAUL KEIM TO STUDY DNA SEQUENCING AND BIOINFORMATICS ANALYSIS OF PATHOGENS WITH IMP. G) ONE-YEAR GRANT FROM THE ARIZONA BIOMEDICAL RESEARCH COMMISSION TOTALING \$225,000 TO DR. JESSE HUNTER TO STUDY IDENTIFICATION AND FUNCTIONAL CHARACTERIZATION OF NOVEL NEUROMUSCULAR DISEASE CAUSING VARIANTS IN ARIZONA INFANTS AND CHILDREN. H) TWO-YEAR GRANT FROM THE AVON FOUNDATION TOTALING \$200,006 TO DR. BODOUR SALHIA TO STUDY THE DEVELOPMENT OF NOVEL TARGETED THERAPEUTIC APPROACHES FOR BREAST CANCER METASTASIS TO THE BRAIN. I) TWO-YEAR GRANT FROM SCIENCE FOUNDATION ARIZONA TOTALING \$200,000 TO DR. JEFFREY TRENT ON BEHALF OF DR. MUHAMMAD MURTAZA TO STUDY THE FUTURE OF TRANSLATIONAL RESEARCH. J) TWO-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$176,403 TO DR. DAVID CRAIG TO STUDY SOMATIC MUTATIONS IN THE BRAIN DURING ALZHEIMER'S DISEASE. K) TWO-YEAR GRANT FROM THE DEPARTMENT OF DEFENSE TOTALING \$73,654 TO DR. KENDALL VAN-KEUREN-JENSEN TO STUDY EXOSOME-MEDIATED TRANSMISSION OF NEURODEGENERATION IN AMYOTROPHIC LATERAL SCLEROSIS (ALS). L) TWO-YEAR GRANT FROM THE NATIONAL FOUNDATION FOR CANCER RESEARCH TOTALING \$300,002 TO DRS. DANIEL VON HOFF AND HAIYONG HAN TO STUDY A NOVEL APPROACH TO TARGETING CANCER CELLS THROUGH MODULATING GLOBAL GENE TRANSCRIPTION USING SUPER-ENHANCER (SE) INHIBITORS. M) ONE-YEAR GRANT FROM THE ARIZONA ALZHEIMER'S RESEARCH CONSORTIUM TOTALING \$205,000 TO DR. MATT HUENTELMAN FOR FOUR PROJECTS INVOLVING "EXCEPTIONAL" PHENOTYPES, THE DYRK1A GENE, VALIDATION OF RNA TARGETS IN SERUM AND CSF AND CHARACTERIZATION OF MITOCHONDRIAL PSEUDOGENES IN ALZHEIMER'S DISEASE. N) THREE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) TOTALING \$2,062,360 TO DR. KENDALL VAN-KEUREN-JENSEN AND DR. MATT HUENTELMAN FOR A STUDY OF BIOMARKERS THAT COULD PREDICT PATIENT OUTCOMES, FOLLOWING INJURIES THAT RESULT IN BLEEDING IN THE BRAIN. O) FIVE-YEAR GRANT FROM NIH TOTALING \$1,033,331 TO DR. NHAN TRAN TO STUDY THE NOVEL ROLE OF TROY-EGFR GENE COMPLEX IN GLIOBLASTOMA BRAIN TUMOR INVASION AND RESISTANCE. P) TWO-YEAR GRANT FROM THE NIH TOTALING \$487,540 TO DR. MATT HUENTELMAN FOR A STUDY IDENTIFYING PATHOGENIC MECHANISMS IMPORTANT IN MULTIPLE SYSTEM ATROPHY (MSA), FOR WHICH THERE CURRENTLY ARE NO DISEASE PREVENTING OR MODIFYING TREATMENTS. Q) TWO-YEAR GRANT FROM NIH/NATIONAL CANCER INSTITUTE TOTALING \$445,005 TO DR. HAIYONG HAN FOR A STUDY TARGETING THE PHD2 GENE IN PANCREATIC CANCER. R) ONE-YEAR GRANT FROM THE CENTERS FOR DISEASE CONTROL TOTALING \$347,043 TO DR. PAUL KEIM FOR DNA SEQUENCING AND BIOINFORMATICS ANALYSIS OF PATHOGENS, INCLUDING EMERGENCY RESPONSE AS NEEDED FOR DISEASE OUTBREAK.</p> |

