

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319022777

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

% KEVIN GROFF

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

445 N 5TH STREET Suite 600

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PHOENIX, AZ 85004

F Name and address of principal officer

JEFFREY M TRENT PHD

445 N 5TH STREET600

Phoenix, AZ 85004

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 ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TGEN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002

M State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

12

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

326

6 Total number of volunteers (estimate if necessary)

68

7a Total unrelated business revenue from Part VIII, column (C), line 12

86,522

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

21,230,401

9 Program service revenue (Part VIII, line 2g)

16,538,667

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

172,192

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

2,308,719

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

40,249,979

89,801,983

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

22,715,867

20,438,519

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

27,602,138

23,923,354

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

50,318,005

44,361,873

19 Revenue less expenses Subtract line 18 from line 12

-10,068,026

45,440,110

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

42,113,953

96,504,823

21 Total liabilities (Part X, line 26)

18,084,710

16,391,407

22 Net assets or fund balances Subtract line 21 from line 20

24,029,243

80,113,416

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

2017-11-15

Date

MANUEL ESTRADA CFO

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

Phone no (602) 322-3000

PHOENIX, AZ 85004

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 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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.

4a (Code) (Expenses \$ 9,149,244 including grants of \$ 0) (Revenue \$ 888,856)
See Additional Data

4b (Code) (Expenses \$ 8,899,334 including grants of \$ 0) (Revenue \$ 1,500,944)
See Additional Data

4c (Code) (Expenses \$ 6,331,172 including grants of \$ 0) (Revenue \$ 1,089,289)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,794,484 including grants of \$ 0) (Revenue \$ 18,495,537)

4e Total program service expenses ► 26,174,234

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	71	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
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	326	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
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 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	Organizations that may receive deductible contributions under section 170(c).		
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
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	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: <u>AZ</u>	
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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeffrey M Trent PhD Board Member/Pres/ScienCE DIR	39 0 1 0	X		X				1,279,662	0	18,768
(2) William J Post Board Member/Chairman	1 0 1 0	X		X				0	0	0
(3) Robert Stone BD & VICE CHRM/COH CEO & PRES	1 0 60 0	X		X				0	2,147,991	378,916
(4) Cindy Parseghian Board Member/Treasurer	1 0 0 0	X		X				0	0	0
(5) Bennett Dorrance Board Member/Secretary	1 0 1 0	X		X				0	0	0
(6) Richard L Boals Board Member	1 0 0 0	X						0	0	0
(7) Robert Bulla Board Member	1 0 0 0	X						0	0	0
(8) David J Gullen MD Board Member	1 0 0 0	X						0	0	0
(9) Jeffrey Moorad Board Member	1 0 0 0	X						0	0	0
(10) Terry Peets Board Member	1 0 0 0	X						0	0	0
(11) Richard Silverman Board Member	1 0 0 0	X						0	0	0
(12) The Honorable Greg Stanton Board Member	1 0 0 0	X						0	0	0
(13) Teresa Burleson Chief Operating Officer	39 0 1 0			X				485,078	0	68,969
(14) Manuel Estrada Chief Financial Officer	39 0 1 0			X				278,403	0	18,616
(15) James Lowey Chief Information Officer	40 0 0 0			X				216,001	0	11,011
(16) CORNELIS VAN DEN BERG TREASURER/COH INTERIM CFO	1 0 60 0			X				0	555,703	65,061
(17) GREGORY SCHETINA SECRETARY/COH GENERAL COUNSEL	1 0 60 0			X				0	893,238	156,193

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Daniel Von Hoff Physician in Chief	40 0 0 0				X			650,548	0	62,948
(19) Michael Berens Deputy Director of Research	40 0 0 0				X			335,398	0	51,455
(20) Timothy McDaniel Sr VP of Emerging OPS	40 0 0 0					X		244,168	0	19,492
(21) Stephanie McRae General Counsel	40 0 0 0					X		242,371	0	19,150
(22) David Duggan Associate Professor	40 0 0 0					X		216,142	0	23,133
(23) Michael Bittner Professor	40 0 0 0					X		219,177	0	17,426
(24) Patrick Smith VP, CORPORATE DEVELOPMENT	40 0 0 0					X		353,583	0	3,439
(25) DAVID CRAIG DEPUTY DIRECTOR OF INFORMATICS	40 0 0 0						X	141,723	0	10,168
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,662,254	3,596,932	924,745

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 **▶ 41**

	Yes	No
3 Did the organization list any former 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	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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) Name and business address	(B) Description of services	(C) Compensation
ASHION ANALYTICS, 445 N 5TH STREET SUITE 100 PHOENIX, AZ 85004	LABORATORY SERVICES	2,714,832
ERNST YOUNG LLP, 200 PLAZA DRIVE SECAUCUS, NJ 07094	ACCOUNTING SERVICES	320,143
FIRST STRATEGIC, 300 W CLARENDON AVE SUITE 460 PHOENIX, OR 97227	Consulting Services	128,350
ASG GROUP LLC, 30 POVERTY ROAD SOUTHBURY, CT 06488	CONSULTING SERVICES	143,082
TRANSLATIONAL DRUG DEVELOPMENT LLC, 13208 E SHEA BLVD 100 SCOTTSDALE, AZ 85258	CONSULTING SERVICES	130,417

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 **▶ 6**

Part VIII Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	55,289,059		
	e	Government grants (contributions)	1e	11,980,996		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	224,449		
	g	Noncash contributions included in lines 1a-1f \$	431,115			
	h	Total. Add lines 1a-1f	67,494,504			
	Program Service Revenue			Business Code		
2a		RESEARCH CONTRACTS	541711	21,488,428	21,488,428	
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f	21,488,428			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	143,205		143,205
	4		Income from investment of tax-exempt bond proceeds	0		
	5		Royalties	0		
	6a		Gross rents			
	b		Less rental expenses			
	c		Rental income or (loss)	0	0	
	d		Net rental income or (loss)	0		
	7a		Gross amount from sales of assets other than inventory		583,477	
	b		Less cost or other basis and sales expenses		480,351	
	c		Gain or (loss)		103,126	
	d		Net gain or (loss)	103,126		103,126
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0	
	b		Less direct expenses	b	0	
	c		Net income or (loss) from fundraising events		0	
	9a		Gross income from gaming activities See Part IV, line 19	a	0	
	b		Less direct expenses	b	0	
	c		Net income or (loss) from gaming activities		0	
	10a		Gross sales of inventory, less returns and allowances	a	0	
b		Less cost of goods sold	b	0		
c		Net income or (loss) from sales of inventory		0		
11a		Miscellaneous Revenue	Business Code			
K-1 PARTNERSHIP REVENUE			900099	86,522	86,522	
b		ALL OTHER REVENUE		900099	486,198	486,198
c						
d		All other revenue				
e		Total. Add lines 11a-11d		572,720		
12		Total revenue. See Instructions		89,801,983	21,974,626	86,522
						246,331

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,245,093	1,233,136	2,011,957	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	14,017,402	7,008,701	7,008,701	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	520,904	250,034	270,870	
9 Other employee benefits.	1,518,021	728,650	789,371	
10 Payroll taxes.	1,137,099	545,807	591,292	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	509,491		509,491	
c Accounting.	102,819		102,819	
d Lobbying.	129,600	129,600		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,118,513	8,388,975	729,538	0
12 Advertising and promotion.	132,472		132,472	
13 Office expenses.	6,159,336	3,079,668	3,079,668	
14 Information technology.	1,494,352	747,176	747,176	
15 Royalties.	0			
16 Occupancy.	2,286,145	1,714,609	571,536	
17 Travel.	362,408	144,963	217,445	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	342,555	137,022	205,533	
20 Interest.	40,860		40,860	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,499,578	1,874,684	624,894	
23 Insurance.	355,933	35,593	320,340	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DUES & SUBSCRIPTIONS	83,946	33,478	50,468	
b SEMINARS & TRAINING	53,446	21,378	32,068	
c RECRUITMENT	49,023	19,609	29,414	
d RELOCATION	32,295	12,918	19,377	
e All other expenses	170,582	68,233	102,349	
25 Total functional expenses. Add lines 1 through 24e.	44,361,873	26,174,234	18,187,639	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		14,016,750	1	5,849,323
	2	Savings and temporary cash investments		6,132,307	2	7,827,392
	3	Pledges and grants receivable, net		2,728,066	3	1,882,243
	4	Accounts receivable, net		1,197,948	4	1,574,905
	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		0	8	0
	9	Prepaid expenses and deferred charges		1,913,864	9	4,679,327
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 8,268,290			
	b	Less: accumulated depreciation	10b 288,323	6,794,196	10c	7,979,967
	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		1,753,446	13	1,627,883
	14	Intangible assets		0	14	9,190,000
	15	Other assets. See Part IV, line 11		7,577,376	15	55,893,783
16	Total assets. Add lines 1 through 15 (must equal line 34)		42,113,953	16	96,504,823	
Liabilities	17	Accounts payable and accrued expenses		2,486,497	17	3,735,331
	18	Grants payable		0	18	0
	19	Deferred revenue		11,119,454	19	6,517,897
	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	50,000
	23	Secured mortgages and notes payable to unrelated third parties		3,453,462	23	4,940,374
	24	Unsecured notes and loans payable to unrelated third parties		0	24	50,000
	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.		1,025,297	25	1,097,805
	26	Total liabilities. Add lines 17 through 25		18,084,710	26	16,391,407
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		16,211,722	27	74,116,021
	28	Temporarily restricted net assets		7,817,521	28	5,997,395
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		24,029,243	33	80,113,416	
34	Total liabilities and net assets/fund balances		42,113,953	34	96,504,823	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,801,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,361,873
3	Revenue less expenses Subtract line 2 from line 1	3	45,440,110
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,029,243
5	Net unrealized gains (losses) on investments	5	111,187
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,532,876
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,113,416

