Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

→ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs gov/Form990 for instructions and the latest information.

A F	or the	2017 calendar year, or tax year beginning 01/01, 2017,	and ending	09	/30, 20 17
		C Name of organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE		D Employer identifica	tion number
B c	heck if appl	FOUNDATION FOUNDATION		33-1092191	
	Address	Doing business as			
	Name c	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial re	AAE NI STU CHDEET	120	(602) 343-8	411
	Final re	City or town, state or province, country, and ZIP or foreign postal code			
-	termina Amende			G Gross receipts \$	8,384,936.
	return Applica	F Name and address of principal officer MICHAEL BASSOFF		H(a) Is this a group retui	
<u> </u>	_ pending	SAME AS C ABOVE	00	subordinates? H(b) Are all subordinates in	
	Tay-eye	mpt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or /527		ist (see instructions)
		WWW.HELPTGEN.ORG	V 1 1521	H(c) Group exemption no	
		organization X Corporation Trust Association Other	L Your of fe	rmation 2004 M State	
	art !		L real of it	matter 2004 in State	or legal domicile AB
		Summary PIOCH	NOMIC MED	ICAL RESEARCH F	IMPRISING
_		Briefly describe the organization's mission or most significant activities $_{ m BIOGE}$ 1 FOR THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	(TGEN).	TCAL RESEARCH F	ONDRAISING
e E	-	TOR THE TRANSLATIONAL GENOMIC RESEARCH INSTITUTE	(IGEN).		
Governance				050/ 64 4	
ove.		Check this box I if the organization discontinued its operations or disposition of the organization disposition d	ian	25% of its net assets	2.2
<u>ن</u> مع		Number of voting members of the governing body (Part VI, line 1a)	•	3	23.
es &		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	19.
ŧ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	-	5	0.
Activities &		Total number of volunteers (estimate if necessary)		6	72.
٩		Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	0.
	1 d	Net unrelated business taxable income from Form 990-T, line 34	 ,		0.
			<u> </u>	Prior Year	Current Year
Đ.	i i	Contributions and grants (Part VIII, line 1h)		5,831,237.	8,383,173.
e		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,763.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Rart VIII column (A)-line 2).		5,831,237.	8,384,936.
	13 (Grants and similar amounts paid (Part IX, column (A), lines (3)		7,128,463.	3,532,132.
	14 E	Benefits paid to or for members (Part IX, colonn (A), line 4)	L	0.	<u> </u>
S	15 9	Salaries, other compensation, employee perefits (#an IX (follum) (A), lines 10).		819,306.	684,633.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b 1	Fotal fundraising expenses (Part IX, column (D), (min €25), ▶ 10 10 10 10 10 10 10 10 10 10 10 10 10	·		
ш	17 (Total fundraising expenses (Part IX, column (D) (1955) 1950, 1950, 1950 Other expenses (Part IX, column (A), lines 114, 144, 144, 145, 145, 145, 145, 145,		695,792.	512,417.
	18 7	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	[8,643,561.	4,729,182.
	19 F	Revenue less expenses Subtract line 18 from line 12	[-2,812,324.	3,655,754.
Ces				Seginning of Current Year	End of Year
sets	20 1 21 1 22 M	Total assets (Part X, line 16)		23,490,766.	25,579,679.
ASB	21 1	Total liabilities (Part X, line 26)		8,914,590.	7,347,261.
훒	22	Net assets or fund balances Subtract line 21 from line 20		14,576,176.	18,232,418.
Pa	rt II	Signature Block			
Un	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedu	ules and statemen	nts, and to the best of my k	nowledge and belief, it is
true	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich preparer has a	iny knowledge	<u> </u>
	İ			8/13/	18
Sig	n	Signature of officer		Date	
He	re	MANUEL ESTRADA CFO, TO	GEN		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature / / /	Date	Check if F	TIN
Paid	ı	JUSTIN CALTABIANO More Uthur	8/9/	2018 self-employed	P01701186
	parer	Firm's name ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 34-6	
Use	Only F	Firm's address TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004			322-3000
Ma		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	FIIOHERO 552	X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

_	n 990 (20				Page Z
Pa	irt III	Statement of Program Service A		Part III	X
1	Briefly	describe the organization's mission	esponse of note to any line in this	raitiii	, <u>.</u> ., A
		NOMIC MEDICAL RESEARCH F	UNDRAISING FOR THE TRA	NSLATIONAL	
		ICS RESEARCH INSTITUTE (
2	Did the	organization undertake any signific	cant program services during th	e year which were not listed on the	
	If "Yes,"	orm 990 or 990-E27	hedule O		Yes X No
3	services	⁵⁷		in how it conducts, any program	
4		describe these changes on Schedule the organization's program serv		of its three largest program service	es as measured by
	expense	es Section 501(c)(3) and 501(c)(4 il expenses, and revenue, if any, for) organizations are required to	report the amount of grants and a	allocations to others,
4a	(Code SEE S)(Expenses \$3,53 CHEDULE O	including grants of \$	3,532,132) (Revenue \$	0_)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
<u>4c</u>	(Code) (Expenses \$	including grants of \$) (Revenue \$	
		/(2/\$611666 \$) (Nevende \$	
			-		
4d	Other p	rogram services (Describe in Sched	ule O)		
40	(Expen	ses \$ including gran rogram service expenses ▶	nts of \$) (Rev	renue \$	
JSA	10tal p	rogram service expenses	3,332,±32.		Form 990 (2017)
1	893	88EH 1546		60103263	PAGE 2

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	})	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ļ		١,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		} '	l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ĺ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	}] [Ì
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ļ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
_	"Yes," complete Schedule D, Part I	6_	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8_	<u> </u>	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	}	}
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ļ ,	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		. 3.	ă.
	VII, VIII, IX, or X as applicable	兔	â. /	\ &
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Ì		Ì
	complete Schedule D, Part VI	11a	!	X
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Ì
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		١	l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	ŀ	
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1	, ,	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}) '	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		} '	.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ĺ	٠
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		,	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			۱
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		}
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part	V Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	·	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c	İ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	100		ļ ——
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u>_</u> _		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ĺ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