| Return Reference  | Explanation  |
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| ENTERPRISE EFFORTS, COLLABORATION, SPIN-OFFS AND JOB CREATION | <p>THE TECHNOLOGY TRANSFER OFFICE (TTO) FACILITATES AND ACCELERATES THE COMMERCIALIZATION OF TGEN'S SCIENTIFIC DISCOVERIES FOR THE BENEFIT OF HUMAN HEALTH BY, - IDENTIFYING, PATENTING AND LICENSING NEW TECHNOLOGY, - FACILITATING ACCESS AND EXCHANGE OF RESEARCH MATERIALS, TECHNOLOGIES, AND DATA VIA MATERIAL TRANSFER AGREEMENTS (MTAS) OR CONFIDENTIAL DISCLOSURE AGREEMENTS (CDAS), - NEGOTIATING COLLABORATIVE RESEARCH AGREEMENTS, AND - ASSISTING IN THE FORMATION OF START-UP COMPANIES WHEN APPROPRIATE DURING 2015, TGEN CONTINUED COLLABORATIONS WITHIN THE STATE OF ARIZONA, INCLUDING NEW JOINT FACULTY WITH MAYO CLINIC</p> <p>Invention disclosures TGEN RECEIVED 18 INVENTION DISCLOSURES BASED ON DISCOVERIES STEMMING FROM TGEN-LED RESEARCH, AND FILED 19 PROVISIONAL PATENT APPLICATIONS</p> <p>Contracts and collaborations TGEN SIGNED A TOTAL OF 358 CONTRACTS/AMENDMENTS IN 2015, BROKEN DOWN AS FOLLOWS</p> <p>A) 65 CDAS B) 66 MTAS C) 18 RESEARCH COLLABORATIONS D) 15 MASTER RESEARCH/SERVICES AGREEMENTS E) 44 RESEARCH PLANS AND SOWS F) 23 CONSULTING AGREEMENTS G) 62 PROFESSIONAL SERVICE AGREEMENTS H) 02 COMMERCIALIZATION LICENSES I) 63 AGREEMENTS COVERING MISCELLANEOUS ACTIVITIES</p> <p>A LISTING OF A NUMBER OF THE MAJOR RESEARCH COLLABORATORS INCLUDE ALLINA HEALTH/JNNI, BAYLOR RESEARCH INSTITUTE, BROAD INSTITUTE, COLORADO STATE UNIVERSITY, DIGNITY, FLORIDA INSTITUTE FOR HUMANE &amp; MACHINE COGNITION, GEORGE MASON UNIVERSITY, HONORHEALTH, MAYO CLINIC, MIDWESTERN UNIVERSITY, NATIONAL CENTER FOR ADVANCING TRANSLATION SCIENCES, OHIO STATE UNIVERSITY, ST ANNES UNIVERSITY HOSPITAL</p> <p>Job creation IN 2015, 21 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED WITH SALARIES AND BENEFITS TOTALING \$1,205,184</p> <p>SALARIES FOR TEMPORARY POSITIONS (THOSE POSITIONS CREATED FOR A FINITE PERIOD OF TIME) TOTALED \$99,120, WHICH INCLUDES TEMPORARY TGEN STAFF AND TEMPORARY SERVICE FEES</p> <p>STUDENT SALARIES WERE JUST OVER \$460,000, BRINGING THE OVERALL 2015 TOTAL TO \$1,665,184</p> <p>IN TERMS OF EDUCATION LEVEL, EIGHTY-SIX PERCENT OF FULL-TIME TGEN STAFF HOLDS A COLLEGE DEGREE AND FIFTY PERCENT HOLDS AN ADVANCED DEGREE</p> <p>2015 FULL-TIME POSITIONS FILLED (NEW AND REPLACEMENTS) INCLUDED</p> <p>- ASSOCIATE BIOINFORMATICIAN - ASSISTANT PROFESSOR - BIOINFORMATICIAN - CLINICAL RESEARCH COORDINATOR - FINANCIAL ANALYST II - CONTRACTS MANAGER - FACILITIES TECHNICIAN - POST-DOC FELLOW - RESEARCH ASSISTANT PROFESSOR - RESEARCH ASSOCIATE - RESEARCH ASSOCIATE II - RESEARCH TECHNICIAN - SR GRANTS ADMINISTRATOR - SR STAFF SCIENTIST - SR VICE PRESIDENT, EMERGING OPPORTUNITIES</p> |

