

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**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 FOUNDATION  
 % KEVIN GROFF  
 Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 445 N 5TH STREET Suite 120

City or town, state or province, country, and ZIP or foreign postal code  
 PHOENIX, AZ 85004

**F** Name and address of principal officer  
 Michael Bassoff  
 445 N 5th Street Suite 120  
 Phoenix, AZ 85004

**D** Employer identification number  
 33-1092191

**E** Telephone number  
 (602) 343-8411

**G** Gross receipts \$ 5,831,237

**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.helptgen.org](http://www.helptgen.org)

**K** Form of organization  Corporation  Trust  Association  Other ▶

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities BIOGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE (TGEN)				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15		
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	0		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	9,117,401	Current Year	5,831,237
	<b>9</b> Program service revenue (Part VIII, line 2g)		0		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,005		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,118,406		5,831,237
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,881,065	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			780,788		819,306
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,116,492					
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			765,144		695,792
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		8,426,997		8,643,561	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		691,409		-2,812,324	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	23,669,414	End of Year	23,490,766
	<b>21</b> Total liabilities (Part X, line 26)		6,279,170		8,914,590
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		17,390,244		14,576,176

**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 \_\_\_\_\_ Date 2017-11-15  
 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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

BIAGENOMIC MEDICAL RESEARCH FUNDRAISING FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 7,128,463 including grants of \$ 7,128,463 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 7,128,463

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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
<b>26</b> 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>		No
<b>27</b> 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
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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
<b>33</b> 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>		No
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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>		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, sub-questions (1a-13b), Yes, and No. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (AZ), 18 (Own website, Another's website, Upon request, Other), 19, 20 (KEVIN GROFF 445 N 5TH STREET SUITE 600 PHOENIX, AZ 85004 (602) 343-8478).

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

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

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

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

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

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

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

(A) 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) Michael Bassoff ..... President, TGen Foundation	24 0 ..... 16 0	X		X				0	472,991	71,604
(2) Bennett Dorrance ..... Board Member/Chairman	1 0 ..... 1 0	X		X				0	0	0
(3) Richard J Lehmann ..... Board Member/Treasurer	1 0 ..... 0 0	X		X				0	0	0
(4) Ken Kendrick ..... Board Member/Secretary	1 0 ..... 0 0	X		X				0	0	0
(5) Teresa Burlison ..... Board Member/Asst Sec/Asst Tre	1 0 ..... 39 0	X		X				0	485,078	68,969
(6) Karl Eller ..... Board Member	1 0 ..... 0 0	X						0	0	0
(7) Phil Francis ..... Board Member	1 0 ..... 0 0	X						0	0	0
(8) Diane Halle ..... Board Member	1 0 ..... 0 0	X						0	0	0
(9) Carrie Hulburd ..... Board Member	1 0 ..... 0 0	X						0	0	0
(10) Mike Ingram ..... Board Member	1 0 ..... 0 0	X						0	0	0
(11) Catherine Ivy ..... Board Member	1 0 ..... 0 0	X						0	0	0
(12) F Francis Najafi ..... Board Member	1 0 ..... 0 0	X						0	0	0
(13) William J Post ..... Board Member	1 0 ..... 1 0	X						0	0	0
(14) J Danforth Quayle ..... Board Member	1 0 ..... 0 0	X						0	0	0
(15) Troy Richards ..... Board Member	1 0 ..... 0 0	X						0	0	0
(16) Steve Stagner ..... Board Member	1 0 ..... 0 0	X						0	0	0
(17) Ray Thurston ..... Board Member	1 0 ..... 0 0	X						0	0	0

**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) Jeffrey M Trent PhD Board Member	1 0 39 0	X						0	1,279,662	18,768
(19) Howard Young Board Member	1 0 0 0	X						0	0	0
(20) MANUEL ESTRADA CHIEF FINANCIAL OFFICER	1 0 39 0			X				0	278,403	18,616
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	2,516,134	177,957

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Translational Genomics Research Ins, 445 N 5th Street Suite 600 Phoenix, AZ 85004	Management Services	108,000

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,831,237				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		0				
	<b>h Total.</b> Add lines 1a-1f . . . . .		5,831,237				
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .		0				
	<b>g Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		0				
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .	0	0			
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .			0		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0			
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>11a</b> Miscellaneous Revenue	Business Code						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .			0			
<b>12 Total revenue.</b> See Instructions . . . . .			5,831,237				