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 75-3065445
Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990 (2016)

Form 990, Part III, Line 4a:
GENOTYPING TECHNOLOGY CENTER - SEE SCHEDULE O

Form 990, Part III, Line 4b:

NEUROGENOMICS DIVISION - SEE SCHEDULE O

Form 990, Part III, Line 4c:

INTEGRATED CANCER GENOMICS DIVISION - SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

75-3065445

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,315,103	25,261,567	15,937,701	21,230,401	67,494,504	132,239,276
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge			0			0
4 Total. Add lines 1 through 3	2,315,103	25,261,567	15,937,701	21,230,401	67,494,504	132,239,276
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)						19,205,635
6 Public support. Subtract line 5 from line 4						113,033,641
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	2,315,103	25,261,567	15,937,701	21,230,401	67,494,504	132,239,276
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,668	175,334	154,921	138,143	143,205	613,271
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						132,852,547
12 Gross receipts from related activities, etc. (see instructions)					12	84,701,423
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 ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	85.082 %
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	72.260 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. 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 ▶ ☐						
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 ▶ ☐						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other 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)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, COLUMN (a)	THE AMOUNTS INCLUDED IN PART II, COLUMN(a) ARE FOR A SHORT PERIOD, 12/01/2012 - 12/31/2012



SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV		
2	Political expenditures	▶	\$ _____
3	Volunteer hours		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ No
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$ _____
4	Did the filing organization file Form 1120-POL for this year?		☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		129,600
j	Total. Add lines 1c through 1i			129,600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USES A THIRD PARTY COMMUNICATIONS AND PUBLIC AFFAIRS FIRM TO COORDINATE LOBBYING EFFORTS ON BEHALF OF TGEN THROUGH COMMUNICATIONS TO LOCAL GOVERNMENT, LEGISLATIVE AND FEDERAL OFFICIALS AND COMMUNITY LEADERS ON TGEN ACTIVITIES

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 9349331902277	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► 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.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE				Employer identification number 75-3065445	
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?				☐ Yes ☐ No
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?				☐ Yes ☐ No
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) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
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	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
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)?				☐ Yes ☐ No
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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,322,890	6,063,382	6,491,947	6,571,997	6,553,530
b Contributions					
c Net investment earnings, gains, and losses	365,108	-210,006	94,127	456,554	53,629
d Grants or scholarships					
e Other expenditures for facilities and programs	492,047	530,486	522,692	536,604	35,162
f Administrative expenses					
g End of year balance	5,195,951	5,322,890	6,063,382	6,491,947	6,571,997

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

c

Temporarily restricted endowment

100 000 %

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

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' on 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		2,306,170	18,577	2,287,593
d Equipment		5,748,520	265,207	5,483,313
e Other		213,600	4,539	209,061
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,979,967

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM TGEN FOUNDATION	8,428,371
(2) INVESTMENT IN 457(B) PLAN	1,097,805
(3) IN-KIND DONATED ASSETS	385,093
(4) DUE FROM CITY OF HOPE	45,982,514
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	55,893,783

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
DUE TO EMPLOYEE 457(B) PLAN	1,097,805	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,097,805	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-3065445
Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	TGEN'S POLICY FOR APPROPRIATING THE DISTRIBUTION OF ITS SUMMER INTERNSHIP PROGRAM ENDOWMENT HAS BEEN DESIGNED TO SUPPORT A SPECIFIC NUMBER OF SUMMER INTERNS EACH YEAR FOR 25 YEARS THE INSTITUTE CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF TGEN'S AND THE FOUNDATION'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PURPOSES, AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AT NOVEMBER 16, 2016. TGEN AND THE FOUNDATION FILE FORMS 990 IN THE U.S. FEDERAL JURISDICTION AND COMPARABLE FORMS IN THE STATE OF ARIZONA. TAX FILINGS FOR 2013 THROUGH 2016 ARE SUBJECT TO EXAMINATION, HOWEVER, THE INSTITUTE HAS NOT BEEN NOTIFIED OF ANY SUCH EXAMINATIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number
75-3065445

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					239,045
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					239,045

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 75-3065445
Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	RESEARCH SERVICES	165,024
East Asia and the Pacific			Program Services	RESEARCH SERVICES	44,133
North America			Program Services	RESEARCH SERVICES	24,888

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	SOFTWARE SERVICES	5,000

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I

Questions Regarding Compensation

	Yes	No
1a 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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 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: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 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: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 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.	Yes	
8 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported 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				
See Additional Data Table							

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. SCHEDULE J, PART I, LINE 4B CITY OF HOPES PRESIDENT AND CEO, ROBERT STONE, PARTICIPATES IN THE CITY OF HOPES NON-QUALIFIED 457(F) EXECUTIVE SUPPLEMENTAL ACCUMULATION PLAN THAT IS DESIGNED AND MAINTAINED TO PROVIDE A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES WITH DEFERRED COMPENSATION. THE PLAN VESTS AFTER THREE (3) FISCAL YEARS OF SERVICES AND THE VESTED TOTALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III). PRIOR TO VESTING, THE ANNUAL AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C. PURSUANT TO THE PLAN DOCUMENTS, VESTED PARTICIPANTS ARE ENTITLED TO WITHDRAW FROM THEIR VESTED ACCOUNT AN AMOUNT EQUAL TO THE FEDERAL, STATE, LOCAL, AND FICA TAXES. THESE AMOUNTS ARE REMITTED TO THE APPROPRIATE TAXING AUTHORITIES ON BEHALF OF THE PARTICIPANTS. DURING THE CALENDAR YEAR ENDING DECEMBER 31, 2016, ROBERT STONE AND GREGORY SCHETINA WITHDREW \$24,525 AND \$6,657, RESPECTIVELY TO COVER SUCH TAXES. THESE AMOUNTS HAVE BEEN INCLUDED IN THE PARTICIPANTS INCOME ON SCHEDULE J, PART II, COLUMN B (III).
SCHEDULE J, PART I, LINE 7	SOME OF TGENS OFFICERS, KEY EMPLOYEES AND 5-HIGHEST PAID INDIVIDUALS LISTED IN FORM 990, PART VII WERE PAID BONUSES WHICH WERE BASED ON ACCOMPLISHMENTS OF SPECIFIC MILESTONES AND/OR PERFORMANCE METRICS, AS APPROVED BY THE TGEN BOARD OF DIRECTORS.
SCHEDULE J, PART II	SOME OF TGENS OFFICERS AND KEY EMPLOYEES LISTED IN PART VII HAVE RETENTION AGREEMENTS THROUGH 2019 AND 2020. AMOUNTS ACCRUED BY TGEN DURING CALENDAR YEAR 2016 UNDER THESE AGREEMENTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (C) AS DEFERRED COMPENSATION.

Additional Data

Software ID:

Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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

(A) Name and Title		(B) Breakdown of W-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				
1Jeffrey M Trent PhD Board Member/Pres/ScienCE DIR	(i)	830,405	340,000	109,257	8,604	10,164	1,298,430	340,000
	(ii)	0	0	0	0	- 0	- 0	0
1Robert Stone BD & VICE CHRM/COH CEO & PRES	(i)	0	0	0	0	0	0	0
	(ii)	1,022,168	1,039,015	86,808	343,946	- 34,970	- 2,526,907	280,837
2Teresa Burleson Chief Operating Officer	(i)	419,672	64,456	950	60,600	8,369	554,047	0
	(ii)	0	0	0	0	- 0	- 0	0
3Manuel Estrada Chief Financial Officer	(i)	239,186	38,294	923	8,134	10,482	297,019	0
	(ii)	0	0	0	0	- 0	- 0	0
4James Lowey Chief Information Officer	(i)	204,778	10,547	676	8,654	2,357	227,012	0
	(ii)	0	0	0	0	- 0	- 0	0
5Daniel Von Hoff Physician in Chief	(i)	643,690	0	6,858	55,182	7,766	713,496	0
	(ii)	0	0	0	0	- 0	- 0	0
6Michael Berens Deputy Director of Research	(i)	313,834	0	21,564	41,135	10,320	386,853	0
	(ii)	0	0	0	0	- 0	- 0	0
7Timothy McDaniel Sr VP of Emerging OPS	(i)	243,358	0	810	10,110	9,382	263,660	0
	(ii)	0	0	0	0	- 0	- 0	0
8Stephanie McRae General Counsel	(i)	189,706	33,423	19,242	7,759	11,391	261,521	0
	(ii)	0	0	0	0	- 0	- 0	0
9David Duggan Associate Professor	(i)	215,026	0	1,116	9,090	14,043	239,275	0
	(ii)	0	0	0	0	- 0	- 0	0
10Michael BittnerProfessor	(i)	213,240	0	5,937	8,790	8,636	236,603	0
	(ii)	0	0	0	0	- 0	- 0	0
11Patnck Smith VP, CORPORATE DEVELOPMENT	(i)	102,979	235,658	14,946	0	3,439	357,022	235,658
	(ii)	0	0	0	0	- 0	- 0	0
12CORNELIS VAN DEN BERG TREASURER/COH INTERIM CFO	(i)	0	0	0	0	0	0	0
	(ii)	453,128	97,378	5,197	41,885	- 23,176	- 620,764	0
13GREGORY SCHETINA SECRETARY/COH GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	487,139	371,562	34,537	116,215	- 39,978	- 1,049,431	92,820
14DAVID CRAIG DEPUTY DIRECTOR OF INFORMATICS	(i)	119,434	0	22,289	5,810	4,358	151,891	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number
75-3065445

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BENNETT DORRANCE	BOARD MEMBER	SEE PART V	X		50,000	50,000		No	Yes		Yes	
Total						50,000						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LINE 1, COLUMN (C)	CAPITALIZE NEW ENTITY FORMED FOR BIOMARKER RESEARCH