a Enter the number reported in Box 3 of Form 1098 Enter 0-1 not applicable	Par				
a Enter the number reported in Box 3 of Form 1098 Enter 0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u>· · · </u>	• • • •	X
Enter the number of Forms W-2G included in line 1s Enter-0-find applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize without the provided gaming (gambing) winnings to prize without the provided gaming (gambing) winnings to prize without the provided gaming (gambing) winnings to prize without the provided gaming (gambing) with or within the year covered by this return. 2a 1c				Yes	No
Coult the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 2 B if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 b it if vess, "has it filed a Form 990-1 for this year? If 'No' to line 3b, provide an explenation in Schedule O. 3 b if 'Yes," has it filed a Form 990-1 for this year? If 'No' to line 3b, provide an explenation in Schedule O. 3 b if 'Yes," has it filed a Form 990-1 for this year? If 'No' to line 3b, provide an explenation in Calendary ear, did the organization was an interest in, or a signature or other authority over, a financial account; 5 b if 'Yes," either the name of the foreign country ► 5 c lines are the company of the organization for Fine Till. 5 a Was the organization ap party to a prohibited tax shelter transaction? 5 a Was the organization ap any to a prohibited tax shelter transaction? 5 b If 'Yes,' did the organization include with every solicitation are express statement that such contributions? 5 c organization shell are promised to the organization file Form 80 and express statement that such contributions or gifts were not tax deductible? 5 c organizations that may receive deductible contributions under section 170(c). 5 a bit the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 c yardiant of the Form \$8282 filed during the year. 9		Enter the number reported in box 5 of 1 of 11 1050 Enter -0-11 not applicable	, ,	1	
reportable gaming (gambling) winnings to prize winners? 2		Enter the number of Forms W-20 included in line 1a Enter -0- if not applicable	{ }	l	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. D If at least one is reported on line 2a, did the origanization file all required (deral employment tax returns) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Dd the origanization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes.* has it field a from 990-T for this year? If Yo' to line 3b, provide an explanation in Schedule O 3b A At any time during the calendar year, did the origanization have an interest in, or a signature or other authority over, a financial account? 3county? b If Yes.* enter the name of the foreign country (such as a bank account, securities account, or other financial account? 3county? 3county? 3d Was the origanization a party to a prohibited tax shelter transaction at any time during the tax year? 3county? 3d Was the origanization a party to a prohibited tax shelter transaction at any time during the tax year? 3county? 3county? 3d Was the origanization aparty to a prohibited tax shelter transaction at any time during the tax year? 3county? 3d Was the origanization have annual gross receipts that are normally greater than \$100,000, and did the origanization include with every solicitation an express statement that such contributions or gifts were not lax deductibles 3county? 3d If Yes.* did the origanization include with every solicitation an express statement that such contributions or gifts were not lax deductible. 3county of the origanization treeve a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 3county of the origanization treeve and payor the did the goods of services provided? 3county of the origanization services and the payor? 3county of the origanization and payor the did the goods of services prope	С		1	.,	
Statements, filed for the calendar year ending with or within the year covered by this return.			1c	X	
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to s-file (see instructions). 3 bid the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X 3b If Yes, has if filed a Form 990-T for this year? If Yo' to line 3b, provide an explanation in Schedule O. 3b If Yes, has if filed a Form 990-T for this year? If Yo' to line 3b, provide an explanation in Schedule O. 3b If Yes, and a country over, a financial accountry in a foreign country (such as a bank account, so or other financial accountry over, a financial account in a foreign country (such as a bank account, so or other financial accountry). 5a Was the organization have an uniterated the organization has a material to a prohibited tax shelter transaction of the file of the organization soloid any contributions that were not tax deductible as charitable contributions? 5c Can Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible? 5c Can organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pagor? 5c Can organization receive any funds, directly or indirectly, or a personal benefit contract? 5d Vers. If Yes, indicate the number of Forms 8282 filed during the year. 5d Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file form 8282 is required to file form 8282 is requ	2a				
Note. If the sum of lines ta and 2 as greater than 250, you may be required to e-file (see instructions). 3		Statements, filed for the calendar year ending with or within the year covered by this return.	/	Į	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes" has it filed a Form 990-17 for this year? If 'No' I found 3b, provide an explanation in Schedule 0. 3b If "Yes" has it filed a Form 990-17 for this year? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes" enter the name of the foreign country Form 114. Report of Foreign Bank and Financial Accounts (FBAR) 5c enterticions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" time 5a of the organization with the way of the foreign basis for it. If yes it is line 5a of 5b, did the organization file Filing 866-77. 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt was received eductible as charitable contributions? 5c If Yes, and the organization michide with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5c Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor. 7c Organizations provided to the payor. 7c Organization foreive a contribution of underticity, to pay premiums on a personal benefit contract? 7c Organization foreive and exchange, or otherwise dispose of tangible personal propert	b		2b		
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					V
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 5 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 b If "Yes," did the organization notify the donor of the value of the goods or services provided of the Form 8282? 6 If If "Yes," did the organization of the payor or otherwise dispose of tangliel personal property for which it was required to file Form 8282? 6 If "Yes," did the organization of Form 8282 (filed during the year). 9 If the organization received a contribution of qualified intellectual property, did the organization file as a form 1088.c". 7 If X If Yes, Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did					X
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Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				X	
sponsoring organization have excess business holdings at any time during the year?	_		,		
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a Initiation fees and capital contributions included on Part VIII, line 12		· ·	1 2		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				ł	
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			1	-	
a Gross income from members or shareholders		•	1 !		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				ļ	
against amounts due or received from them)			1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12 a	•	12a	ĺ	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?					
a Is the organization licensed to issue qualified health plans in more than one state?		• • • • • • • • • • • • • • • • • • • •	1 1	}	
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_				
the organization is licensed to issue qualified health plans	ь			ļ	
c Enter the amount of reserves on hand	_			[
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1	İ	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a		X
JSA					
	JSA		Form	990	(2017)

	90 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		Page (
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			نند
	g - a j una management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1		f
	If there are material differences in voting rights among members of the governing body, or	1 1	1	[
	if the governing body delegated broad authority to an executive committee or similar		1	Į
h	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent		1	
	Cited the nember of voting members microace in microace at above, who are macpendent	1	1	İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	ļ	X
_	any other officer, director, trustee, or key employee?		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct	١,	1	X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X	1
6	Did the organization have members or stockholders?	6		├
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _	.,	
	one or more members of the governing body?	7a	X_	├ —
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			l
	the year by the following	İ		1
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ļ	1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	L	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	İ		l
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	ĺ	1
12a		12a	_ X _	l
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this was done	12c	Х	1
	Did the organization have a written whistleblower policy?			
13		13	X	
	Did the organization have a written document retention and destruction policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		
14	Did the process for determining compensation of the following persons, include a review and approval by			
14 15	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		X
14 15 a	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a		X
14 15	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14		X
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a		
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b		Х
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a		
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b		Х
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		Х
14 15 a b 16a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a 15b		Х
14 15 a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		Х
14 15 a b 16a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		Х
14 15 a b 16a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b 16a	X	X
14 15 a b 16a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b 16a	X	X
14 15 a b 16a b Sect	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b 16a 16b	x c)(3)s	X X
14 15 a b 16a b Sect	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b 16a 16b	x c)(3)s	X X
b 16a b	Did the process for determining compensation of the following persons, include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b 16a 16b	x c)(3)s	X X