| Return<br>Reference | Explanation   |
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| EDUCATION           | <p>TGEN DESIGNED ITS SCIENCE EDUCATION AND COMMUNITY OUTREACH INITIATIVES TO ASSIST IN THE GROWTH OF THE BIOSCIENCE WORKFORCE IN ARIZONA, INCREASE PUBLIC FLUENCY IN TRANSLATIONAL MEDICINE, AND BUILD AN ACCESSIBLE COMMUNITY PRESENCE. 2015 HIGHLIGHTS INCLUDE NEARLY 600 ARIZONA STUDENTS APPLIED TO THE 2015 HELIOS SCHOLARS AT TGEN PROGRAM, WITH 45 SELECTED TO WORK FULL-TIME ALONGSIDE A TGEN MENTOR TO DEVELOP AND ENHANCE THEIR SKILLS BY CONTRIBUTING TO AN AUTHENTIC BIOMEDICAL RESEARCH PROJECT. IN TERMS OF 2015 COHORT DEMOGRAPHICS, 69 PERCENT ATTEND COLLEGES OR UNIVERSITIES IN ARIZONA, 27 PERCENT SELF-IDENTIFY AS RACES/ETHNICITIES UNDERREPRESENTED IN THE BIOSCIENCES, 11 PERCENT ATTEND HIGH SCHOOL, 87 PERCENT ARE WORKING TOWARD AN UNDERGRADUATE DEGREE AND 2 PERCENT ATTEND GRADUATE OR MEDICAL SCHOOL. TGEN ENGAGED OVER 60 HELIOS SCHOLARS ALUMNI FOR THE FOURTH ANNUAL ALUMNI NETWORKING RECEPTION. ALUMNI PROVIDED GUIDANCE TO THIS SUMMER'S INTERN CLASS VIA A PANEL DISCUSSION AND PARTICIPATED IN THE SELECTION PROCESS. NETWORKING OPPORTUNITIES ENSURE THE PROGRAM CONTINUES TO DELIVER ON THE MISSION TO GROW THE BIOSCIENCE WORKFORCE IN ARIZONA. THE 2015-2016 IVY NEUROLOGICAL SCIENCES INTERNSHIP PROGRAM BEGAN IN JUNE. TWO HIGH SCHOOL STUDENTS COMPLETED BRAIN TUMOR AND NEUROLOGICAL DISEASE RESEARCH INTERNSHIPS IN JULY. TWO UNDERGRADUATES AND ONE MEDICAL SCHOOL STUDENT WILL BEGIN IN SEPTEMBER. AT THE CONCLUSION OF THIS YEAR'S PROGRAM, 22 ARIZONA STUDENTS WILL HAVE COMPLETED PROFESSIONAL DEVELOPMENT AND INTENSIVE RESEARCH TRAINING IN BRAIN TUMORS AND NEUROLOGICAL DISEASE. THE PROGRAM CONTINUES TO BE A HIGH-CALIBER SUCCESS IN WORKFORCE DEVELOPMENT AND PRODUCTIVE RESEARCH, RESULTING FROM THE GENEROSITY OF THE BEN AND CATHERINE IVY FOUNDATION. IN ADDITION TO ITS ANNUAL HELIOS SCHOLARS AND IVY PROGRAMS, TGEN BROADENED THE SCOPE OF DIVERSITY IN STUDENT INTERN EXPERIENCES BY HOSTING A STUDENT INTERN FROM A PUBLIC AND HISTORICALLY BLACK UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, PART OF THE UNIVERSITY