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number
75-3065445

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (<u>COMPUTER EQUIP</u>)	X	1	431,115	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

75-3065445

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PANCREATIC CANCER IS THE FOURTH LEADING CAUSE OF DEATH FROM CANCER IN THE UNITED STATES. NEARLY 40,000 PEOPLE NATIONWIDE WILL DIE FROM PANCREATIC CANCER THIS YEAR. THE OVERALL FIVE-YEAR SURVIVAL IS LESS THAN 6%. THIS DISMAL PICTURE OF PANCREATIC CANCER IS MAINLY DUE TO THE LACK OF EARLY DIAGNOSIS AND EFFECTIVE TREATMENT FOR PATIENTS WITH ADVANCED DISEASE. TGEN INVESTIGATORS ARE PARTNERS IN INTER-INSTITUTIONAL, CROSS-FUNCTIONAL RESEARCH EFFORTS TO: (1) IDENTIFY AND VALIDATE BIOMARKERS OF DIAGNOSTIC VALUE, AS WELL AS THOSE THAT CONSTITUTE NEW DRUG TARGETS IN PANCREATIC CANCER; (2) IDENTIFY AND OPTIMIZE NEW AGENTS THAT AFFECT THE ACTIVITY OF THE TARGETS; (3) PERFORM IN VITRO AND IN VIVO EVALUATION OF THE AGENTS, AND TAKE THE MOST PROMISING ONES TO CLINICAL TRIALS IN PATIENTS WITH ADVANCED PANCREATIC CANCER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	SUMMARY OF 2016 ACTIVITIES AS THE COST OF READING A HUMAN GENOME HAS DROPPED DRAMATICALLY - FROM MILLIONS IN THE MID 2000S TO THE LOW THOUSANDS TODAY - OUR CLINICAL TRIALS UNDER THE DIRECTION OF DR VON HOFF, OUR PHYSICIAN-IN-CHIEF CONTINUE BREAKING NEW GROUND IN DEMONSTRATING HOW THIS INFORMATION CAN IMPROVE PATIENT CARE WE CONTINUE TO PROVIDE A STRONG ECONOMIC BENEFIT TO ARIZONA - \$174 MILLION ANNUALLY OF NOTE, STAND UP TO CANCER (SU2C) NAMED DR VON HOFF TO CO-LEAD AN INTERNATIONAL DREAM TEAM TO ADVANCE NEW TREATMENTS AGAINST PANCREATIC CANCER THIS IS THE THIRD SU2C DREAM TEAM AWARD FOR TGEN, AND THE SECOND FOR DR VON HOFF BRAIN CANCER RESEARCH, FUNDED BY THE BEN & CATHERINE IVY FOUNDATION, PRODUCED SEVERAL NOTABLE ADVANCEMENTS IN THE FIELD OVER THE PAST YEAR, AND ESPECIALLY IN RECENT MONTHS 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 A PROOF-OF-CONCEPT PAPER, LED BY TGEN'S DR MUHAMMED MURTAZA, SHOWED HOW MEASURING TUMOR DNA FLOATING FREE IN THE BLOOD CAN BE USED TO TRACK THE PROGRESS OF CANCER PATIENTS AND HELP DOCTORS MAKE CHOICES FOR TREATMENT THE STUDY, PUBLISHED IN THE LEADING SCIENTIFIC JOURNAL "NATURE COMMUNICATIONS", FOLLOWED THE TREATMENT OF A WOMAN WITH BREAST CANCER FOR MORE THAN THREE YEARS, SHOWING HOW THIS METHOD PROVIDES A NON-INVASIVE AND MORE FREQUENT WAY TO TEST HOW THE PATIENT RESPONDED TO TREATMENT WE EXPECT TO MAKE ADDITIONAL ADVANCES IN THE FIELD OF "liquid biopsies," ESPECIALLY FOR EARLY DETECTION OF CANCER 2016 ALSO MARKS THE 10TH YEAR OF THE HELIOS SCHOLARS AT TGEN PROGRAM, WHICH SINCE ITS START IN 2007 HAS GRADUATED NEARLY 400 BUDDING SCIENTISTS AND PHYSICIANS MANY HAVE ESTABLISHED CAREERS IN ARIZONA'S BIOSCIENCE FIELDS THE PROGRAM IS SUSTAINED FOR THE NEXT 15 YEARS BY A \$6.5 MILLION GRANT FROM THE HELIOS EDUCATION FOUNDATION SEVERAL OF THE SCHOLARS HAVE BEEN HIRED, AND BLOSSOMED, HERE AT TGEN AND ARE NOW MENTORING HELIOS SCHOLARS THEMSELVES TGEN CONTINUES TO PUSH THE BOUNDARIES OF WHAT IS POSSIBLE FROM NEW ADVANCED CANCER TREATMENTS, TO NOVEL STUDIES OF HOW DOGS CAN HELP INFORM HOW WE HELP HUMAN PATIENTS, TO A PENDING GLOBAL TEST FOR THE PATHOGENS THAT PLAGUE THE WORLD'S HORSEHOPS, TGEN REMAINS MATCHLESS IN A VARIETY OF WAYS FOR ITS ABILITY TO HARNESS THE POTENTIAL OF THE HUMAN GENOME FOR THE BENEFIT OF HUMANITY TGEN NORTH IN FLAGSTAFF INITIATED A NEW STUDY OF VALLEY FEVER INVOLVING DOGS, WHICH ALSO ACQUIRE THIS DUST-BOUND FUNGAL PATHOGEN, ADDING TO THE ALREADY PROMISING WORK IN TGEN'S CANINE-CANCER AND CANINE-NEUROLOGICAL STUDIES IN JUST TWO MONTHS, TGEN ASSISTANT PROFESSOR DR BRIDGET BARKER HAS SIGNED UP MORE THAN A QUARTER OF THE 2,000 DOGS SHE PLANS FOR HER VALLEY FEVER PAWS REGISTRY, AND TESTING KITS ARE BEING READIED TO COLLECT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	CT GENETIC SPECIMENS THROUGH OUR WORK WITH NORTHERN ARIZONA UNIVERSITY (NAU), WE RECENTLY RECEIVED PATENT PROTECTION FROM THE GOVERNMENT OF AUSTRALIA FOR OUR RAPID, ECONOMICAL AND HIGHLY ACCURATE TEST FOR ANTIBIOTIC-RESISTANT STRAINS OF STAPH INFECTIONS, SUCH AS MRSA PATENT APPROVALS IN THE U S , CANADA, JAPAN, BRAZIL, THE EUROPEAN UNION AND OTHERS ARE EXP ECTED TO FOLLOW FINALLY, TGENS ANNOUNCED AFFILIATION WITH CITY OF HOPE IN LATE 2016 HAS U NBOUNDED POTENTIAL TO ACCELERATE OUR RESEARCH ON MANY FRONTS, AND TOGETHER - PLAYING OFF E ACH OTHERS COMPLIMENTARY STRENGTHS - WE SHOULD LOOK FORWARD TO MANY YEARS OF PROGRESSIVE R ESEARCH AND BETTER PATIENT OUTCOMES IN ADDITION, THE FOLLOWING OVERVIEW PROVIDES A SNAPSH OT OF RECENT PROGRESS ACROSS THE INSTITUTE, INCLUDING SCIENTIFIC PUBLICATIONS, EDUCATION A ND OUTREACH, MEDIA, AND COMMUNITY RECOGNITION