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos heck ss pe	erson	e than both employee employee	an	(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
			ee	'		sated				
(1)MICHAEL BASSOFF	24.00									
PRESIDENT, TGEN FOUNDATION	16.00	Х		Х	1) '		0.	0.	0.
(2)BENNETT DORRANCE	1.00			Λ	-	- i	-	ļ·		
BOARD MEMBER/CHAIRMAN	1.00	X		Х	l			0.	0.	0.
(3)RICHARD J. LEHMANN	1.00				-		-		0.	<u></u>
BOARD MEMBER/TREASURER	0.	Х		Х		}		0.	• 0.	0.
(4)KEN KENDRICK	1.00				├			 		<u>-</u> <u>`</u>
BOARD MEMBER/SECRETARY	0.	Х		х	ŀ			0.	0.	0.
(5)TERESA BURLESON	1.00						-			
BOARD MEMBER/ASST SEC/ASST TRE	39.00	Х		Х	} '		}	0.	0.	0.
(6)KARL ELLER	1.00						-	 		
BOARD MEMBER	0.	Х			Ι.			0.	0.	0.
(7)PHIL FRANCIS	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)DIANE HALLE	1.00									
BOARD MEMBER (THRU 3/9/17)	0.	Х))	'	1			0.	0.	0.
(9)STEVE HILTON	1.00									
BOARD MEMBER	0.	X						0.,	0.	0.
(10)CARRIE HULBURD	1.00									
BOARD MEMBER	0.	Х	}	İ				0.	0.	0.
(11)MIKE INGRAM	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12)CATHERINE IVY	1.00									
BOARD MEMBER (THRU 4/25/17)	0.	X						0.	0.	0.
(13)MICHAEL KAPLAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14)DAVID LANE	1.00							<u> </u>		
BOARD MEMBER	0.	Χ						0.	0.	0.

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19 BILL POPE	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employee	≥S (C	ontinue	d)	
1.5 TERRY LEE	• •	Average hours per week (list any hours for	box,	unte:	Pos heck ss pe	ition more erson	ıs both tor/trus	an tee)	Reportable compensation from	Reportable compensation related	from	am com	timated lount o other pensati	of
SOARD MEMBER		organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former		(W-2/1099-MI	SC)	orga and	anızatıc İ relate	on ed
16 RANDY MAY		· 	-{	\top										
SOARO MEMBER				\vdash		_	ļ	<u> </u>	0.		0.			
17) ARTE MORENO		. +	4					l		İ				٥
BOARD MEMBER	·			\vdash	\vdash	┼	<u> </u>	\vdash	 					
18) F. FRANCIS NAJAFT BOARD MEMBER (THRU 6/9/17) 0 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-1			1			0.		0.			0.
19) BILL POPE SOARD MEMBER		-	—-	\vdash		╁┈	 	1	-	-				
SOARD MEMBER 1.00	BOARD MEMBER (THRU 6/9/17)	0.	X						0.		ο.			0.
20) MILLIAM J. POST 1.00	19) BILL POPE	1.00												
BOARD MEMBER 1.00 BOARD MEMBER 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	BOARD MEMBER	0.	X					Ì	0.	ĺ	0.			0.
21) J. DANFORTH QUAYLE 1.00 0.00.00.00.00.00.00.00.00.00.00.00.00.0	20) WILLIAM J. POST	1.00												
BOARD MEMBER			1			<u> </u>	<u> </u>		0.		0.			0.
22) TROY RICHARDS			4			ļ	}	ļ						
BOARD MEMBER				_	<u> </u>	_	↓		0.		0.			0.
### STEVE STACHER ### 1.00 ### 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		-+	4		ļ		Į .							^
BOARD MEMBER				-	_	 —	ļ	<u> </u>	0.		0.			
24) RAY THURSTON BOARD MEMBER O. X O. O. O. BOARD MEMBER O. X O. O. O. BOARD MEMBER O. O. O. BOARD MEMBER O. O. O. BOARD MEMBER O. O. O. Contail from continuation sheets to Part VII, Section A O. O		+	4				l				_			0
BOARD MEMBER 0. X 0. 0. 0. 0.				-	 	-	├		·					
Soard Member Soar		-+	-				1				_			Λ
BOARD MEMBER 39.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			-		┝	╁	 	-	ļ					
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received									0.	İ	0.			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		4	L		I	Ь.		_	<u> </u>					
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Section A		• •	• •	• •		•	0.		0.			0.
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. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	•	•				: :		>	0.		0.			0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			hose	liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 of				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organization	on ▶	0.	<u>. </u>									г	
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received														No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offi	cer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensate	ed		Z	\ .·
## A													w 100	 ^
## A												X.,		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													,	X
for services rendered to the organization? If "Yes," complete Schedule J for such person													7 3	
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) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	for services rendered to the organization? If ")	es." comple	te Scl	hedi	ıle .	l for	r such	per	rson	on or marviou	aı		95//	1
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received								j	<u> </u>	<u> </u>	<u> </u>	<u> </u>		⊥
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	1 Complete this table for your five highest con	npensated	ndepe	ende	ent	con	tracto	ors t	that received more	than \$100,0	00 c	of		
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		compensati	on for	r the	ca	len	dar ye	ar e	ending with or with	hin the organi	zatio	n's tax		
		dress								ervices				_
								-						
								+						
							····	-						
					nıte			se i	isted above) who	received			*	

Part VII Section A. Officers, Directors, Tru	<u>µstees, Ke</u>	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	than o	an	(D) Reportable compensation from the	(E) Reporta compensata relate organiza	on from	(F Estim amou oth comper	ated nt of er
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from organi; and re organiz	the zation lated
26) HOWARD YOUNG	1.00				<u> </u>		-	1				
BOARD MEMBER	0.	X	L	_			_	0.		0.		C
27) MANUEL ESTRADA CHIEF FINANCIAL OFFICER	39.00			Х				0.		0.		
										i		
							-					
Sub-total C Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t	 	 Iiste	· ·	 <u></u>	· · ·	> >	ceived more than	\$100,000	of		
reportable componication from the organization											Υ	es N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	uste	e, I	кеу є	emp	loyee, or highes	t compens	sated	3	X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of rep eater than	ortab \$15	le c 50,0	om 00?	pen	satioi "Yes	n aı s," (nd other compens	sation from	the	4	X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors	accrue co	mpen	sati	on f	from	any	uni	related organization	on or indiv	idual	5	X
Complete this table for your five highest componentation from the organization Report of year.	pensated in	ndepe	ende the	ent o	cont	racto ar ye	rs t ar e	hat received more ending with or with	than \$100	0,000 o anizatio	of n's tax	
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensati	on
							+					
							\pm					
2 Total number of independent contractors (iii	ncluding bi	ut not	lim	nited	d to	thos	e li	sted above) who	received		. 4	₹ 3 .
more than \$100,000 in compensation from th	e organizat	ion 🕨	>							***	* *	. 🥎

		Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c				
ons, Giff Similar	d e	Related organizations 1d Government grants (contributions) 1e				
Other	f	All other contributions, gifts, grants, and similar amounts not included above . 1f 8,383,173				
i	g h	Noncash contributions included in lines 1a-1f \$ 60,000 Total. Add lines 1a-1f	8,383,173			
Program Service Revenue	2a	Business Code				
ervice	b					
gram S	d e					
Prog	f g	All other program service revenue	0		<u> </u>	
	3	Investment income (including dividends, interest, and other similar amounts)	1,763.			1,763
	4 5	Income from investment of tax-exempt bond proceeds . ► Royalties	0			
	6a	(i) Real (ii) Personal Gross rents				
	b c	Less rental expenses Rental income or (loss)	}			
	d 7a	Net rental income or (loss)	0			
	b	Less cost or other basis				
	C	and sales expenses Gain or (loss)	ł 		E	
en e	d 8a	Net gain or (loss)	0			
Other Reven		events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
ę d	b b	Less direct expenses	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses	0		_	
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold ▶ Net income or (loss) from sales of inventory ▶	0			
-		Miscellaneous Revenue Business Code				
	11a				<u> </u>	
	b				 	
	c c	All other revenue				
)	a e	Total. Add lines 11a-11d	0			
- 1	12	Total revenue. See instructions	8,384,936		 	1,763