OF NORTH CAROLINA SYSTEM. ADDITIONALLY, TGEN RESEARCHERS MENTORED TWO BASIS SCHOOLS STUDENTS, AND HOSTED THREE ACADEMIC YEAR INTERNS SUPPORTED BY ARIZONA COMMUNITY FOUNDATION FUNDING. WITH AN AWARD OF \$25,000 FROM THE SCOTTSDALE UNIFIED SCHOOL DISTRICT FOUNDATION, TGEN CONDUCTED A TEACHER TRAINING PILOT PROGRAM IN JULY WITH SAGUARO HIGH SCHOOL, A MAGNET MATH AND SCIENCE ACADEMY IN THE SCOTTSDALE UNIFIED SCHOOL DISTRICT. THE PURPOSE OF THE THREE-DAY, FIVE-TEACHER PROGRAM WAS TO INCREASE THE TEACHERS' CONTENT KNOWLEDGE, DEPTH OF UNDERSTANDING AND INSIGHT INTO BIOMEDICAL RESEARCH, BENEFITTING AN EXPONENTIAL NUMBER OF ARIZONA STUDENTS OVER TIME. AN INTENSIVE AGENDA IMMERSED TEACHERS IN A SERIES OF PRESENTATIONS, INTERACTIVE DISCUSSIONS AND PRACTICAL EXPERIENCES LED BY TGEN FACULTY AND STAFF. THE PROGRAM PROVIDED PROOF-OF-CONCEPT FOR THE POSSIBILITY OF A FUTURE STATEWIDE TEACHER PROFESSIONAL DEVELOPMENT INITIATIVE THAT WILL ENHANCE TGEN'S REPUTATION AS A COMMITTED EDUCATION STAKEHOLDER IN ARIZONA. PROGRAM FEEDBACK WAS OVERWHELMINGLY POSITIVE. TGEN ASSISTED THE FLINN FOUNDATION WITH PILOTING A NEW INTERNSHIP PROGRAM AS PART OF ITS WORKFORCE DEVELOPMENT INITIATIVE, THE FLINN SCHOLARS PROGRAM. AN ARIZONA STATE UNIVERSITY FLINN SCHOLAR FOCUSED ON THE BUSINESS OF SCIENCE WORKING ALONGSIDE TGEN'S BUSINESS DEVELOPMENT TEAM. TGEN STAFF TRAVELED TO PITTSBURGH TO VOLUNTEER AND COLLECT DATA AT THE 2015 INTEL ISEF, THE INTERNATIONAL HIGH SCHOOL SCIENCE FAIR, WHICH IS THE LARGEST IN THE WORLD. THE INTEL ISEF WILL RETURN TO PHOENIX IN 2016 AND 2019. TGEN STAFF PARTICIPATES ON THE LOCAL ARRANGEMENTS COMMITTEE AND JUDGE RECRUITMENT COMMITTEE TO ENSURE THE THOUSANDS OF INDIVIDUALS ATTENDING THE FAIR FROM NEARLY 70 COUNTRIES EXPERIENCE PHOENIX AND TGEN IN A POSITIVE WAY. LASTLY, TGEN STAFF PARTICIPATED IN AN UPDATE OF THE BIOSCIENCE STANDARDS FOR THE ARIZONA DEPARTMENT OF EDUCATION CAREER AND TECHNICAL EDUCATION VIA THE VALIDATION COMMITTEE. THE GOAL OF PARTICIPATION WAS TO PROVIDE EXPERT INSIGHT INTO THE TECHNICAL KNOWLEDGE AND SKILLS HIGH SCHOOL STUDENTS NEED TO BE PREPARED TO ENTER THE BIOSCIENCE WORKFORCE.</p> |