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,128,463	7,128,463		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	473,591	0	47,359	426,232
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	344,598	0	106,825	237,773
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0	0	0	0
<b>9</b> Other employee benefits.	1,117	0	1,117	0
<b>10</b> Payroll taxes.	0	0	0	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	0	0	0	0
<b>c</b> Accounting.	0	0	0	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	164,305	0	164,305	0
<b>12</b> Advertising and promotion.	53,823	0	5,382	48,441
<b>13</b> Office expenses.	207,065	0	20,707	186,358
<b>14</b> Information technology.	0	0	0	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	71,623	0	7,162	64,461
<b>17</b> Travel.	33,869	0	3,387	30,482
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	136,384	0	13,639	122,745
<b>20</b> Interest.	0	0	0	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	0	0	0	0
<b>23</b> Insurance.	0	0	0	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Dues and Subscriptions.	28,501	0	28,501	0
<b>b</b> Recruitment.	202	0	202	0
<b>c</b> ALL OTHER EXPENSES	20	0	20	0
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	8,643,561	7,128,463	398,606	1,116,492
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	163,967	<b>1</b>	23,026
	<b>2</b> Savings and temporary cash investments . . . . .	13,528,527	<b>2</b>	14,736,921
	<b>3</b> Pledges and grants receivable, net . . . . .	9,965,268	<b>3</b>	8,717,952
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	1,838
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	5,165	<b>8</b>	3,621
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,487	<b>9</b>	7,408
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	0		
	<b>b</b> Less accumulated depreciation	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	23,669,414	<b>16</b>	23,490,766	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,279,170	<b>17</b>	8,913,356
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	1,234
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,279,170	<b>26</b>	8,914,590	
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-4,439,389	<b>27</b>	-5,436,204
	<b>28</b> Temporarily restricted net assets . . . . .	21,767,540	<b>28</b>	19,950,287
	<b>29</b> Permanently restricted net assets	62,093	<b>29</b>	62,093
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	17,390,244	<b>33</b>	14,576,176
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	23,669,414	<b>34</b>	23,490,766

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,831,237
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,643,561
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,812,324
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,390,244
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,744
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,576,176

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 33-1092191

**Name:** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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**SCHEDULE A**  
**(Form 990 or 990EZ)**

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
33-1092191

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

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	488,410	12,174,321	13,561,515	9,117,401	5,831,237	41,172,884
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	488,410	12,174,321	13,561,515	9,117,401	5,831,237	41,172,884
<b>5</b>	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)						9,726,556
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						31,446,328

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	488,410	12,174,321	13,561,515	9,117,401	5,831,237	41,172,884
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,740	947	1,004	1,005		4,696
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						41,177,580
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	36

**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**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	76.368%
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	79.553%

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		



**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

<b>Facts And Circumstances Test</b>

**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 A Form 990 of 990-E 2016

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
33-1092191

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 ▶ \$ \_\_\_\_\_

**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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	62,093	62,093	62,093	62,093	62,093
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	8,904	7,353	6,500	7,353	566
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	8,904	7,353	6,500	7,353	566
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	62,093	62,093	62,093	62,093	62,093

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes    | No  |
|--|--------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No  |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	0

**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.

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

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	

**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:** 33-1092191

**Name:** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

## Supplemental Information

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

## 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 I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION

Employer identification number 33-1092191

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds...

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: Translational Genomics Research Institute, 75-3065445, 501(c)(3), 7,128,463, Fundraising for TGen.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

**Employer identification number**  
33-1092191

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	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.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael Bassoff President, TGen Foundation	(i)	0	0	0	0	0	0	0
	(ii)	----- 455,186	----- 0	----- 17,805	----- 60,600	----- 11,004	----- 544,595	----- 0
2 Teresa Burleson Board Member/Asst Sec/Asst Tre	(i)	0	0	0	0	0	0	0
	(ii)	----- 419,672	----- 64,456	----- 950	----- 60,600	----- 8,369	----- 554,047	----- 0
3 Jeffrey M Trent PhD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	----- 830,405	----- 340,000	----- 109,257	----- 8,604	----- 10,164	----- 1,298,430	----- 340,000
4 MANUEL ESTRADA CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	----- 239,186	----- 38,294	----- 923	----- 8,134	----- 10,482	----- 297,019	----- 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 33-1092191  
**Name:** THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

## Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST CLASS TRAVEL IS PERMITTED BY EXECUTIVE STAFF ONLY AND MUST, PER TGEN POLICY, BE PRE-APPROVED BY THE CHIEF OPERATING OFFICER THESE EXPENSES WERE NOT CONSIDERED AS TAXABLE COMPENSATION TO THE RECIPIENT SINCE THEY WERE REIMBURSEMENTS FOR BUSINESS USE UNDER AN ACCOUNTABLE PLAN TGEN, A RELATED TAX-EXEMPT ORGANIZATION, PROVIDES THIS BENEFIT

## Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	TGEN FOUNDATION DOES NOT DETERMINE OR PAY ANY COMPENSATION OR BENEFITS ALL COMPENSATION AND BENEFITS ARE DETERMINED AND PAID BY TGEN, A RELATED TAX-EXEMPT ORGANIZATION

## Part III, Supplemental Information

Return Reference	Explanation
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

## Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART II	SOME OF TGENS OFFICER AND KEY EMPLOYEES LISTED IN PART VII HAVE RETENTION AGREEMENTS THROUGH 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

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)**

Department of the Treasury  
~~Internal Revenue Service~~

Name of the organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

33-1092191

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION RAISES FUNDS FOR THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE ("TGEN") THE PROGRAM SERVICE ACCOMPLISHMENTS OF TGEN ARE LISTED BELOW SUMMARY OF 2016 ACTIVITIES AS THE COST OF READING A HUMAN GENOME has dropped D RAMATICALLY - FROM MILLIONS IN THE MID 2000'S TO THE LOW THOUSANDS TODAY - our clinical TR IALS UNDER THE DIRECTION OF DR VON HOFF, OUR PHYSICIAN-IN-CHIEF CONTINUE BREAKING NEW GRO UND IN DEMONSTRATING HOW THIS INFORMATION CAN IMPROVE PATIENT CARE AND WE CONTINUE TO PRO VIDE A STRONG ECONOMIC BENEFIT TO ARIZONA - \$174 MILLION ANNUALLY OF NOTE, STAND UP TO CA NCEr NAMED DR VON HOFF TO CO-LEAD AN INTERNATIONAL DREAM TEAM TO ADVANCE NEW TREATMENTS A GAINST 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 &amp; CATHERINE IVY FOUNDATION, PR ODUCEd SEVERAL NOTABLE ADVANCEMENTS IN THE FIELD OVER THE PAST YEAR, AND ESPECIALLY IN REC ENT MONTHS ONE TGEN STUDY SHOWED THAT A DRUG, PROPENTOFYLLINE, PREVIOUSLY DEVELOPED FOR D EMENTIA, KNOCKS DOWN A PROTEIN THAT PROMOTES THE SPREAD OF THE BRAIN CANCER GLIOBLASTOMA, INCREASES SENSITIVITY TO A STANDARD CHEMOTHERAPY DRUG, AND INHIBITS GLIOBLASTOMA CELL INVA SION THIS NOW BECOMES A TARGET OF TREATMENT-FOCUSED RESEARCH A PROOF-OF-CONCEPT PAPER, L ED BY TGENS DR MUHAMMED MURTAZA, SHOWED HOW MEASURING TUMOR DNA FLOATING FREE IN THE BLOO D CAN BE USED TO TRACK THE PROGRESS OF CANCER PATIENTS AND HELP DOCTORS MAKE CHOICES FOR T REATMENT 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 HO W THIS METHOD PROVIDES A NON-INVASIVE AND MORE FREQUENT WAY TO TEST HOW THE PATIENT RESPON DED 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 SCH OLARS AT TGEN PROGRAM, WHICH SINCE ITS START IN 2007 HAS GRADUATED NEARLY 400 BUDDING SCIE NTISTS AND PHYSICIANS MANY HAVE ESTABLISHED CAREERS IN ARIZONAS BIOSCIENCE FIELDS THE PR OGRAM 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 INFO RM HOW WE HELP HUMAN PATIENTS, TO A PENDING GLOBAL TEST FOR THE PATHOGENS THAT PLAGUE THE WORLDS HOSPITALS, TGEN REMAINS MATCHLESS