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	onse or note to any line	ın this Part IX		
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	3,532,132.	3,532,132.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	352,329.		35,233.	317,096.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	332,304.		99,691.	232,613.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroli taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			
b	Legal	1,110.		1,110.	
	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other (If line 11g amount exceeds 10% of line 25, column	26 100		0.6.100	
	(A) amount, list line 11g expenses on Schedule O)	26,108.		26,108.	
12	Advertising and promotion	58,607.		5,861.	52,746.
13	Office expenses	123,773.		12,377.	111,396.
14	Information technology	10,354.		1,035.	9,319.
15	Royalties	66,670.		6 667	60.002
16	Occupancy	74,585.		6,667. 7,459.	60,003.
17	Travel	74,303.		7,439.	07,120.
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	144,732.		14,473.	130,259.
	Conferences, conventions, and meetings	0.		14,473.	130,239.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23 24	Other expenses Itemize expenses not covered	- -		 +	
44	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 ()				
9	DUES AND SUBSCRIPTIONS	5,346.		5,346.	
	RECRUITMENT	245.		245.	
~	ALL OTHER EXPENSES	887.		887.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,729,182.	3,532,132.	216,492.	980,558.
	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				
	following SOP 98-2 (ASC 958-720)	0.			
JSA					Form 990 (2017)
/ ⊨10	952 1 000				- 1/

	rt X	Balance Sheet			Page II
, al		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	23,026.	1	44,145.
	2	Savings and temporary cash investments	14,736,921.	2	13,797,322.
l	3	Pledges and grants receivable, net	8,717,952.	3	11,653,447.
	4	Accounts receivable, net	1,838.	4	1,225.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L 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.		0.
Ė	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	3,621.	8	0.
	9	Prepaid expenses and deferred charges	7,408.	9	23,540.
	10 a	Land, buildings, and equipment cost or	· · · · · · · · · · · · · · · · · · ·		
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities See Part IV, line 11	0.		0.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets		14	0.
	15	Other assets See Part IV, line 11		15	60,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,490,766.	16	25,579,679.
_	17	Accounts payable and accrued expenses.	8,913,356.		7,347,254.
	18	Grants payable		18	0.
	19	Deferred revenue	1,234.	19	7.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ᅙ		disqualified persons Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	8,914,590.		7,347,261.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			·
SE.	27	Unrestricted net assets	-5,436,204.	27	-6,267,703.
3ale	28	Temporarily restricted net assets	19,950,287.	28	24,438,028.
B	29	Permanently restricted net assets	62,093.		62,093.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
		- confirm confirmation and a section and a s			
Assets	32	Retained earnings, endowment, accumulated income, or other funds		1 32 !	
Net As	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	14,576,176.	32	18,232,418.

orm 99	0 (2017)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				36.
2	Total expenses (must equal Part IX, column (A), line 25)	2				182.
3	Revenue less expenses Subtract line 2 from line 1	3				754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,5	76,1	176.
5	Net unrealized gains (losses) on investments	5				488.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		18,2	32,4	118.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				,	Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					}
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaıı	n in			
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	ı ın			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dite		3h	l	}

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

nployer identification number

FOUNDATION 33-1092191 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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). 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 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). 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) An agricultural research organization described in section 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 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2017

Total

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

<u>Sec</u>	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,174,321	13,561,515	9,117,401	5,831,237	8,383,173	49,067,647			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge ,						0			
4	Total. Add lines 1 through 3	12,174,321	13,561,515	9,117,401	5,831,237	8,383,173.	49,067,647			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			;			13,287,617.			
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		<u> </u>			 	35,780,030			
	tion B. Total Support		L			L	33,780,030			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	12,174,321	13,561,515.	9,117,401	5,831,237	8,383,173	49,067,647			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	947	1,004	1,005		1,763	4,719			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0			
11	Total support. Add lines 7 through 10						49,072,366			
12	Gross receipts from related activities, etc. (s	see instructions) .				12				
13	First five years. If the Form 990 is forganization, check this box and stop here.	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3) ▶			
Sec	tion C. Computation of Public Sup									
14	Public support percentage for 2017 (In		-	,			72.91%			
15	Public support percentage from 2016						76.37%			
16a	331/3% support test - 2017. If the org									
	box and stop here. The organization qu									
Þ	331/3% support test - 2016. If the org									
470	this box and stop here. The organization			-						
17a	10%-facts-and-circumstances test - 2									
	10% or more, and if the organization Part VI how the organization meets t									
	_			-	•					
h	organization									
		10%-facts-and-circumstances test - 2016. 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									
	supported organization				-					
18	Private foundation. If the organization									
. •	instructions		•				Г			
						chedule A (Form 9				

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

(Complete only if you checke	ed the box on line 10 of Part I	or if the organization fa	alled to qualify under Part II
If the organization fails to qua			

Sect	tion A. Public Support				 _	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")			ľ			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			}			1
	furnished in any activity that is related to the				l		
	organization's tax-exempt purpose				'		
3	Gross receipts from activities that are not an			 	·		
,	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
*				}			
	organization's benefit and either paid to]				
_	or expended on its behalf						
5	The value of services or facilities					}	
	furnished by a governmental unit to the						
_	organization without charge				 _		
6	Total. Add lines 1 through 5					ļ	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons		 	/			
-	received from other than disqualified						
	persons that exceed the greater of \$5,000		,	/			
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from						ł
	line 6)						<u> </u>
	tion B. Total Support					r	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				ļ
10 a	Gross income from interest, dividends, payments received on securities loans,			į			
	rents, royalties, and income from similar				l		
	sources				<u>!</u>		ļ
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business			{		i	
	activities not included in line 10b, whether or not the business is regularly	ır.					
	carried on				·		
12	Other income Do not include gain or			}			
	loss from the sale of capital assets			[
	(Explain in Part VI)						L
13	Total support. (Add lines 9, 10c, 11,]			
	and 12)						
14	First five years. If the Form 990 is i	for the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here	<u> </u>	<u></u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	▶ │
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support perceptage for 2017 (line 8	, column (f) divide	ed by line 13, colur	ກກ (f))		15	%_
16	Public support percentage from 2016 Scho	edule A, Part III, Iir	ne 15	<u>.</u> . <u>.</u> . <u></u> .	<u> </u>	16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (li	ne 10c, column (f) divided by line 1	3, column (f))		17	%_
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the or					L— .—	
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2016. If the orga						
_	line 18 is not more than 331/3%, check						
20	Private foundation If the organization						. []
JSA							990 or 990-EZ) 2017
/⊨122	1 1 000					•	•