| Return<br>Reference | Explanation  |
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| PUBLIC<br>OUTREACH  | <p>IN 2015, TGEN HOSTED OVER 800 INDIVIDUALS FOR LABORATORY TOURS, AN INCREASE OF NEARLY 40 PERCENT OVER 2014 TGEN IS COMMITTED TO MAINTAINING AN ACCESSIBLE COMMUNITY PRESENCE FOR THE PUBLIC, SCHOOL GROUPS, LEADERS AND INTERESTED INDIVIDUALS TGEN BELIEVES IT HAS A RESPONSIBILITY TO OFFER WORKFORCE DEVELOPMENT KNOWLEDGE, CONTENT AND EXPERTISE TO OUR EDUCATION COMMUNITY PARTNERS IN THIS SPIRIT, TGEN IS REPRESENTED ON BOARDS, COMMITTEES AND WORKING GROUPS INCLUDING, BUT NOT LIMITED TO CENTER FOR RESEARCH IN ENGINEERING, SCIENCE AND TECHNOLOGY (CREST) SCHOOL ADVISORY BOARD, ARIZONA BIOINDUSTRY ASSOCIATION EVENTS AND EDUCATION COMMITTEE, CITY OF PHOENIX HEALTHCARE SECTOR PARTNERSHIP, ARIZONA BIOMEDICAL RESEARCH COMMISSION, CENTRAL PHOENIX WOMEN, DEER VALLEY UNIFIED SCHOOL DISTRICT CAREER AND TECHNICAL EDUCATION BOARD, TEMPE UNIFIED HIGH SCHOOL DISTRICT CAREER AND TECHNICAL EDUCATION BOARD, QUEEN CREEK HIGH SCHOOL BIOTECHNOLOGY ADVISORY PANEL, PEORIA UNIFIED MEDICAL, ENGINEERING AND TECHNOLOGY PROFESSIONAL ACADEMY ADVISORY TEAM IN MARCH 2015, TGEN HOSTED TWO PHOENIX HIGH SCHOOL STUDENTS FOR THE BE A LEADER FOUNDATIONS ANNUAL SHADOW A PROFESSIONAL DAY TGEN HAS PARTICIPATED IN THIS EVENT EVERY YEAR FOR MORE THAN FIVE YEARS THE MISSION OF THE BE A LEADER FOUNDATION IS TO DESIGN PROGRAMS THAT INSTILL A HIGH SCHOOL COMPLETION AND COLLEGE-GOING CULTURE FOR LOCAL STUDENTS IN SUPPORT OF THE ARIZONA SCITECH FESTIVAL, TGEN PARTNERED WITH START@WEST-MEC, A COLLABORATIVE EDUCATION SPACE AT THE WESTERN MARICOPA EDUCATION CENTER, TO DELIVER TEACHER PROFESSIONAL DEVELOPMENT IN BIOINFORMATICS AND COMPUTATIONAL BIOLOGY TGEN SELECTED THIS PARTNER TO INCREASE ACCESS TO TGEN PROFESSIONAL DEVELOPMENT FOR WEST VALLEY EDUCATORS ABOUT 20 TEACHERS ATTENDED TO INTERACT WITH A PANEL OF TGEN RESEARCHERS AND STUDENT INTERNS</p> |