IN A VARIETY OF WAYS FOR ITS ABILITY TO HARNESS T HE POTENTIAL OF THE HUMAN GENOME FOR THE BENEFIT OF HUMANITY TGEN NORTH IN FLAGSTAFF INIT IATED A NEW STUDY OF VALLEY FEVER INVOLVING DOGS, WHICH ALSO ACQUIRE THIS DUST-BOUND FUNGA L PATHOGEN, ADDING TO THE ALREADY PROMISING WORK IN TGENS CANINE-CANCER AND CANINE-NEUROLO GICAL STUDIES IN JUST TWO MON</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THS, 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 GENETIC SPECIMENS THROUGH OUR WORK WITH NORTHERN ARIZONA UNIVERSITY (NAU), WE RECENTLY RECEIVED PATENT PROTECTION FROM THE GOVERNMENT OF AUSTRALIA FOR OUR RAPID, ECONOMIC 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 EXPECTED TO FOLLOW FINALLY, TGENS ANNOUNCED AFFILIATION WITH CITY OF HOPE IN LATE 2016 HAS UNBOUNDED POTENTIAL TO ACCELERATE OUR RESEARCH ON MANY FRONTS, AND TOGETHER - PLAYING OFF EACH OTHERS COMPLEMENTARY STRENGTHS - WE SHOULD LOOK FORWARD TO MANY YEARS OF PROGRESSIVE RESEARCH AND BETTER PATIENT OUTCOMES IN ADDITION, THE FOLLOWING OVERVIEW PROVIDES A SNAPSHOT OF RECENT PROGRESS ACROSS THE INSTITUTE, INCLUDING SCIENTIFIC PUBLICATIONS, EDUCATION AND OUTREACH, MEDIA, AND COMMUNITY RECOGNITION 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 BAUMANNII 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 KRIIBSKRAN 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 ENGELHALER 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 JOSEPHS HOSPITAL AND MEDICAL CENTER AND THE ALZHEIMERS ASSOCIATION TOTALING \$124,8</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>35 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 ENGELHALER 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 ENGELHALER 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 (A GOOD NUMBER WITH POTENTIAL CLINICAL APPLICATION), ESTABLISHED NATIONAL AND INTERNATIONAL 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 ELLER SCHOLARSHIP, SCIENCE FOUNDATION ARIZONA FELLOWSHIP, AND THE BEN &amp; CATHERINE IVY FOUNDATION ENABLED TGEN RESEARCHERS TO IDENTIFY A PROTEIN CALLED SGEF THAT PROMOTES THE SURVIVAL OF 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-<math>\kappa</math>B SIGNALING AND PROMOTES SURVIVAL BY MODULATION 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 WITH INTERNATIONAL INVESTIGATORS, DISCOVERED THE SOURCE OF A POTENTIAL DEADLY BLOOD INFECTION IN MORE THAN 50 SOUTH AMERICAN CANCER PATIENTS USING ADVANCED GENOMIC SEQUENCING, THE INVESTIGATORS TRACED BACK A POTENTIALLY DEADLY AND THERAPY-RESISTANT FUNGUS, SAROCLADIUM KILIENSE, 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. CENTERS FOR DISEASE CONTROL AND PREVENTION</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>UNCOVERING THE GENETIC MAKEUP OF PATIENTS USING DNA SEQUENCING</p>	<p>HAS IN RECENT YEARS PROVIDED PHYSICIANS AND THEIR PATIENTS WITH A GREATER UNDERSTANDING 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-SEQUENCING INTO CLINICAL DIAGNOSTICS OPPORTUNITIES AND CHALLENGES - PUBLISHED IN NATURE REVIEWS GENETICS, T GEN SCIENTISTS HIGHLIGHTED THE MANY ADVANTAGES OF USING RNA-SEQUENCING IN THE DETECTION AND MANAGEMENT OF EVERYTHING FROM CANCER TO INFECTIOUS DISEASES, SUCH AS EBOLA 