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
þ	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 Part VI .	9b		
С	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 Part VI.	9с		
10 a	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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	405		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		·—-	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	١.		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 -	
2	Did the organization operate for the benefit of any supported organization other than the supported		Ì	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		} '	
	supervised, or controlled the supporting organization.	2	}	
Secti	on C. Type II Supporting Organizations		L	
00011	on or type is oupporting organizations		Yes	No
4	Misso a majority of the agreement only discontage of burstons discontage the tay was also a majority of the discontage		163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ì		
	or management of the supporting organization was vested in the same persons that controlled or managed		'	
	the supported organization(s)	1]	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ļ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		(
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Ì		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	1	}	ı
<u> </u>		3_	L	
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	motru	ofranal	
·	The organization supported a governmental entity besome in Pair Vi now you supported a government entity (see	msaa	Yes	No
2	Activities Test Answer (a) and (b) below.	Γ	163	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ļ	ļ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	·	-20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ļ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	 -		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
a	trustees of each of the supported organizations? Provide details in Part VI.	 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trust or	Nov 20, 1970 (expla	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·	(optional)
2 Recoveries of prior-year distributions	2	·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	+-		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	- 1 - 1 -	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	}		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting	g organization (see
instructions)	=		•

Schedule A (Form 990 or 990-EZ) 2017

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes				
2	Amounts paid to perform activity that directly furthers exer	ed	 			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
_1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required-explain in Part VI) See					
	instructions					
_3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
c	From 2014					
d	From 2015					
e	From 2016					
f_	Total of lines 3a through e		·			
g	Applied to underdistributions of prior years		 			
<u>h</u>	Applied to 2017 distributable amount					
<u>i</u>	Carryover from 2012 not applied (see instructions)					
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from					
	Section D, line 7 \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2017, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2017 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions					
7	Excess distributions carryover to 2018 Add lines 3j					
	and 4c			ļ		
8	Breakdown of line 7			<u> </u>		
<u>a</u>	Excess from 2013			r		
b	Excess from 2014					
<u>C</u>	Excess from 2015					
d	Excess from 2016					
e	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

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.)

SCHEDULE A, PART II, COLUMN (E)

THE AMOUNTS INCLUDED IN PART II, COLUMN (E) ARE FOR A SHORT PERIOD, 01/01/2017 - 09/30/2017.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

20**17**

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Open to Public Inspection
Employer identification number

FOUNDATION 33-1092191 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ __ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

	dule D (Form 990) 2017							Page 2
Pai	t III Organizations Maintainir	g Collections of	Art, Historical T	reasures,	or Otl	ner Similar A	ssets (co	ntinued)
3	Using the organization's acquisition							
	collection items (check all that apply)							
а								
b	Scholarly research		e Other	_				
С	Preservation for future gener	ations						
4	Provide a description of the organ		and explain how t	hev furthe	r the or	nanization's exe	empt purpe	se in Part
	XIII		and anpioni now			gameanon o an	mpt puipe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	During the year, did the organization	n solicit or receive d	onations of art, histo	nrical treas	ures or	nther similar		
-	assets to be sold to raise funds rath						Yes	s No
Pa	t IV Escrow and Custodial Ar		inica as part of the t	Jiganizatio	T3 COIIC	20011		3 110
	Complete if the organizat		" on Form 990 P	art IV line	9 or re	ported an ami	ount on Fr	orm
	990, Part X, line 21				0, 00	po		
1a	Is the organization an agent, truste	e. custodian or othe	r intermediary for c	ontributions	s or othe	r assets not		
	included on Form 990, Part X?						Yes	s No
b	If "Yes," explain the arrangement ii	Part XIII and comp	lete the following tak	 Na			٠ ـــا ١٠٠	,
_	ree, explain the arrangement i	rr art xiii and comp	icte the following tax	, F	T	Amou	nt	
С	Beginning balance			10		7111001		
ď	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am	ount on Form 990 F	Part Y line 21 for a	[11		account liability	Yes	s No
	If "Yes," explain the arrangement in							* "°
	t V Endowment Funds.	TT ATT ATT CHECK HE	re ii tile explanation	nas been p	TOVIDED	Uli Palt Alli		
	Complete if the organizate	on answered "Yes	" on Form 990 Pa	art IV line	10			
		(a) Current year	(b) Prior year	(c) Two yes		(d) Three years b	ack (e) Fo	ur years back
	Barrage of control of	62,093.	62,093.		2,093.	62,09		62,093
1 a	Beginning of year balance	46,076.	02,033.		, 000.	02,02		02,033
þ	Contributions							
С	Net investment earnings, gains,	10,642.	8,904.	_	,353.	6 50	10	7 252
	and losses	4,658.	0,904.	 	, 333.	6,50	''	7,353
d	Grants or scholarships	4,030.					-+	
е	Other expenditures for facilities	5,458.	0 004	_	7 252	6 E C	,,	7 252
	and programs	3,430.	8,904.	·	,353.	6,50	// 	7,353
f	Administrative expenses	108,695.	62,093.		2,093.	62 00		- 62 003
g	End of year balance					62,09	/3	62,093
2	Provide the estimated percentage			column (a)) held as			
a	Board designated or quasi-endowm		_%					
b	Permanent endowment ▶ 57.1							
С	Temporarily restricted endowment		000/					
_	The percentages on lines 2a, 2b, a							
3 a	Are there endowment funds not in	the possession of th	e organization that	are held ar	id admir	istered for the		
	organization by						[Yes No
	(i) unrelated organizations							X
	(ii) related organizations							X
b	if "Yes" on line 3a(ii), are the relate						3b	<u> </u>
4_	Describe in Part XIII the intended u		ion's endowment fur	nds				
Par	t VI Land, Buildings, and Equi Complete if the organization	pment. ion answered "Yes	s" on Form 990 P	art IV line	112 \$	ee Form 990	Part X lin	a 10
	Description of property	(a) Cost or (investi	other basis (b) Cost o	r other basis ther)	(c) Acc	umulated eciation	(d) Book v	
1a	Land		-					
þ	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e (Column		990. Part X. column	(B), line 10	2c)	•		
		<u> </u>		1-7,	-/		chedule D (Fr	orm 990) 2017
						•		.,

JSA 7E1269 1 000

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 99	0. 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 valua Cost or end-of-year mark	tion
(1) Financia	al derivatives	 	 	
	-held equity interests			
	more equity interests ,	·	 	
(A)		<u> </u>		
(B)				
(C)		T		
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>		<u> </u>		
	n (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
_(4)				
_(5)				
_(6)				
(7)		<u> </u>		
(8)				
(9)			 	
	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 99	0 Part IV line 11d See Form 990	Part X June 15
		Description	o, raitiv, inic ria. occironii 550	(b) Book value
(1)	(0)	70001111011		(b) book value
(2)				
(3)			 	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B,) line 15)	<u></u>	
Part X	Other Liabilities. Complete if the organization answere line 25	ed "Yes" on Form 99	0, Part IV, line 11e or 11f See For	rm 990, Part X,
1.	(a) Description of liability	(b) Book val	ue	
	ral income taxes	(2, 200)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25	() >		
2. Liability for	or uncertain tax positions. In Part XIII, provide th	e text of the footnote to	the organization's financial statements the	hat reports the
	's liability for uncertain tax positions under FIN 4		-	·