| Return<br>Reference                              | Explanation  |
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| MEDIA,<br>MARKETING<br>AND PUBLIC<br>RECOGNITION | <p>THE OVERALL GOAL OF TGENS MEDIA EFFORTS IS TO BUILD A STRONG AND COMPELLING COMMUNICATIONS TOOL SET TO TELL TGENS 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 INSTITUTES RESEARCH ACTIVITIES. 2015 ALSO MARKED TGENS ENGAGEMENT IN PAID MEDIA TO DRIVE TRAFFIC THROUGH ITS VARIOUS SOCIAL CHANNELS. IN TERMS OF OUR SOCIAL PLATFORMS, WE SAW A 27.5% INCREASE ON FACEBOOK, 34.5% ON TWITTER, 94.5% ON LINKEDIN, AND OUR E-NEWS IS NOW SENT TO OVER 12,000 SUBSCRIBERS/DONORS. OUR EARNED MEDIA EFFORTS CONTINUE TO RECEIVE POSITIVE PRESS, BOTH LOCALLY AND NATIONALLY, TOTALING NEARLY 1,000 IMPRESSIONS ACROSS VARIOUS PRINT, BROADCAST AND DIGITAL PLATFORMS, INCLUDING FORBES MAGAZINE, NEWSWEEK, THE ARIZONA REPUBLIC, PITTSBURGH POST-GAZETTE, SAN ANGELO STANDARD-TIMES (TEXAS), GENOMEWEB, PHOENIX BUSINESS JOURNAL, ARIZONA BUSINESS GAZETTE, THE ARIZONA DAILY SUN (FLAGSTAFF), ABC 15, FOX 10, CBS 5, ARIZONA FAMILY CHANNEL 3, KJZZ, KFYI, KTAR, CHANNEL 8 PBS PHOENIX, CHANNEL 6 PBS TUCSON, ARIZONA REDBOOK, ARIZONA FOOTHILLS MAGAZINE, ARIZONA'S VOICE, MAGAZINE, DRUG DELIVERY. SURVEYING THE GLOBAL COMPETITIVE LANDSCAPE, STATES NEWS SERVICE, TARGETED NEWS SERVICE, PLUS PATENT NEWS, PRWEB, NEWSWIRE, WEB NEWSWIRE, VIRTUAL STRATEGY MAGAZINE, US FED NEWS, US OFFICIAL NEWS. IN TERMS OF PUBLIC RECOGNITION, TGEN FACULTY AND LEADERSHIP PARTICIPATED IN NUMEROUS COMMUNITY ACTIVITIES AND SERVE ON MANY BOARDS. RECOGNITION OF TGENS EFFORTS SERVES TO HIGHLIGHT OUR PUBLIC, ACADEMIC AND INDUSTRY INVOLVEMENT ACROSS ARIZONA. IN 2015, RECOGNITION INCLUDED: IN MARCH, THE PHOENIX BUSINESS JOURNAL NAMED TGEN COO TESS BURLESON AS ONE OF THE PHOENIX BUSINESS JOURNALS 2015 OUTSTANDING WOMEN IN BUSINESS. THE AWARD HONORS REMARKABLE WOMEN IN THE VALLEY BUSINESS COMMUNITY WHO SERVE AS MENTORS, LEADERS AND VISIONARIES. TGEN ASSOCIATE PROFESSOR DR. MATT HUENTELMAN DELIVERED THE KEYNOTE PRESENTATION AT THE ANNUAL ARIZONA BIOINDUSTRY ASSOCIATION EXPO IN APRIL. DR. HUENTELMAN DISCUSSED HOW TGEN'S MINDCROWD PROGRAM IS A PRIME EXAMPLE OF USING ONLINE CROWDSOURCING TO RECRUIT VOLUNTARY INDIVIDUALS FOR SCIENTIFIC STUDIES AND CLINICAL RESEARCH TO AN AUDIENCE OF BIOSCIENCE INDUSTRY LEADERS, STATE AND CITY OFFICIALS AND STUDENTS. TGEN DIRECTOR OF PUBLIC AFFAIRS AND EDUCATION, BRANDY WELLS, WAS APPOINTED BY GOVERNOR DOUG DUCEY TO THE ARIZONA BIOMEDICAL RESEARCH COMMISSION AND CONFIRMED BY THE ARIZONA SENATE TO SERVE A THREE-YEAR TERM AS A PUBLIC MEMBER COMMISSIONER.</p> |