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 MEDICINE 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 SCIENTIFIC ADVISORY COMMITTEE THE AWARD SUPPORTS OPPORTUNITIES FOR SU2C SCIENTISTS FROM DIFFERENT TEAMS TO EXPLORE INNOVATIVE COLLABORATIONS TO ACCELERATE THE DEVELOPMENT OF NEW CANCER TREATMENTS ONE OF FIVE AWARDS TOTALING \$1 MILLION, THE AWARD TO DRS MURTAZA AND RIBAS, SUPPORTS A COLLABORATION TO INVESTIGATE WHETHER ITS POSSIBLE TO PREDICT PATIENT RESPONSE TO IMMUNOTHERAPY BY STUDYING THE MAKEUP OF THEIR MICROBIOMES IN BLOOD SAMPLES DR MURTAZA IS A MEMBER OF THE SU2C-MELANOMA RESEARCH ALLIANCE (MRA) MELANOMA DREAM TEAM, CO-LED BY TGENS DR JEF FREY TRENT AND YALES DR PAT LORUSSO ANTIBIOTIC-RESISTANT INFECTIONS SHOULD BE EASIER TO DETECT, AND HOSPITALS COULD BECOME SAFER, THANKS TO A TECHNOLOGY DEVELOPED BY TGEN AND NORTHERN ARIZONA UNIVERSITY (NAU), AND PROTECTED UNDER A PATENT ISSUED BY AUSTRALIA WE EXPECT SIMILAR PATENT 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 TEST WILL PRECISELY IDENTIFY A FAMILY OF ANTIBIOTIC-RESISTANT STAPH INFECTIONS BROADLY REFERRED 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 (NGF), 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 BLOCKING THE NGF SIGNALING THROUGH INHIBITORS OF NGF AND TRKA REDUCES THE POTENTIAL OF PANCREATIC CANCER CELLS TO MIGRATE TOWARDS THE SURROUNDING NERVES THE STUDY RESULTS APPEARED IN PLOS 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 SUGGEST - TO THE RESEARCHERS SURPRISE - THAT THE SURVIVAL OF THOSE PATIENTS WHOSE CANCER CELLS EXHIBIT A CO</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
UNCOVERING THE GENETIC MAKEUP OF PATIENTS USING DNA SEQUENCING	<p>MPLEX GENOMIC LANDSCAPE ON AVERAGE EXCEEDED THOSE PATIENTS WITH A LESS COMPLEX TUMOR STRUCTURE THE PUBLISHED RESULTS APPEARED IN THE JOURNAL NEURO-ONCOLOGY THE RESEARCHERS 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, REARRANGEMENTS, OR AMPLIFICATIONS THE MORE ABNORMAL THE TUMOR GENOME, THE MORE LIKELY THE THERAPY 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 COMPREHENSIVELY EXAMINED GBM OUTLIERS IN THE SURVIVAL SPECTRUM CLINICAL TRIALS THE VIRGINIA G PIPER CANCER CENTER (VGCC) CLINICAL TRIALS PROGRAM AT HONORHEALTH (FORMERLY 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 PATENTS AND LICENSES DURING 2016, TGEN WAS ISSUED 16 PATENTS AND FILED 35 PATENT APPLICATIONS ON TGEN-GENERATED RESEARCH PEER-REVIEWED LABORATORY RESEARCH PUBLICATIONS AND PRESENTATIONS IN 2016, TGENS 14TH YEAR OF OPERATION S, 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>UNCOVERING THE GENETIC MAKEUP OF PATIENTS USING DNA SEQUENCING</p>	<p>AL SPONSORS, BUT SUPPORTED BY UNDERLYING TECHNOLOGY PROVIDED FOR BY STATE OF ARIZONA FUNDI NG 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 D EPARTMENT OF HEALTH SERVICES THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUC H AS AMERICAN JOURNAL OF HUMAN GENETICS, CELL, NATURE COMMUNICATIONS, JOURNAL OF NEUROSCIE NCE, 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 REGISTRANTS FROM WITHIN TGEN, INCLUDING FA CULTY, LAB PERSONNEL AND ADMINISTRATORS THIS ANNUAL EVENT ALTERNATES YEARLY BETWEEN A FOR MAT THAT INCLUDES A GREAT NUMBER OF OUR COLLABORATORS AND A