Schedule D (Form 990) 2017

JSA 7E1270 1 000 8938EH 1546

	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1	
С	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reti Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	}	
a		} }	
b	The year adjustments that the transfer of the	} }	
C .	Other losses	-	
d	Other (Describe in Part XIII)	30	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b		4c	
5	Add lines 4a and 4b		
	XIII Supplemental Information.	1	
Provid	te the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	art V, line 4	I, Part X, line
		iiauoii	
	E PAGE 5		
			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			<u>.</u>

Part XIII Supplemental Information (continued)

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 TEMPORARILY RESTRICTED ASSET WHICH HAS BEEN
DESIGNED TO SUPPORT A SUMMER INTERN EACH YEAR AT TGEN. TGEN
FOUNDATIONS'S POLICY FOR APPROPRIATING THE DISTRIBUTION OF ITS SUMMER
INTERNSHIP PROGRAM ENDOWMENT HAS BEEN DESIGNED TO SUPPORT A GRANT TO TGEN
FOR AN INTERN EACH YEAR FOR 20 YEARS. THE FOUNDATION CONSIDERED THE
LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT.

TGEN FOUNDATION HAS A RESTRICTED ASSET WHICH ALLOWS THEM TO USE ANY INVESTMENT INCOME FOR OPERATING EXPENSES.

SCHEDULE D, PART X, LINE 2

TGEN AND THE FOUNDATION ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. TGEN AND THE FOUNDATION ARE EXEMPT FROM ARIZONA CORPORATE INCOME TAX UNDER SECTION 43-1201(A) OF THE ARIZONA REVISED STATUTES (A.R.S.) ACCORDINGLY, NO PROVISION FOR INCOME TAX IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

TGEN AND THE FOUNDATION HAVE NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR TAX LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES ACCRUED AT SEPTEMBER 30, 2017.

SCHEDULE

2017	

SCHEDULE I	Grants and Other Assistance to Organizations.	OMB No 1545-0047
(Form 990)	_	7106
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury		Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE	Employer identification number
FOUNDATION		33-1092191
Part General li	Part I General Information on Grants and Assistance	
1 Does the organiz	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection crit	the selection criteria used to award the grants or assistance?	× Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part Grants an	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	n answered "Yes" on Form
990, Part	990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	s needed

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N 5TH ST, SUITE 600 PHOENIX, AZ 85004	75-3065445	501(C)(3)	3, 532, 132				FUNDRAISING FOR TGEN
(2)						a de la descripción de la desc	
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
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.	government o	rganizations list	ted in the line 1 tab	able		A A	1.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 99	.00				Sche	Schedule I (Form 990) (2017)

JSA 7E12881000 8938EH 1546

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 Schedule I (Form 990) (2017)

Part III Grants and

(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional
(a) Type of grant or assistance (b)				Provide the
(b) Number of recipients				information re
(c) Amount of cash grant				quired in Part I,
(d) Amount of non-cash assistance				line 2, Part III, c
(e) Method of valuation (book, FMV, appraisal, other)				olumn (b), and any o
(f) Description of non-cash assistance				ther additional

SCHEDULE I, PART I, LINE 2

THE FOUNDATION IS ORGANIZED EXCLUSIVELY TO BENEFIT IGEN, A RELATED

501(C)(3) TAX-EXEMPT ORGANIZATION, BY SUPPORTING TGEN'S FUNDRAISING AND

DEVELOPMENT FUNCTIONS. THE FOUNDATION RELIES UPON THE GOVERNANCE

PRACTICES OF TGEN TO MONITOR USE OF GRANT FUNDS.

Schedule I (Form 990) (2017)

60103263

SCHEDULE M (Form 990)

Noncash Contributions

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

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

FOUNDATION 33-1092191
Part 1 Types of Property

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	1					
6	Cars and other vehicles		1.	60,000.	COST		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
• •	or trust interests]					
12							
13							
. •	contribution - Historic	1	1				
	structures		1				
14							
• •	contribution - Other						
15	Real estate - Residential			 			
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	l		H			
25	Other ►()			— , — , — , — , — , — , — , — , — , — , 			
26	Other ►()						
27	Other ▶()						
28	Other ►()						
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for			
	which the organization completed f		-		29		1.
		200,	. a.t.t., Donos, loki,omioug			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I lines	s 1 through		
	28, that it must hold for at least the					} '	
	to be used for exempt purposes for					.} '	X
b	If "Yes," describe the arrangement i						
31							
	contributions?						
32a	Does the organization hire or use	third narti	es or related organizations	s to solicit process or s	ell noncash		
	contributions?					X	
b	If "Yes." describe in Part II					 	
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro-	nerty for which column (a)	is checked	'	1
	describe in Part II		(e) iei a type of proj	zorty for trinon column (a)	is officially		'

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2017)

or a combin

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

SCHEDULE M, PART I

THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, LINE 32

DONATED VEHICLES ARE PUT ON CONSIGNMENT WITH AN AUCTION COMPANY. VEHICLES ARE ENTERED INTO THE AUCTION WITHOUT A RESERVE. CONSIGNMENT FEES ARE WAIVED FOR CHARITY VEHICLES AND BOTH THE SELLER COMMISSION AND BUYERS PREMIUM ARE ALSO WAIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number

FOUNDATION

33-1092191

FORM 990, PART III, LINE 4A 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 2017 ACTIVITIES

TECHNOLOGICAL ADVANCES HAVE CREATED AN INCREASED OPPORTUNITY FOR CLINICAL SCIENCE TO COME ALONGSIDE CLINICAL CARE TOWARD IMPROVING THE HEALTH AND TREATMENT OF INDIVIDUALS AND POPULATIONS. AT TGEN, WE ARE PIONEERS IN DECIPHERING THE STORY A PERSON'S GENOME HAS TO TELL. FOR INDIVIDUALS FACED WITH A CANCER DIAGNOSIS, OUR SCIENTISTS AND CLINICIANS HAVE THE ABILITY TO LET A PATIENT'S GENOME REVEAL ITS UNIQUENESS IN WAYS THAT ARE BOTH POWERFUL AND TRANSFORMATIVE, ESPECIALLY WHEN IT COMES TO TREATING DISEASE IN A PRECISE AND INDIVIDUAL MANNER.

AT TGEN, WE ARE SETTING A NEW MEDICAL STANDARD WHERE THE FUTURE OF CANCER MEDICINE IS HAPPENING NOW. TGEN HAS HAD AN IMPORTANT AND HIGHLY POSITIVE IMPACT IN UNDERSTANDING THE MOLECULAR DRIVERS IN CANCER, BUT MORE IMPORTANTLY, HAS BEEN AMONG THE WORLD'S LEADERS IN APPLYING THIS KNOWLEDGE TOWARD THE TREATMENT OF CANCER PATIENTS.