990 Schedule O, Supplemental Information

Return Reference	Explanation
GRANT SUPPORT	IN ADDITION TO PHILANTHROPIC DONATIONS AND RESEARCH CONTRACTS, GRANT FUNDING IS AN IMPORTANT FUNDING SOURCE FOR RESEARCH. IN 2016, TGEN INVESTIGATORS SUBMITTED 102 GRANTS TOTALING \$80M DURING THIS PERIOD. TGEN WAS AWARDED 24 GRANTS, TOTALING \$9.8M. AWARDS INCLUDE: A. TWO-YEAR GRANT FROM THE AMERICAN ASSOCIATION FOR CANCER RESEARCH AND STAND UP TO CANCER TOTALING \$2.1 MILLION TO DR. DANIEL VON HOFF TO STUDY THE REPROGRAMMING OF TRANSCRIPTIONAL CIRCUITRY IN PANCREATIC CANCER. B. THREE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH TOTALING \$493,189 TO DR. NHAN TRAN TO STUDY TROY HTS COMPOUND SCREENING. C. ONE-YEAR GRANT FROM THE NATIONAL INSTITUTES OF HEALTH AND NORTHERN ARIZONA UNIVERSITY TOTALING \$326,531 TO DR. DAVE ENGELTHALER TO STUDY THE ANTIMICROBIAL RESISTANCE OMICS OF ACINETOBACTER BAUMANN II. D. THREE-YEAR GRANT FROM THE ALS FOUNDATION TOTALING \$240,000 TO DR. KENDAL VAN KEUREN-JENSEN FOR AN ASSESSMENT OF EXTRACELLULAR VESICLE CONTENTS IN PATIENTS WITH ALS. E. ONE-YEAR GRANT FROM THE DEPARTMENT OF DEFENSE AND UNIVERSITY OF NORTH CAROLINA TOTALING \$100,000 TO DR. BODOUR SALHIA TO STUDY THE TARGETING OF KRAS FOR PANCREATIC CANCER TREATMENT. F. TWO-YEAR GRANT FROM THE FOUNDATION KRIBSKRAN KANNER IN LUXEMBOURG TOTALING \$298,565 TO DR. PATRICK PIRROTTE TO CONDUCT A SYSTEMS BIOLOGY APPROACH TO TREATMENT RECOMMENDATIONS IN MEDULLOBLASTOMA. G. ONE-YEAR GRANT FROM UCSF AND NIH TOTALING \$210,975 TO DR. DAVID ENGELTHALER FOR IMPROVING THE MOLECULAR DIAGNOSIS OF DRUG-RESISTANT TUBERCULOSIS. H. ONE-YEAR GRANT FROM THE ARIZONA ALZHEIMERS CONSORTIUM TO DR. MATT HUENTELMAN TOTALING \$200,000 FOR FISCAL YEAR 2017 AAC PROJECTS. I. TWO-YEAR GRANT FROM STAND UP TO CANCER TOTALING \$169,156 TO DR. MUHAMMED MURTAZA TO FINGERPRINT THE SYSTEMIC MICROBIOME IN PLASMA TO PREDICT IMMUNOTHERAPY OUTCOMES IN MELANOMA. J. THREE-YEAR GRANT FROM ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER AND THE ALZHEIMERS ASSOCIATION TOTALING \$124,835 TO DR. MATT HUENTELMAN TO STUDY CIRCULATING RNA BIOMARKER PROFILING IN DOWN SYNDROME. K. TWO-MONTH GRANT FROM UCSF AND THE DORIS DUKE FOUNDATION TOTALING \$20,000 TO DR. DAVID ENGELTHALER FOR NEW METHODS OF MONITORING LONG-TERM DRUG EXPOSURE AND RESISTANCE IN THE TREATMENT OF MULTI-DRUG-RESISTANT TUBERCULOSIS. L. TWO-YEAR GRANT FROM THE MICHAEL J. FOX FOUNDATION TOTALING \$142,676 TO DR. KENDALL VAN KEUREN-JENSEN TO DEVELOP BIOMARKERS IN PARKINSONS DISEASE. M. FOUR-YEAR CONTRACT FROM THE DEPARTMENT OF HOMELAND SECURITY TOTALING \$2,606,847 TO DR. PAUL KEIM TO DEVELOP A NEW APPROACH TO BIOSURVEILLANCE. N. THREE-YEAR CONTRACT FROM THE CDC TOTALING \$1,472,866 TO DR. DAVID ENGELTHALER TO PROVIDE MICROBIAL GENOMICS AND BIOINFORMATICS ANALYSIS SUPPORT. O. TWO-YEAR GRANT FROM THE UNIVERSITY OF COLORADO AND NIH TOTALING \$799,298 TO DR. MATTHEW HUENTELMAN TO STUDY THE INFLUENCES THAT SHAPE BRAIN GROWTH AND COGNITIVE DEVELOPMENT. OUTCOMES AND PROGRESS IN 2016, TGEN ADVANCED A SERIES OF INNOVATIVE RESEARCH INITIATIVES THAT YIELDED NUMEROUS SCIENTIFIC DISCOVERIES.

Return Reference	Explanation
GRANT SUPPORT	VERIES (A GOOD NUMBER WITH POTENTIAL CLINICAL APPLICATION), ESTABLISHED NATIONAL AND INTER NATIONAL COLLABORATIONS, AND LED NEW AND EXCITING CLINICAL TRIALS WITH PROMISING RESULTS. NOTABLE ARE A STUDY FUNDED BY THE NATIONAL INSTITUTES OF HEALTH, THE ARCS FOUNDATION ELLE R SCHOLARSHIP, SCIENCE FOUNDATION ARIZONA FELLOWSHIP, AND THE BEN & CATHERINE IVY FOUNDATI ON ENABLED TGEN RESEARCHERS TO IDENTIFY A PROTEIN CALLED SGEF THAT PROMOTES THE SURVIVAL O F GLIOBLASTOMA TUMOR CELLS AND HELPS THE CANCER INVADE BRAIN TISSUE. the findings suggest THAT SGEF COULD BE A NEW CANDIDATE FOR DEVELOPMENT OF TARGETED THERAPEUTICS. THE PUBLISHED RESULTS, "sGEF IS REGULATED VIA TWEAK/FN14/NF-κB signaling and promotes SURVIVAL BY MODUL ATION OF THE DNA REPAIR RESPONSE TO TEMOZOLOMIDE," APPEARED IN MOLECULAR CANCER RESEARCH, A JOURNAL OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH. TGEN NORTH FACULTY, WORKING WIT H INTERNATIONAL INVESTIGATORS, DISCOVERED THE SOURCE OF A POTENTIAL DEADLY BLOOD INFECTION IN MORE THAN 50 SOUTH AMERICAN CANCER PATIENTS USING ADVANCED GENOMIC SEQUENCING, THE IN VESTIGATORS TRACED BACK A POTENTIALLY DEADLY AND THERAPY-RESISTANT FUNGUS, SAROCLADIUM KIL IENSE, TO A TAINTED ANTI-NAUSEA MEDICATION GIVEN TO DOZENS OF CANCER PATIENTS IN CHILE AND COLOMBIA, ACCORDING TO A REPORT IN EMERGING INFECTIOUS DISEASES, PUBLISHED BY THE U S CE NTERS FOR DISEASE CONTROL AND PREVENTION. UNCOVERING THE GENETIC MAKEUP OF PATIENTS USING DNA SEQUENCING HAS IN RECENT YEARS PROVIDED PHYSICIANS AND THEIR PATIENTS WITH A GREATER U NDERSTANDING OF HOW BEST TO DIAGNOSE AND TREAT THE DISEASES THAT PLAGUE HUMANITY. THIS IS THE ESSENCE OF TGENS PRECISION MEDICINE EFFORTS. IN A REVIEW ARTICLE - TRANSLATING RNA-SEQ UENCING INTO CLINICAL DIAGNOSTICS: OPPORTUNITIES AND CHALLENGES - PUBLISHED IN NATURE REVI EWS GENETICS, TGEN SCIENTISTS HIGHLIGHTED THE MANY ADVANTAGES OF USING RNA-SEQUENCING IN T HE DETECTION AND MANAGEMENT OF EVERYTHING FROM CANCER TO INFECTIOUS DISEASES, SUCH AS EBOL A AND THE RAPIDLY SPREADING ZIKA VIRUS. BUILDING ON THE INSIGHTS PROVIDED BY DNA PROFILING, THE ANALYSIS OF RNA PROVIDES AN EVEN MORE PRECISE LOOK AT HOW CELLS BEHAVE AND HOW MEDIC INE CAN INTERVENE WHEN THINGS GO WRONG. IN EARLY MAY, STAND UP TO CANCER SELECTED TGENS DR. MUHAMMED MURTAZA AND UCLAS DR. ANTONI RIBAS AS RECIPIENTS OF A \$200,000 SU2C PHILLIP A. SHARP INNOVATION IN COLLABORATION AWARD, NAMED FOR THE NOBEL LAUREATE AND CHAIR OF SU2CS S. SCIENTIFIC ADVISORY COMMITTEE. THE AWARD SUPPORTS OPPORTUNITIES FOR SU2C SCIENTISTS FROM DI FFERENT TEAMS TO EXPLORE INNOVATIVE COLLABORATIONS TO ACCELERATE THE DEVELOPMENT OF NEW CA NCER TREATMENTS. ONE OF FIVE AWARDS TOTALING \$1 MILLION, THE AWARD TO DRS. MURTAZA AND RIB AS, SUPPORTS A COLLABORATION TO INVESTIGATE WHETHER ITS POSSIBLE TO PREDICT PATIENT RESPON SE TO IMMUNOTHERAPY BY STUDYING THE MAKEUP OF THEIR MICROBIOMES IN BLOOD SAMPLES. DR. MURT AZA IS A MEMBER OF THE SU2C-MELANOMA RESEARCH ALLIANCE (MRA) MELANOMA DREAM TEAM, CO-LED B Y TGENS DR. JEFFREY TRENT AND

990 Schedule O, Supplemental Information

Return Reference	Explanation
GRANT SUPPORT	YALES DR PAT LORUSSO ANTIBIOTIC-RESISTANT INFECTIONS SHOULD BE EASIER TO DETECT, AND HOS PITALS COULD BECOME SAFER, THANKS TO A TECHNOLOGY DEVELOPED BY TGEN AND NORTHERN ARIZONA U NIVERSITY (NAU), AND PROTECTED UNDER A PATENT ISSUED BY AUSTRALIA WE EXPECT SIMILAR PATEN T APPROVALS IN THE U S , CANADA, EUROPEAN UNION, JAPAN, BRAZIL AND OTHER NATIONS FOR this "superbug" test DEVELOPED BY TGEN AND NAU, AND LICENSED TO DXNA LLC THIS RAPID, 1-HOUR TE ST WILL PRECISELY IDENTIFY A FAMILY OF ANTIBIOTIC-RESISTANT STAPH INFECTIONS BROADLY REFER RED TO AS MRSA A STUDY DETAILING HOW BLOCKING NERVE GROWTH FACTOR KEEPS PANCREATIC CANCER CELLS FROM INVADING SURROUNDING NERVES MAY LEAD TO POTENTIAL DRUG TARGETS TO REDUCE PAIN IN PANCREATIC CANCER PATIENTS TGEN RESEARCHERS HAVE FOUND THAT THE NERVE GROWTH FACTOR (N GF), A NEUROTROPHIC FACTOR, AND ITS RECEPTOR TRKA ARE ASSOCIATED WITH PERINEURAL INVASION (PNI), WHICH IS THE ABILITY OF PANCREATIC CANCER CELLS TO INVADE SURROUNDING NERVES BLOCK ING THE NGF SIGNALING THROUGH INHIBITORS OF NGF AND TRKA REDUCES THE POTENTIAL OF PANCREAT IC CANCER CELLS TO MIGRATE TOWARDS THE SURROUNDING NERVES THE STUDY RESULTS APPEARED IN P LOS ONE SURVIVAL FOR PATIENTS WITH GLIOBLASTOMA, AN AGGRESSIVE AND DEADLY BRAIN CANCER, COULD BE DETERMINED BY THE COMPLEXITY OF THEIR TUMOR THE FINDINGS FROM A TGEN-LED STUDY su ggest - to THE RESEARCHERS surprise - that THE SURVIVAL OF THOSE PATIENTS WHOSE CANCER CEL LS EXHIBIT A COMPLEX GENOMIC LANDSCAPE ON AVERAGE EXCEEDED THOSE PATIENTS WITH A LESS COMP LEX TUMOR STRUCTURE THE PUBLISHED RESULTS APPEARED IN THE JOURNAL NEURO-ONCOLOGY THE RES EARCHERS FOUND THAT STANDARD-OF-CARE WORKED BEST FOR PATIENTS WITH COMPLEX, THOUGH FRAGILE , TUMOR GENOMES, DEFINED AS THOSE WITH MORE ABNORMAL GENOMIC EVENTS, SUCH AS MUTATIONS, RE ARRANGEMENTS, OR AMPLIFICATIONS THE MORE ABNORMAL THE TUMOR GENOME, THE MORE LIKELY THE T HERAPY WAS TO IMPROVE PATIENT SURVIVAL CONVERSELY, THOSE PATIENTS WITH SIMPLE, BUT ROBUST , CANCER GENOMES HAD SHORTER SURVIVAL THIS WAS THE FIRST-EVER GENOMIC STUDY THAT COMPREHE NSIVELY EXAMINED GBM OUTLIERS IN THE SURVIVAL SPECTRUM