CLOSED, INTERNAL MEETING FOCUS ED SOLELY ON TGEN THIS YEARS RETREAT, HELD IN FLAGSTAFF, FEATURED OPENING REMARKS BY THE HONORABLE JERRY NABOURS, FLAGSTAFF MAYOR AND NAU PRESIDENT DR RITA CHENG FULL-TIME POSIT IONS FILLED (NEW AND REPLACEMENTS) IN 2016, 31 NEW FULL-TIME EQUIVALENT POSITIONS WERE CRE ATED WITH SALARIES AND BENEFITS TOTALING \$1,822,294 SALARIES FOR TEMPORARY POSITIONS (THO SE POSITIONS CREATED FOR A FINITE PERIOD OF TIME) TOTALED \$110,708, WHICH INCLUDES TEMPORA RY TGEN STAFF AND TEMPORARY SERVICE FEES STUDENT SALARIES WERE JUST OVER \$356,800, BRINGI NG THE OVERALL 2016 TOTAL TO \$2,179,094 IN TERMS OF EDUCATION LEVEL, EIGHTY-EIGHT PERCENT OF FULL-TIME TGEN STAFF HOLDS A COLLEGE DEGREE AND FORTY-NINE PERCENT HOLDS AN ADVANCED D EGREE 2016 FULL-TIME POSITIONS FILLED (NEW AND REPLACEMENTS) INCLUDED - ACCOUNTANT II - ADMINISTRATIVE ASSISTANT - ADMINISTRATIVE ASSISTANT, EXECUTIVE - ADMINISTRATIVE ASSISTANT, SR - PROJECT ADMINISTRATOR - ASSOCIATE, DEVELOPMENT - BIOINFORMATICIAN - BIOINFORMATICIAN , ASSOCIATE - BIOSPECIMEN DATA COORDINATOR - CLINICAL RESEARCH COORDINATOR - CONTROLLER - DATABASE SPECIALIST - GRANTS ADMINISTRATOR - GRANTS AND CONTRACTS ADMINISTRATOR, SR - MAN AGER, OPERATIONS - PAYROLL ADMINISTRATOR - POST-DOC FELLOW - PRINCIPAL ARCHITECT, EMERGING TECHNOLOGIES - PROFESSOR, DISTINGUISHED - PROFESSOR, RESEARCH ASSISTANT - RESEARCH ASSOCI ATE - RESEARCH ASSOCIATE II - RESEARCH COMPLIANCE SPECIALIST - RESEARCH TECHNICIAN - SPECI ALIST, EDUCATION AND OUTREACH - STAFF SCIENTIST - VICE PRESIDENT, TECHNOLOGY OPERATIONS - VICE PRESIDENT, TGEN FOUNDATION - VICE PRESIDENT, TGEN FOUNDATION - SPECIALIST, EDUCATION AND OUTREACH - STAFF SCIENTIST - VICE PRESIDENT, TECHNOLOGY OPERATIONS - VICE PRESIDENT, T GEN FOUNDATION</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>SELECT HIGHLIGHTS EDUCATION AND OUTREACH</p>	<p>HELIOS SCHOLARS AT TGEN THIS SUMMER MARKS THE 10TH ANNIVERSARY OF HELIOS SCHOLARS AT TGEN, OUR FLAGSHIP SUMMER INTERNSHIP PROGRAM IN BIOMEDICAL RESEARCH THE 2016 SELECTION PROCESS NARROWED THE MORE THAN 500 APPLICANTS TO A HIGHLY COMPETITIVE CLASS OF 45 ARIZONA STUDENTS, RANGING IN EDUCATION LEVEL FROM HIGH SCHOOL, COLLEGE AND GRADUATE SCHOOL THIS YEAR'S PROGRAM SCHOLARS ARRIVED ON JUNE 6, 2016 AND THE PROGRAM CONCLUDES JULY 29, 2016 WITH A CAPSTONE INTERN RESEARCH SYMPOSIUM AT THE HYATT REGENCY PHOENIX TO RECOGNIZE A DECADE OF ACHIEVEMENT IN DEVELOPING THE NEXT GENERATION OF ARIZONA BIOSCIENCE RESEARCHERS, 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 AS HELIOS SCHOLARS ALUMNI THE EVENT HIGHLIGHTED THE ACCOMPLISHMENTS AMONG THE NEARLY 400 PROGRAM ALUMNI, AND OUTSTANDING ALUMNI AND MENTORS WERE RECOGNIZED WITH AWARDS ARIZONA GOVERNOR DOUG DUCEY PROVIDED A CONGRATULATORY VIDEO MESSAGE FOR THE EVENT FIVE ALUMNI AND ONE MENTOR DELIVERED REMARKS, DETAILING THEIR EXPERIENCES WITH THE PROGRAM AND THE VALUE THE EXPERIENCE PROVIDES FOR THE 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 PHO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>SELECT HIGHLIGHTS EDUCATION AND OUTREACH</p>	<p>ENIX 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 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 &amp; BIOTECHNOLOGY