JUNE 2017 MARKED 15 YEARS SINCE TGEN'S INCEPTION. IN THAT TIME, TGEN HAS LED EFFORTS IN BRINGING PRECISION MEDICINE TO THE PATIENT BEDSIDE,

CONTINUES TO HAVE A POSITIVE IMPACT ON ARIZONA'S ECONOMY, AND PROVIDE PATIENTS WITH NEW HOPE AND ANSWERS.

TGEN'S AFFILIATION WITH CITY OF HOPE, ANNOUNCED IN LATE 2016, CONTINUED TO GAIN TRACTION THROUGHOUT THE YEAR. AMONG THE FIRST MAJOR RESULTS WAS THE JOINT RECRUITMENT OF DR. SUNIL SHARMA, WHO HOLDS APPOINTMENTS AT TGEN, HONORHEALTH AND CITY OF HOPE. DR. SHARMA IS A CELEBRATED CANCER INVESTIGATOR RESPONSIBLE FOR HELPING DEVELOP SOME OF THE WORLD'S MOST ADVANCED ANTI-CANCER AGENTS. HE MOST RECENTLY WAS DEPUTY DIRECTOR OF HUNTSMAN CANCER INSTITUTE (HCI) IN SALT LAKE CITY, UTAH. PREVIOUSLY HE SERVED AS SENIOR DIRECTOR OF CLINICAL RESEARCH AND DIRECTOR OF THE CENTER FOR INVESTIGATIONAL THERAPEUTICS AT HCI, WHERE HE ALSO HELD A JON AND KAREN HUNTSMAN PRESIDENTIAL PROFESSORSHIP IN CANCER RESEARCH AND TAUGHT AT THE UNIVERSITY OF UTAH SCHOOL OF MEDICINE.

WORKING WITH COLLABORATORS, TGEN MADE SIGNIFICANT ADVANCES IN BRAIN CANCER AND ALZHEIMER'S DISEASE.

WORKING WITH THE UNIVERSITY OF NORTH CAROLINA LINEBERGER COMPREHENSIVE CANCER CENTER, TGEN RESEARCHERS HAVE DISCOVERED NEW INSIGHTS INTO THE EVOLUTION OF GLIOBLASTOMA, AND HOW TO POTENTIALLY COMBAT THIS AGGRESSIVE BRAIN CANCER, THANKS TO CONTINUED FUNDING FROM THE BEN & CATHERINE IVY FOUNDATION.

WORKING WITH ARIZONA STATE UNIVERSITY, WITH FUNDING FROM THE ARIZONA

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number 33-1092191

ALZHEIMER'S CONSORTIUM AND THE ARIZONA BIOMEDICAL RESEARCH COMMISSION, WE RECENTLY COMPLETED STUDIES THAT SHOWED BOTH A BIOLOGICAL PATHWAY THAT LEADS TO NEURONAL LOSS, AND ALSO IDENTIFIED THE ORIGIN OF A GENE WHOSE ALTERED EXPRESSION MAY CONTRIBUTE TO THIS MEMORY-ROBBING DISEASE.

IN THE MEANTIME, THE FDA CLEARED A NEW RAPID AND ACCURATE TEST FOR VALLEY FEVER. THE TEST WILL BE MARKETED BY DXNA LLC, A FIRM BASED IN ST. GEORGE, UTAH, WHICH LICENSED THE TECHNOLOGY DEVELOPED BY TGEN NORTH IN CONJUNCTION WITH NORTHERN ARIZONA UNIVERSITY.

OUR PARTNERSHIP WITH BAYLOR SCOTT & WHITE RESEARCH INSTITUTE (BSWRI) IN DALLAS ALSO PROGRESSED SUBSTANTIALLY WITH THE COMPLETION OF NUMEROUS RESEARCH AGREEMENTS, AND THE ANNOUNCEMENT IN DECEMBER THAT TGEN AND BAYLOR WOULD LEAD A 5-YEAR, \$5.13 MILLION EFFORT FUNDED BY THE NATIONAL CANCER INSTITUTE TO DEVELOP METHODS OF EARLY DETECTION IN PANCREATIC CANCER.

IN ADDITION, THE FOLLOWING OVERVIEW PROVIDES A SNAPSHOT OF RECENT PROGRESS IN GRANT SUPPORT, OUTCOMES AND PROGRESS, CLINICAL TRIALS, PATENTS AND LICENSES, PEER REVIEWED PUBLICATIONS AND PRESENTATIONS, EMPLOYMENT, EDUCATION AND OUTREACH, AND MEDIA.

GRANT SUPPORT

IN ADDITION TO PHILANTHROPIC DONATIONS AND RESEARCH CONTRACTS, GRANTS ARE AN IMPORTANT FUNDING SOURCE FOR RESEARCH. FROM JANUARY 1 THROUGH

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SEPTEMBER 30, TGEN INVESTIGATORS SUBMITTED 54 GRANTS TOTALING \$37,388,389. DURING THIS PERIOD, TGEN WAS AWARDED 15 GRANTS, TOTALING \$3,467,701.

A SELECTION OF AWARDS INCLUDES:

- (A) FOUR-YEAR GRANT FROM THE DEFENSE THREAT REDUCTION AGENCY (DTRA)

 TOTALING \$919,694 TO DR. DAVID ENGELTHALER FOR THE IDENTIFICATION AND

 CHARACTERIZATION OF ANTIMICROBIAL SUSCEPTIBILITY MARKERS IN BURHOLDERIA

 PSEUDOMALLIE.
- (B) ONE-YEAR GRANT FROM THE U.S. CENTERS FOR DISEASE CONTROL (CDC)

 TOTALING \$109,504 TO DR. DAVID ENGELTHALER TO EXAMINE HOMOLOGOUS AND

 NON-HOMOLOGOUS RECOMBINATION IN DISEASE OUTBREAK ANALYSIS.
- (C) THREE-YEAR GRANT FROM THE DEPARTMENT OF DEFENSE TOTALING \$661,015 TO DR. VINODH NARAYANAN FOR THE STUDY OF PHENOTYPIC VARIABILITY AMONG PATIENTS WITH TUBEROUS SCLEROSIS COMPLEX.
- (D) THREE-YEAR GRANT FROM UNIVERSITY OF NORTH CAROLINA AND THE NATIONAL INSTITUTE OF HEALTH TOTALING \$619,879 TO DR. MICHAEL BERENS TO ADVANCE CREDENTIALING MURINE MODELS FOR GLIOBLASTOMA PRECLINICAL DRUG DEVELOPMENT.
- (E) TWO-YEAR GRANT FROM THE BILL & MELINDA GATES FOUNDATION TOTALING \$600,000 TO DR. DAVE ENGELTHALER FOR TUBERCULOSIS SEQUENCING.
- (F) ONE-YEAR GRANT FROM THE OHIO STATE UNIVERSITY AND THE NATIONAL INSTITUTE OF HEALTH TOTALING \$245,334 TO DR. JEFFREY TRENT FOR IMMUNOGENOMIC PROFILING OF CANINE MELANOMA AND OSTEOSARCOMA.
- (G) FIVE-YEAR GRANT FROM BANNER HEALTH AND THE NATIONAL INSTITUTE OF

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HEALTH TOTALING \$113,365 TO DR. MATTHEW HUENTELMAN FOR THE ARIZONA ALZHEIMER'S DISEASE CORE CENTER.