990 Schedule O, Supplemental Information

Return Reference	Explanation
CLINICAL TRIALS	THE VIRGINIA G PIPER CANCER CENTER (VGPPC) CLINICAL TRIALS PROGRAM AT HONORHEALTH (FORMER LY SCOTTSDALE HEALTHCARE) PROVIDES A DIRECT CLINICAL RESEARCH SITE FOR TGEN TGEN PHYSICIAN-IN-CHIEF, DANIEL VON HOFF, M D , F A C P , SERVES AS CHIEF SCIENTIFIC OFFICER PROGRAM CLINICIANS FOCUS ON CLINICAL TRIALS WITH TARGETED AGENTS AND GENOMICS-BASED INDIVIDUALIZED THERAPY THEIR INITIAL FOCUS ON CANCER ALLOWS THE UNIQUE OPPORTUNITY FOR TGEN TO TRANSITION ITS LABORATORY-BASED RESEARCH TO PATIENT CARE CENTERED ON INDIVIDUALIZED THERAPY PROGRAM STAFF ARE CURRENTLY WORKING ON PHASE I CLINICAL TRIALS CLINICALLY, WE CONTINUE TO LAUNCH INNOVATIVE PROGRAMS THAT EXPAND THE BOUNDARIES OF SCIENCE AND MEDICINE CURRENT INITIATIVES INCLUDE 1 MULTIPLE CLINICAL TRIALS UNDERWAY TO INVESTIGATE NEW CHEMICAL AGENTS FOR A VARIETY OF TUMOR TYPES IN DIFFERENT CANCERS 2 INCORPORATION OF MODERN TOOLS TO IDENTIFY PATIENTS GENOMIC CHARACTERISTICS THAT COULD LEAD TO A MORE TARGETED APPROACH 3 PATENTS AND LICENSES DURING 2016, TGEN WAS ISSUED 16 PATENTS AND FILED 35 PATENT APPLICATIONS ON T GEN-GENERATED RESEARCH PEER-REVIEWED LABORATORY RESEARCH PUBLICATIONS AND PRESENTATIONS IN 2016, TGENS 14TH YEAR OF OPERATIONS, WE EXPERIENCED SIGNIFICANT SCIENTIFIC AND MEDICAL PROGRESS ACROSS MULTIPLE AREAS OF THE INSTITUTE, MANY OF WHICH REACHED NEW HEIGHTS AND FORGED THE POTENTIAL FOR SIGNIFICANTLY GREATER ACHIEVEMENTS IN THE FUTURE OUR CAPACITY TO UNDERSTAND AND LEVERAGE WHAT THE GENOME IS TELLING US HAS NEVER BEEN GREATER LONG-TERM, OUR HOPE IS THAT DOCTORS WILL LEVERAGE THIS INFORMATION TO INFORM DECISIONS ABOUT PATIENT CARE AS THE STANDARD OF CARE RATHER THAN THE EXCEPTION AND WHILE THIS IS HAPPENING TODAY ON A LIMITED BASIS, WE ENVISION A DAY IN THE NOT TOO DISTANT FUTURE WHERE IT WILL HAPPEN FOR ALL PATIENTS ACROSS ALL DISEASES TOWARD THAT END, MUCH OF WHAT WE LEARN IS PUBLISHED IN LEADING SCIENTIFIC AND MEDICAL JOURNALS, WHICH CONTINUOUSLY ADDS TO THE GROWING KNOWLEDGE BASE OF MOLECULAR RESEARCH AND MEDICINE IN 2016, TGEN RESEARCHERS PUBLISHED THEIR RESEARCH RESULTS EXTENSIVELY IN NUMEROUS SCHOLARLY PEER-REVIEWED ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES THE LIST BELOW REFLECTS PUBLICATIONS AND PRESENTATIONS RESULTING FROM PROJECTS FUNDED BY EXTERNAL SPONSORS, BUT SUPPORTED BY UNDERLYING TECHNOLOGY PROVIDED FOR BY STATE OF ARIZONA FUNDING VIA THE \$3M PER YEAR IN GENERAL FUNDS APPROPRIATION AS DISTRIBUTED BY NORTHERN ARIZONA UNIVERSITY, AS WELL AS THE \$2M PER YEAR IN TOBACCO TAX FUNDING RECEIVED FROM THE ARIZONA DEPARTMENT OF HEALTH SERVICES THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS AMERICAN JOURNAL OF HUMAN GENETICS, CELL, NATURE COMMUNICATIONS, JOURNAL OF NEUROSCIENCE, CLINICAL CANCER RESEARCH, CLINICAL INFECTIOUS DISEASE, JAMA NEUROLOGY, LANCET, MBIO, NEUROLOGY, NEW ENGLAND JOURNAL OF MEDICINE, AND SCIENCE TRANSLATIONAL MEDICINE OUR ANNUAL SCIENTIFIC RETREAT BROUGHT TOGETHER NEARLY 150 REGIST

990 Schedule O, Supplemental Information

Return Reference	Explanation
CLINICAL TRIALS	RANTS FROM WITHIN TGEN, INCLUDING FACULTY, LAB PERSONNEL AND ADMINISTRATORS THIS ANNUAL E VENT ALTERNATES YEARLY BETWEEN A FORMAT THAT INCLUDES A GREAT NUMBER OF OUR COLLABORATORS AND A CLOSED, INTERNAL MEETING FOCUSED SOLELY ON TGEN THIS YEARS RETREAT, HELD IN FLAGSTA FF, FEATURED OPENING REMARKS BY THE HONORABLE JERRY NABOURS, FLAGSTAFF MAYOR AND NAU PRESI DENT DR RITA CHENG FULL-TIME POSITIONS FILLED (NEW AND REPLACEMENTS) IN 2016, 31 NEW FUL L-TIME EQUIVALENT POSITIONS WERE CREATED WITH SALARIES AND BENEFITS TOTALING \$1,822,294 S ALARIES FOR TEMPORARY POSITIONS (THOSE POSITIONS CREATED FOR A FINITE PERIOD OF TIME) TOTALLED \$110,708, WHICH INCLUDES TEMPORARY TGEN STAFF AND TEMPORARY SERVICE FEES STUDENT SALA RIES WERE JUST OVER \$356,800, BRINGING THE OVERALL 2016 TOTAL TO \$2,179,094 IN TERMS OF E DUCATION LEVEL, EIGHTY-EIGHT PERCENT OF FULL-TIME TGEN STAFF HOLDS A COLLEGE DEGREE AND FO RTY-NINE PERCENT HOLDS AN ADVANCED DEGREE 2016 FULL-TIME POSITIONS FILLED (NEW AND REPLAC EMENTS) INCLUDED - ACCOUNTANT II - ADMINISTRATIVE ASSISTANT - ADMINISTRATIVE ASSISTANT, E XECUTIVE - ADMINISTRATIVE ASSISTANT, SR - PROJECT ADMINISTRATOR - ASSOCIATE, DEVELOPMENT - BIOINFORMATICIAN - BIOINFORMATICIAN, ASSOCIATE - BIOSPECIMEN DATA COORDINATOR - CLINICAL RESEARCH COORDINATOR - CONTROLLER - DATABASE SPECIALIST - GRANTS ADMINISTRATOR - GRANTS AN D CONTRACTS ADMINISTRATOR, SR - MANAGER, OPERATIONS - PAYROLL ADMINISTRATOR - POST-DOC FE LLOW - PRINCIPAL ARCHITECT, EMERGING TECHNOLOGIES - PROFESSOR, DISTINGUISHED - PROFESSOR, RESEARCH ASSISTANT - RESEARCH ASSOCIATE - RESEARCH ASSOCIATE II - RESEARCH COMPLIANCE SPEC IALIST - RESEARCH TECHNICIAN - SPECIALIST, EDUCATION AND OUTREACH - STAFF SCIENTIST - VICE PRESIDENT, TECHNOLOGY OPERATIONS - VICE PRESIDENT, TGEN FOUNDATION SELECT HIGHLIGHTS EDU CATION AND OUTREACH HELIOS SCHOLARS AT TGEN THIS SUMMER MARKS THE 10TH ANNIVERSARY OF HELI OS SCHOLARS AT TGEN, OUR FLAGSHIP SUMMER INTERNSHIP PROGRAM IN BIOMEDICAL RESEARCH THE 20 16 SELECTION PROCESS NARROWED THE MORE THAN 500 APPLICANTS TO A HIGHLY COMPETITIVE CLASS O F 45 ARIZONA STUDENTS, RANGING IN EDUCATION LEVEL FROM HIGH SCHOOL, COLLEGE AND GRADUATE S CHOO L THIS YEAR'S PROGRAM SCHOLARS ARRIVED ON JUNE 6, 2016, AND THE PROGRAM CONCLUDED JUL Y 29,2016 WITH A CAPSTONE INTERN RESEARCH SYMPOSIUM AT THE HYATT REGENCY PHOENIX TO RECOG NIZE A DECADE OF ACHIEVEMENT IN DEVELOPING THE NEXT GENERATION OF ARIZONA BIOSCIENCE RESEA RCHERS, TGEN AND THE HELIOS EDUCATION FOUNDATION PLANNED A CELEBRATORY BREAKFAST SEPTEMBER 30, 2016 AT THE ARIZONA BILTMORE FOR COMMUNITY, BUSINESS AND EDUCATION LEADERS, AS WELL A S HELIOS SCHOLARS ALUMNI THE EVENT HIGHLIGHTED THE ACCOMPLISHMENTS AMONG THE NEARLY 400 P ROGRAM ALUMNI, AND OUTSTANDING ALUMNI AND MENTORS WERE RECOGNIZED WITH AWARDS ARIZONA GOV ERNOR DOUG DUCEY PROVIDED A CONGRATULATORY VIDEO MESSAGE FOR THE EVENT FIVE ALUMNI AND ON E MENTOR DELIVERED REMARKS, DETAILING THEIR EXPERIENCES WITH THE PROGRAM AND THE VALUE THE EXPERIENCE PROVIDES FOR THE I