NEWS, TARGETED NEWS SERVICE, US OFFICIAL NEWS, PLUS PATENT NEWS, US FED NEWS, PHARMA &amp; HEALTHCARE MONITOR WORLDWIDE, PROFESSIONAL SERVICES CLOSE-UP, BIOMEDREPORTS, BIOSPACE, FURNITURE TODAY, HEALTH DAILY DIGEST, ENP NEWswire, FINANCIALWIRE, HEALTH &amp; BEAUTY CLOSE-UP, M2 PRESSWIRE, SPACE DAILY, STATES NEWS SERVICE, TENDERSINFO, NEWS BITES- PEOPLE IN BUSINESS, GLOBAL IP NEWS, BIOTECHNOLOGY PATENT NEWS, PHARMA &amp; HEALTHCARE MONITOR WORLDWIDE, JOURNAL OF ENVIRONMENTAL HEALTH, FAIR DISCLOSURE NEWS, ACTIVE POST, PHYSGORG, 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 and fitness ISSUE WITH THE headline "tgen - creating TOMORROW'S MEDICINE," including INTERVIEWS WITH TGENS C4RCD 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 CDCS 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 UNIVERSITY OF A COLLEGE OF MEDICINE-PHOENIX G C</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SELECT HIGHLIGHTS EDUCATION AND OUTREACH	HANNEL 8 PBSS CRONKITE NEWS FEATURES TGEN NORTH'S DEVELOPMENT OF A NEW TEST FOR LYME DISEASE, TGEN'S CANINE CANCER RESEARCH H PHOENIX BUSINESS JOURNAL DOCUMENTS TWO NEW TGEN-LED CLINICAL TRIALS TGEN TRIPLE AND GRAND SLAM FOR ADVANCED PANCREATIC CANCER I WOMEN'S RUNNING MAGAZINE FEATURES TGEN'S CARLY BENFORD FOR TGEN'S 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 TGEN'S NEW AFFILIATION WITH CITY OF HOPE THE STORY CAME ON THE SAME DAY AS OUR OFFICIAL ANNOUNCEMENT, AND FOLLOWED A PRODUCTIVE MEETING THE PREVIOUS DAY WITH DR. JEFFREY TRENT AND ROBERT STONE VISITING THE REPUBLIC'S EDITORIAL BOARD L KJZZ 91.5 FM, PHOENIX'S 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 TGEN'S NEW AFFILIATION WITH CITY OF HOPE AND THE FUTURE OF PRECISION MEDICINE



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 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**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>THE FOUNDATION DOES NOT HAVE ANY DIRECT EMPLOYEES COMPENSATION IS DETERMINED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USING THE FOLLOWING PROCESS THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE MEMBER OF TGEN (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</p>



**990 Schedule O, Supplemental Information**

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE  
FOUNDATION

Employer identification number

33-1092191

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

(a) 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
<b>(1)</b> The Translational Genomics Research Inst 445 N 5th Street Suite 600  Phoenix, AZ 85004 75-3065445	Research	AZ	501(c)(3)	7	NA		No
<b>(2)</b> CITY OF HOPE 1500 EAST DUARTE ROAD  DUARTE, CA 91010 95-3435919	FUNDRAISING	CA	501(C)(3)	7	NA		No
<b>(3)</b> 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	
<b>(4)</b> BECKMAN RESEARCH INSTITUTE 1450 EAST DUARTE ROAD  DUARTE, CA 91010 95-3432210	RESEARCH	CA	501(C)(3)	4	CITY OF HOPE	Yes	
<b>(5)</b> 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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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



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

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

**Return Reference****Explanation**