| Return Reference  | Explanation   |
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| FORM 990, PART V, LINE 2A, PART VII, SECTION A, AND PART IX | TGEN FOUNDATION DOES NOT HAVE EMPLOYEES, BUT SHARES THE COST OF PERSONNEL, SERVICES, FACILITIES AND EXPENSES WITH TGEN, A RELATED TAX-EXEMPT ORGANIZATION |

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

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

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

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART VI,<br>LINE 7B | <p>THE SOLE CORPORATE MEMBER'S VOTE SHALL BE REQUIRED ON A) THE ELECTION AND REMOVAL OF ELECTED DIRECTORS AS SET FORTH IN THE BYLAWS, B) THE ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, C) THE SALE OF ALL OR SUBSTANTIALLY ALL THE FOUNDATION'S ASSETS IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, D) THE AMENDMENT OF THE FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS, E) THE INSTITUTION, OR CONSENT TO INSTITUTION, OF PROCEEDINGS TO ADJUDICATE THE FOUNDATION BANKRUPT OR INSOLVENT, OR THE FILING OF A PETITION SEEKING OR CONSENTING TO REORGANIZATION OR RELIEF UNDER ANY LAW RELATING TO BANKRUPTCY, INSOLVENCY, OR OTHER RELIEF FOR DEBTORS, OR THE CONSENT TO THE APPOINTMENT OF A RECEIVER, LIQUIDATOR, ASSIGNEE, TRUSTEE, SEQUESTRATOR (OR SIMILAR OFFICIAL) OF THE FOUNDATION OR OF ALL OR ANY SUBSTANTIAL PART OF ITS PROPERTY, OR THE MAKING OF ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, OR THE ADMISSION IN WRITING OF THE FOUNDATION'S INABILITY TO PAY ITS DEBTS GENERALLY AS THEY BECOME DUE, OR ANY STEPS IN FURTHERANCE OF SUCH ACTIONS, AND F) THOSE MATTERS UPON WHICH THE MEMBER IS GRANTED VOTING RIGHTS IN THE ARTICLES OF INCORPORATION, BYLAWS, OR THE ARIZONA NONPROFIT CORPORATION ACT THE SOLE CORPORATE MEMBER HAS THE FOLLOWING RESERVE POWERS A) APPOINT AND REMOVE THE PRESIDENT, B) APPROVE THE ESTABLISHMENT OF NEW CORPORATE PARTNERSHIP ENTITIES CREATED OR JOINED BY THE FOUNDATION, C) APPROVE THE FOUNDATION'S EXECUTION OF MATERIAL CONTRACTS, AND D) APPROVE THE FOUNDATION'S INCURRENCE OF MATERIAL DEBTS</p> |

| Return<br>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<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART VI, LINE<br>12C | TGEN FOUNDATION DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ALL DIRECTOR LEVEL POSITIONS AND ABOVE, IN ADDITION TO ANY KEY EMPLOYEES DESIGNATED BY THE TGEN CHIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE TGEN CHIEF FINANCIAL OFFICER AND TGEN'S OFFICE OF RESEARCH COMPLIANCE THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE TGEN CHIEF OPERATING OFFICER TO ENSURE AN APPROPRIATE PLAN IS SET FORTH UPDATES TO THE LIST ARE HANDLED ON AN AS-NEEDED BASIS, BASED ON CONTRACT REVIEWS AND EMPLOYEE INFORMATION |



| Return<br>Reference                           | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>LINES 15A<br>AND 15B | <p>THE FOUNDATION DOES NOT HAVE ANY DIRECT EMPLOYEES. COMPENSATION IS DETERMINED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USING THE FOLLOWING PROCESS: TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVICE AND CONSENT" CAPACITY, REVIEWING THE RECOMMENDATIONS FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL. DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS). THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS. DURING THE DECISION MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY. THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS, WHEN DEEMED NECESSARY AND ADVISABLE. THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE. THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING DISQUALIFIED PERSONS' COMPENSATION." WHEN DEVELOPING A COMPENSATION PHILOSOPHY, TGEN KEPT IN MIND THE FOLLOWING FACTORS: THE TGEN MISSION AND STRATEGY; THE TGEN CULTURE; TRENDS IN COMPENSATION IN THE EXTERNAL ENVIRONMENT; TRENDS IN RECRUITMENT OF NEW EMPLOYEES; TRENDS IN ORGANIZATIONAL EMPLOYEE TURNOVER; TGEN'S LIFE CYCLE STAGE. THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2015.</p> |

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

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

Employer identification number  
33-1092191

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |                                  |                        |  |
|---|----------------------------------|------------------------|--|
| (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |

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.

[illegible]

**Part VII**    **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|