990 Schedule O, Supplemental Information

Return Reference	Explanation
CLINICAL TRIALS	INDIVIDUAL, THE INSTITUTE AND ARIZONA EVENT ATTENDEES EACH RECEIVED A COPY OF THE ALUMNI REPORT, DETAILING AGGREGATE AND INDIVIDUAL DATA FROM THE 2007-2016 CLASSES. REPORT HIGHLIGHTS - OUT OF 420 PARTICIPANTS, 20 PERCENT WERE INTERNS IN HIGH SCHOOL, 63 PERCENT ATTENDED IN-STATE COLLEGES, AND 17 PERCENT ATTENDED HIGH SCHOOL IN ARIZONA BUT CHOSE UNIVERSITIES OUT OF STATE - 60 PERCENT OF ALUMNI STILL LIVE IN ARIZONA. OF THOSE NOT IN ARIZONA, 46 PERCENT SAY THEY ARE LIKELY TO RETURN - MORE THAN HALF - 52 PERCENT OF ALUMNI ARE WOMEN, COMPARED TO 30 PERCENT EMPLOYED IN SCIENCE AND ENGINEERING NATIONALLY - PROFESSIONS INCLUDE PHYSICIANS, SCIENTISTS, GENETIC COUNSELORS, SCIENCE AND RESEARCH POLICY WORKERS, ENGINEERS, LAWYERS, NURSES, EDUCATORS AND SURGEONS - MORE THAN HALF ARE IN CAREERS DIRECTLY RELATED TO THEIR TGEN RESEARCH - 22 PERCENT ARE FROM RACIAL/ETHNIC POPULATIONS UNDERREPRESENTED IN THE BIOSCIENCES. IVY NEUROLOGICAL SCIENCES INTERNSHIP PROGRAM THE 2016-2017 IVY NEUROLOGICAL SCIENCES INTERNSHIP PROGRAM BEGAN IN JUNE WITH TWO HIGH SCHOOL STUDENTS IN TGENS BRAIN TUMOR UNIT. THIS IS THE FIFTH YEAR OF THE UNIQUE PROGRAM FOCUSED ON EDUCATING AND TRAINING THE NEXT GENERATION OF RESEARCHERS AND PHYSICIANS FOCUSED ON BRAIN TUMOR AND NEUROLOGICAL DISEASE RESEARCH. THE PROGRAM SERVES AS A KEY MECHANISM FOR TGEN TO RETAIN MOTIVATED TALENT IN A CRITICAL RESEARCH AREA. TWO UNDERGRADUATES WILL WORK IN BRAIN TUMOR AND NEUROLOGICAL DISEASE RESEARCH CONCOMITANTLY WITH THEIR ACADEMIC COURSEWORK THROUGH THE SUMMER OF 2017. ONE ASPIRING MEDICAL SCHOOL STUDENT WILL COMMIT A FULL CALENDAR YEAR TO A BRAIN TUMOR PROJECT. INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR LOCAL ARRANGEMENTS COMMITTEE TGENS EDUCATION AND OUTREACH STAFF WORKED CLOSELY WITH THE SOCIETY FOR SCIENCE AND THE PUBLIC, AND THE PHOENIX LOCAL ARRANGEMENTS COMMITTEE, TO MAKE THE 2016 INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR (INTEL ISEF) A SUCCESS. INTEL ISEF IS THE WORLDS LARGEST HIGH SCHOOL SCIENCE FAIR, WITH THOUSANDS OF STUDENTS FROM DOZENS OF COUNTRIES COMPETING FOR AWARDS. PHOENIX HOSTED THE FAIR IN 2013, 2016 AND WILL HOST AGAIN IN 2019. TGENS INVOLVEMENT FOCUSED ON RECRUITING HIGHLY EDUCATED, SCIENTIFIC-PROJECT JUDGES AND OPERATIONS VOLUNTEERS FROM THROUGHOUT ARIZONA, DEMONSTRATING OUR COMMITMENT TO SCIENCE EDUCATION AND SHOWCASING PHOENIX AS A KNOWLEDGE-BASED URBAN CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SELECT HIGHLIGHTS COMMUNICATIONS	TGEN CONTINUALLY PURSUES EARNED MEDIA ABOUT THE INSTITUTES RESEARCH ACTIVITIES TGEN MEDIA RELEASES RESULTED IN NUMEROUS MEDIA MENTIONS LOCALLY, NATIONALLY AND INTERNATIONALLY PUBLICATIONS INCLUDE THE ARIZONA REPUBLIC, PHOENIX BUSINESS JOURNAL, PHOENIX MAGAZINE, AZ BUSINESS MAGAZINE, CHANNEL 3, CHANNEL 5, CHANNEL 12, NORTH SCOTTSDALE INDEPENDENT, TOWN OF PARADISE VALLEY INDEPENDENT, MOHAVE VALLEY DAILY NEWS (BULLHEAD CITY, ARIZONA), EMERGING INFECTIOUS DISEASES (CDC), UPI, ORANGE COUNTY REGISTER, NBC 10 WSLs (VIRGINIA), PR NEWswire, PIVOTAL SOURCES, INTERNATIONAL BUSINESS TIMES, GENETIC ENGINEERING & BIOTECHNOLOGY NEWS, TARGETED NEWS SERVICE, US OFFICIAL NEWS, PLUS PATENT NEWS, US FED NEWS, PHARMA & HEALTHCARE MONITOR WORLDWIDE, PROFESSIONAL SERVICES CLOSE-UP, BIOMEDREPORTS, BIOSPACE, FURNITURE TO DAY, HEALTH DAILY DIGEST, ENP NEWswire, FINANCIALWIRE, HEALTH & BEAUTY CLOSE-UP, M2 PRESSWIRE, SPACE DAILY, STATES NEWS SERVICE, TENDERSINFO, NEWS BITES- PEOPLE IN BUSINESS, GLOBAL IP NEWS, BIOTECHNOLOGY PATENT NEWS, PHARMA & HEALTHCARE MONITOR WORLDWIDE, JOURNAL OF ENVIRONMENTAL HEALTH, FAIR DISCLOSURE NEWS, ACTIVE POST, PHYSORG, ICT MONITOR WORLDWIDE, AUSTRALIAN GOVERNMENT NEWS, INDIAN PHARMA INDUSTRY, INDIAN TECHNOLOGY NEWS, ASIAN NEWS INTERNATIONAL HIGHLIGHTS FOR 2016 INCLUDE A PHOENIX MAGAZINES MOST POPULAR ANNUAL "BEST DOCTORs" ISSUE HONORS DR JEFFREY TRENT AND DR DANIEL VON HOFF As "maestros of medicine" B CBS 5 NEWS INTERVIEWS DR MATT HUENTELMAN IN A STORY ABOUT UNCOVERING THE GENES ASSOCIATED WITH BROKEN HEART SYNDROME C AZ LIFESTYLE MAGAZINE FEATURES TGEN AS ITS FIRST STORY IN THEIR HEALTH & FITNESS ISSUE WITH THE HEADLINE "TGEN - CREATING TOMORROW'S MEDICINE," INCLUDING INTERVIEWS WITH TGEN'S CHIEF MEDICAL DIRECTOR DR VINODH NARAYANAN AND TGEN FOUNDATION PRESIDENT MICHAEL BASSOFF D TGEN NORTHS NEW STUDY OF VALLEY FEVER IN DOGS AND HOW THAT RESEARCH MIGHT ALSO BENEFIT HUMANS WAS FEATURED ON KJZZ, PHOENIXS NPR STATION, AND BY CBS 5 NEWS E TGEN NORTHS STUDY IN THE CDC'S EMERGING INFECTIOUS DISEASES JOURNAL ABOUT AN OUTBREAK IN FLAGSTAFF OF A VIRULENT FORM OF STREP INFECTION IS COVERED BY KNAU, KJZZ, KTAR, 12 NEWS, AND CRONKITE NEWS F THE ARIZONA REPUBLIC COVERS TGENS CANINE CANCER RESEARCH, TGENS VALLEY FEVER PAWS PROGRAM TO STUDY VALLEY FEVER, AND DR JEFFREY TRENTS COMMENCEMENT ADDRESS FOR THE U OF A COLLEGE OF MEDICINE-PHOENIX G CHANNEL 8 PBS CRONKITE NEWS FEATURES TGEN NORTHS DEVELOPMENT OF A NEW TEST FOR LYME DISEASE, TGENS CANINE CANCER RESEARCH H PHOENIX BUSINESS JOURNAL DOCUMENTS TWO NEW TGEN-LED CLINICAL TRIALS - TGEN TRIPLE AND GRAND SLAM - FOR ADVANCED PANCREATIC CANCER I WOMENS RUNNING MAGAZINE FEATURES TGENS CARLY BENFORD FOR TGENS SU2C MELANOMA CLINICAL TRIAL J SCIENCE WRITERS MAGAZINE FEATURES TGEN IN A STORY ABOUT THE STATEWIDE ARIZONA NPR SCIENCE DESK K THE ARIZONA REPUBLIC PUBLISHED A FRONT PAGE STORY NOVEMBER 30, 2016, ABOUT TGENS NEW AFFILIATION WITH CITY OF HOPE THE STORY CAME ON THE SAME DAY

990 Schedule O, Supplemental Information

Return Reference	Explanation
SELECT HIGHLIGHTS COMMUNICATIONS	AS OUR OFFICIAL ANNOUNCEMENT, AND FOLLOWED A PRODUCTIVE MEETING THE PREVIOUS DAY WITH DR JEFFREY TRENT AND ROBERT STONE VISITING THE REPUBLICS EDITORIAL BOARD L KJZZ 91.5 FM, P HOENIXS NATIONAL PUBLIC RADIO STATION, AIRED A 12-MINUTE INTERVIEW DECEMBER 7, 2016 WITH DR JEFFREY TRENT, COO TESS BURLESON, AND ASSOCIATE PROFESSOR DR KENDALL VAN-KEUREN JENSEN , ABOUT TGENS NEW AFFILIATION WITH CITY OF HOPE AND THE FUTURE OF PRECISION MEDICINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	RICHARD BOALS AND WILLIAM POST HAVE A BUSINESS RELATIONSHIP RICHARD BOALS AND ROBERT BULL A HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, LINE 4 ON NOVEMBER 16, 2016, THE INSTIT UTE ENTERED INTO AN AFFILIATION AGREEMENT (THE AGREEMENT) WITH THE CITY OF HOPE (COH), A C ALIFORNIA NONPROFIT PUBLIC BENEFIT TAX-EXEMPT CORPORATION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO TERMS OF THE AGREEMENT, COH HAS BECOME THE SOLE MEMBER OF TGEN TGEN WILL REMAIN AN ARIZONA-BASED NONPROFIT WITH HEADQUARTERS IN PHOENIX, ARIZONA COH AND TGEN SHARE THE GOAL TO COLLABORATE ON RESEARCH ADVANCES IN PRECISION MEDICINE, SCIENTIFIC AND CLINICAL RESEARCH AND THE FIELD OF TRANSLATIONAL GENOMICS TO IMPROVE HEALTH AND WELL- BEING WHILE SUPPORTING EACH ORGANIZATIONS MISSION PURSUANT TO THE AGREEMENT, COH WILL PRO VIDE \$10 0 MILLION ANNUALLY IN UNRESTRICTED SUPPORT OVER A FIVE-YEAR PERIOD SUBSEQUENT TO THE AGREEMENT, IN NOVEMBER 2016, THE INSTITUTE AMENDED ITS ARTICLES OF INCORPORATION TO C HANGE ITS FISCAL YEAR-END FROM DECEMBER 31 TO SEPTEMBER 30, BEGINNING WITH THE FISCAL PERI OD ENDING SEPTEMBER 30, 2017, TO ALIGN WITH CITY OF HOPE'S FISCAL YEAR FORM 990, PART VI, LINE 6 THE SOLE CORPORATE MEMBER OF TGEN IS CITY OF HOPE FORM 990, PART VI, LINE 7A THE AFFILIATION AGREEMENT BETWEEN TGEN AND CITY OF HOPE GRANTS CITY OF HOPE THE RIGHT TO APPOI NT DIRECTORS FORM 990, PART VI, LINE 7B THE CORPORATION AND THE BOARD OF DIRECTORS SHALL NOT, AND SHALL ENSURE THE CORPORATION AFFILIATES AND THE GOVERNING BODIES OF CORPORATION A FFILIATES SHALL NOT, WITHOUT THE PRIOR WRITTEN APPROVAL OF THE MEMBER, TAKE, APPROVE, PERF ORM OR COMMIT OR AUTHORIZE OR DIRECT ANY OFFICER OF THE CORPORATION OR ANY CORPORATION AFF ILIATE TO TAKE, APPROVE, PERFORM OR COMMIT ANY OF THE ACTS OR ACTIONS DESCRIBED IN SECTION S 1(F) THROUGH 1 (U), INCLUSIVE, OF THE AMENDED AND RESTATED BYLAWS (EFFECTIVE NOVEMBER 16, 2016), WITH RESPECT TO THE CORPORATION OR ANY CORPORATION AFFILIATE, PROVIDED THAT MEMBER APPROVAL SHALL NOT BE REQUIRED FOR THOSE ACTS OR ACTIONS DESCRIBED IN SECTIONS 1(G), 1(N) , 1(O), 1(P), 1(Q), 1(R) OR 1(T) TO THE EXTENT SUCH ACTS OR ACTIONS ARE SPECIFICALLY APPRO VED IN AN OPERATING AND/OR CAPITAL BUDGET OR PLAN APPROVED BY THE MEMBER THE SECTIONS REF ERRED TO ABOVE ARE PROVIDED AS FOLLOWS (F) TO APPROVE BY A FULL MAJORITY ANY MERGER BY, D ISSOLUTION OF, OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, (G) E XCEPT TO THE EXTENT INCLUDED IN SUBSECTION (F) ABOVE, TO APPROVE OR IMPLEMENT ANY MERGER O F THE CORPORATION OR ANY CORPORATION AFFILIATE WITH OR INTO ANY ENTITY OR ANY SALE, TRANSF ER, PLEDGE OR OTHER DISPOSITION OF ANY MATERIAL ASSETS OF THE CORPORATION OR ANY CORPORATI ON AFFILIATE, (H) TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION, THESE BYLAWS, O R THE JOINT NOMINATING COMMITTEE CHARTER, IN EACH CASE BY APPROVAL OF THE FULL MAJORITY, I N ADDITION TO ANY OTHER COMMITTEE CHARTER THAT, BY ITS TERMS, REQUIRES THE APPROVAL OF THE BOARD OF DIRECTORS, (I) EXCEP

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	T TO THE EXTENT INCLUDED IN SUBSECTION (H) ABOVE, TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR ORGANIZATION, BYLAWS OR OPERATING AGREEMENT, ANY COMMITTEE CHARTER, THE BOARD STANDING POLICIES MANUAL, OR ANY OTHER GOVERNING DOCUMENTS OF THE CORPORATION OR ANY CORPORATION AFFILIATE, (J) TO APPROVE AN INCREASE OR DECREASE IN THE NUMBER OF VOTING DIRECTORS, (K) TO FIX THE COMPENSATION, IF ANY, OF THE DIRECTORS OF THE CORPORATION OR PERSONS SERVING ON THE BOARD OF DIRECTORS OR GOVERNING BODY OF ANY CORPORATION AFFILIATE, (L) TO COMMENCE OR ALLOW ANY (I) ASSIGNMENT FOR THE BENEFIT OF CREDITORS OF THE CORPORATION OR ANY CORPORATION AFFILIATE, (II) FILING OF A PETITION SEEKING ANY REORGANIZATION, ARRANGEMENT, COMPOSITION, READJUSTMENT, LIQUIDATION, DISSOLUTION OR SIMILAR RELIEF UNDER ANY STATUTE, LAW, OR RULE, (III) FILING OF AN ANSWER OR OTHER PLEADING ADMITTING OR FAILING TO CONTEST THE MATERIAL ALLEGATIONS OF A PETITION FILED AGAINST THE CORPORATION OR ANY CORPORATION AFFILIATE IN ANY PROCEEDING OF THIS NATURE, OR (IV) SEEKING, CONSENTING, OR ACQUIESCING TO THE APPOINTMENT OF A TRUSTEE, RECEIVER OR LIQUIDATOR FOR THE CORPORATION OR ANY CORPORATION AFFILIATE OR ALL OR ANY SUBSTANTIAL PART OF THE CORPORATIONS OR THE CORPORATION AFFILIATES PROPERTY, (M) TO EXERCISE ANY MATERIAL SHAREHOLDER, MEMBER OR OTHER GOVERNANCE RIGHTS OR ELECTIONS HELD BY THE CORPORATION OR ANY CORPORATION AFFILIATE, (N) TO ACQUIRE, PURCHASE, DEVELOP, MATERIALLY IMPROVE, SELL, LEASE, OR MORTGAGE ANY CORPORATE REAL ESTATE OR ANY MATERIAL INTEREST THEREIN OR ENTER INTO ANY CONTRACT FOR ANY SUCH PURPOSES BY THE CORPORATION OR ANY CORPORATION AFFILIATE, (O) TO BORROW MONEY OR PLEDGE PROPERTY (REAL OR PERSONAL) OF THE CORPORATION OR ANY CORPORATION AFFILIATE AS SECURITY FOR SUCH LOANS, (P) TO MAKE ANY LOAN TO OR ON BEHALF OF ANY PERSON OR ENTITY BY THE CORPORATION OR ANY CORPORATION AFFILIATE, (Q) TO FORM ANY CORPORATION AFFILIATE OR MAKE ANY INVESTMENT IN ANY BUSINESS OR VENTURE, (R) TO DEVELOP OR IMPLEMENT ANY MATERIAL CHANGE IN THE OPERATIONS OR ACTIVITIES OF THE CORPORATION OR ANY CORPORATION AFFILIATE, OR ANY MATERIAL CHANGE IN THE ALLOCATION OF THE CORPORATIONS OR ANY CORPORATION AFFILIATES RESOURCES AMONG THE OPERATIONS OR ACTIVITIES OF THE CORPORATION OR THE CORPORATION AFFILIATE, (S) TO ASSIGN, TRANSFER, PLEDGE, COMMIT OR RELEASE ANY OF THE CLAIMS OR DEBTS OF THE CORPORATION OR ANY CORPORATION AFFILIATE, EXCEPT ON PAYMENT IN FULL OR FOR ADJUSTMENTS INCURRED IN THE ORDINARY COURSE OF BUSINESS, (T) TO ENTER INTO ANY CONTRACT OR INCUR ANY LIABILITIES BY THE CORPORATION OR ANY CORPORATION AFFILIATE FOR OTHER THAN FAIR CONSIDERATION OR OUTSIDE OF THE ORDINARY COURSE OF BUSINESS, AND (U) TO ADOPT OR IMPLEMENT ANY STRATEGIC PLAN FOR THE CORPORATION AND/OR ANY CORPORATION AFFILIATE, OR ANY MATERIAL MODIFICATIONS OR AMENDMENTS THERETO. FURTHER, NOTWITHSTANDING ANYTHING IN THE BYLAWS TO THE CONTRARY, IN ADDITION TO THE OTHER RIGHTS SET FORTH IN THE BYLAWS, THE MEMBER SHAREHOLDERS OF THE CORPORATION OR ANY CORPORATION AFFILIATE SHALL HAVE ALL THE RIGHTS AND POWERS OF THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	LL HAVE THE SOLE AND EXCLUSIVE POWER AND AUTHORITY WITH RESPECT TO (A) THE APPROVAL AND A DOPTION (AS OPPOSED TO THE APPROVAL FOR RECOMMENDATION TO THE MEMBER) OF THE CAPITAL AND/OR OPERATING BUDGETS AND PLANS OF THE CORPORATION AND THE CORPORATION AFFILIATES, AND ANY MATERIAL MODIFICATIONS OR AMENDMENTS THERETO, AS DESCRIBED IN SECTION 1.6 OF THE AFFILIATION AGREEMENT, (B) SUBJECT TO SECTION 3(E) OF THIS ARTICLE III OF THE BYLAWS, THE REMOVAL OF A DIRECTOR, EXCEPT IN THE CASE OF A DIRECTOR WHO HAS BEEN DECLARED OF UNSOUND MIND BY AN ORDER OF COURT, CONVICTED OF A FELONY, OR FOUND BY FINAL ORDER OR JUDGMENT OF ANY COURT TO HAVE BREACHED A DUTY UNDER THESE BYLAWS OR THE ANCA, AND (C) THE SELECTION OF THE AUDITOR AND APPROVAL OF THE AUDIT REPORT FOR THE CORPORATION OR ANY CORPORATION AFFILIATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE TGEN FINANCE DEPARTMENT THE FORM 990 IS THEN REVIEWED BY THE FINANCE DEPARTMENT, OTHER MEMBERS OF MANAGEMENT AND THE AUDIT AND COMPLIANCE COMMITTEE OF THE CITY OF HOPE THE FORM 990 IS POSTED ON THE BOARD WEBSITE FOR BOARD REVIEW PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	TGEN DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ALL DIRECTOR LEVEL POSITIONS AND ABOVE, IN ADDITION TO ANY OFFICERS AND KEY EMPLOYEES DESIGNATED BY THE CHIEF OPERATING OFFICER THE QUESTIONNAIRES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND TGEN'S OFFICE OF RESEARCH COMPLIANCE THOSE EMPLOYEES WITH CONFLICTS ARE SENT FOR FURTHER REVIEW TO THE CHIEF OPERATING OFFICER TO ENSURE AN APPROPRIATE PLAN IS SET FORTH UPDATES TO THE LIST ARE HANDLED ON AN AS-NEEDED BASIS, BASED ON CONTRACT REVIEWS AND EMPLOYEE INFORMATION COMMITTEE OF TGEN NOT WITHSTANDING THE FORGEGOING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE MEMBER SHALL BE THE EXECUTIVE COMPENSATION COMMITTEE OF TGEN. NOTWITHSTANDING THE FOREGOING, TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVISE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS OF THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS CONSISTENT WITH THE MEMBER'S COMPENSATION PHILOSOPHY AND WITHIN THE COMPENSATION RANGES APPROVED AT LEAST ANNUALLY BY THE MEMBER, AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL TGEN 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 OF THE MEMBER. 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 2016.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	TGEN HAS A BOARD OF GOVERNORS THAT IS COMPRISED OF CURRENT VOTING DIRECTORS AND SOME FORMER DIRECTORS THAT REMAIN AFFILIATED WITH TGEN IN AN ADVISORY ROLE THE CURRENT NONVOTING ADVISORY GOVERNORS NOT LISTED AS DIRECTORS IN PART VII, SECTION A INCLUDE BETSY BAYLESS RITA CHENG WYATT DECKER GOVERNOR DOUG DUCEY THE HONORABLE DELBERT RAY THE HONORABLE JIM SLATTERY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK TO TAX DIFFERENCE - K-1 PARTNERSHIP INCOME \$ (86,522) OTHER CHANGES IN NET ASSETS AS A RESULT OF CITY OF HOPE AFFILIATION \$10,619,397 ----- TOTAL \$10,532,875

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 3B	TGEN DID UNDERGO AN AUDIT AS SET FORTH BY THE UNIFORM GUIDANCE FOR FY2016AND HAD AN UNQUALIFIED OPINION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSORTIUM/CONTRACTUAL TOTAL FEES 5470821

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE RESEARCH SERVICES TOTAL FEES 2269744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 1361406

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY SERVICES TOTAL FEES 16542

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number
75-3065445

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)TGEN RESEARCH INSTITUTE FOUNDATION 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 33-1092191	FUNDRAISING	AZ	501(c)(3)	7	TGEN	Yes	
(2)CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010 95-3435919	FUNDRAISING	CA	501(C)(3)	7	NA		No
(3)CITY OF HOPE NATIONAL MEDICAL CENTER 1500 EAST DUARTE ROAD DUARTE, CA 91010 95-1683875	HOSPITAL	CA	501(C)(3)	3	CITY OF HOPE	Yes	
(4)BECKMAN RESEARCH INSTITUTE 1450 EAST DUARTE ROAD DUARTE, CA 91010 95-3432210	RESEARCH	CA	501(C)(3)	4	CITY OF HOPE	Yes	
(5)CITY OF HOPE MEDICAL FOUNDATION 1500 EAST DUARTE ROAD DUARTE, CA 91010 27-4803222	HEALTHCARE	CA	501(C)(3)	3	CITY OF HOPE	Yes	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TGEN RESEARCH INSTITUTE FOUNDATION	c	7,128,463	ACTUAL COST
(2) TGEN RESEARCH INSTITUTE FOUNDATION	m	7,547,749	ACTUAL COST
(3) TGEN RESEARCH INSTITUTE FOUNDATION	n	108,000	ACTUAL COST
(4) TGEN RESEARCH INSTITUTE FOUNDATION	o	189,196	ACTUAL COST
(5) TGEN RESEARCH INSTITUTE FOUNDATION	P	2,895,700	ACTUAL COST
(6) CITY OF HOPE NATIONAL MEDICAL CENTER	O	126,822	ACTUAL COST

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
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 75-3065445

Name: THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) TGEN ACCELERATORS LLC (TGAM) 445 NORTH 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445	GENOMICS	AZ	0	0	TGEN
(1) THE CENTER FOR TRANSLATIONAL DRUG DEV 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 43-2047329	DRUG DEVEL	AZ	-125,563	1,627,883	TGAM LLC
(2) TRANSLATIONAL SYSTEMS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-1309498	ADV RESEARCH	AZ	0	0	TGEN
(3) PET CANCER DIAGNOSTICS LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445	ANIMAL DIAG	AZ	0	0	TGEN
(4) TGEN HEALTH VENTURES LLC 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 46-4520712	HEALTH CARE	AZ	112,942	42,770	TGEN
(5) DROPWISE LLC 445 NORTH 5TH STREET SUITE 600 PHOENIX, AZ 85004 81-1959403	RESEARCH	AZ	0	7,765	TGAM LLC
(6) ID ORIGINS LLC 445 NORTH 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445	TECH TRANSFER	AZ	0	0	TGAM LLC
(7) PROFERO LLC 445 NORTH 5TH STREET SUITE 600 PHOENIX, AZ 85004 75-3065445	LICENSING	DE	0	0	TGEN
(8) METRICBIO LLC 445 NORTH 5TH STREET SUITE 600 PHOENIX, AZ 85004 81-4455083	RESEARCH	DE	0	0	TGEN

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) TGEN RESEARCH INSTITUTE FOUNDATION	c	7,128,463	ACTUAL COST
(1) TGEN RESEARCH INSTITUTE FOUNDATION	m	7,547,749	ACTUAL COST
(2) TGEN RESEARCH INSTITUTE FOUNDATION	n	108,000	ACTUAL COST
(3) TGEN RESEARCH INSTITUTE FOUNDATION	o	189,196	ACTUAL COST
(4) TGEN RESEARCH INSTITUTE FOUNDATION	p	2,895,700	ACTUAL COST
(5) CITY OF HOPE NATIONAL MEDICAL CENTER	O	126,822	ACTUAL COST