(H) THREE-YEAR GRANT FROM THE HELIOS EDUCATION FOUNDATION OF \$346,000 TO FUND A NEW TGEN PROGRAM FOR HIGH SCHOOL STUDENTS.

OUTCOMES AND PROGRESS

IN 2017, 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) A STUDY LED BY SCIENTISTS AT TGEN IDENTIFIED "A POTENT INHIBITORY

 COMPOUND" IN THE ELUSIVE HUNT FOR AN IMPROVED TREATMENT AGAINST

 GLIOBLASTOMA, THE MOST COMMON AND DEADLY TYPE OF ADULT BRAIN CANCER.

 AURINTRICARBOXYLIC ACID (ATA) IS A CHEMICAL COMPOUND THAT IN LABORATORY

 TESTS WAS SHOWN TO BLOCK THE CHEMICAL CASCADE THAT OTHERWISE ALLOWS

 GLIOBLASTOMA CELLS TO INVADE NORMAL BRAIN TISSUE AND RESIST BOTH CHEMO

 AND RADIATION THERAPY. THE FINDINGS OF THIS STUDY COULD REPRESENT A

 BREAKTHROUGH IN OUR EFFORTS TO FIND AN EFFECTIVE LONG-TERM TREATMENT

 AGAINST GLIOBLASTOMA MULTIFORME (GBM). THE PUBLISHED RESULTS APPEARED IN

 THE SCIENTIFIC JOURNAL ONCOTARGET.
- (B) RESEARCHERS AT TGEN IDENTIFIED A GENOMIC MUTATION THAT CAUSES

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PHYSICAL ABNORMALITIES AND DEVELOPMENTAL DELAYS IN CHILDREN. WHOLE GENOME SEQUENCING ANALYSIS OF A SIX-YEAR-OLD BOY REVEALED A NOVEL MUTATION THAT AFFECTS A PROTEIN KNOWN AS CASK, WHICH IS KEY TO BRAIN DEVELOPMENT AND THE SIGNALS TRANSMITTED BY BRAIN CELLS, OR NEURONS. IDENTIFYING THIS NEW CASK MUTATION ADDS TO THE SCIENTIFIC UNDERSTANDING OF HOW THESE MULTIFACETED DISORDERS OCCUR, AND PROVIDES INSIGHT INTO HOW THEY MIGHT BE TREATED IN THE FUTURE. THE RESULTS APPEARED IN THE AMERICAN JOURNAL OF MEDICAL GENETICS. THE CHILD INVOLVED IN THIS STUDY WAS SEEN AT TGEN'S CENTER FOR RARE CHILDHOOD DISORDERS, WHICH HELPS FAMILIES IDENTIFY THE GENETIC SOURCE OF THEIR CHILDREN'S MEDICAL SYMPTOMS.

(C) A THREE-YEAR STUDY OF THE ARIZONA STATE UNIVERSITY FOOTBALL PROGRAM ALLOWED RESEARCHERS AT TGEN TO CREATE THE LARGEST DATASET TO DATE OF EXTRACELLULAR SMALL RNAS, WHICH ARE POTENTIAL BIOMARKERS FOR DIAGNOSING MEDICAL CONDITIONS, INCLUDING CONCUSSIONS. THE STUDY AMASSED A COLLECTION OF BIOMARKERS FROM THE ASU STUDENT-ATHLETES' BIOFLUIDS: BLOOD, URINE AND SALIVA. A PORTION OF THAT INFORMATION WILL BE USED WITH DATA FROM HELMET SENSORS THAT RECORDED THE NUMBER, INTENSITY AND DIRECTION OF HEAD IMPACTS DURING GAMES AND PRACTICES FROM THE 2013-2016 FOOTBALL TEAMS. TGEN RESEARCHERS ARE USING THAT COMBINED DATA TO POTENTIALLY DEVELOP NEW DIAGNOSTIC AND THERAPEUTIC TOOLS. DETAILS OF THE DATASET WERE PUBLISHED IN SCIENTIFIC REPORTS AND AN ON-LINE OPEN-ACCESS JOURNAL OF THE NATURE PUBLISHING GROUP. BECAUSE THE DATA IS BEING PUBLISHED IN AN OPEN ACCESS JOURNAL, THEY ARE AVAILABLE TO AID OTHER RESEARCHERS STUDYING HOW TO DEVELOP TESTS FOR THE DETECTION AND EXTENT OF INJURIES INVOLVING

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EVERYTHING FROM AUTOMOBILE ACCIDENTS TO BATTLEFIELD EXPLOSIONS.

- (D) IN EARLY APRIL, A TEAM OF RESEARCHERS REPORTED A SIGNIFICANT GENETIC ASSOCIATION LINKED TO AN AGGRESSIVE FORM OF MELANOMA IN A STUDY PUBLISHED IN THE JOURNAL GENOME RESEARCH. ACRAL LENTIGINOUS MELANOMA. OR ALM, IS AN UNCOMMON TYPE OF MELANOMA THAT TYPICALLY OCCURS ON THE PALMS AND SOLES AND IS OFTEN DIFFICULT TO TREAT. LED BY INVESTIGATORS AT TGEN, IN COLLABORATION WITH VANDERBILT UNIVERSITY MEDICAL CENTER, MEMORIAL SLOAN KETTERING CANCER CENTER, AND MAYO CLINIC, RESEARCHERS IDENTIFIED A PROTEIN TARGET THAT OPENS A WINDOW INTO THE DISEASE AND MAY AID IN DIAGNOSIS AND, ONE DAY, LEAD TO IMPROVED TREATMENTS. THE RESEARCHERS SEQUENCED SAMPLES FROM 34 PATIENTS WITH ALM AND FOUND SIGNIFICANT EVIDENCE THAT INHIBITING A PROTEIN CALLED TERT MAY BE "AN EFFECTIVE APPROACH" TO DESTROYING ALM CELLS. THE FINDINGS PROVIDE INSIGHT INTO THE ROLE TERT PLAYS IN THE FORMATION OF ALM, AND REVEAL PRELIMINARY EVIDENCE THAT INHIBITING TERT HAS A DEADLY EFFECT ON ALM CANCER CELLS. IN LABORATORY EXPERIMENTS, MORE THAN 75 PERCENT OF ALM CANCER CELLS WERE AFFECTED, FOLLOWING 72 HOURS OF EXPOSURE TO A DRUG THAT INHIBITS TERT.
- (E) RESEARCHERS LED BY ARIZONA STATE UNIVERSITY (ASU) AND TGEN IDENTIFIED ALTERED EXPRESSION OF A GENE CALLED ANK1, WHICH ONLY RECENTLY HAS BEEN ASSOCIATED WITH MEMORY ROBBING ALZHEIMER'S DISEASE, IN SPECIFIC CELLS IN THE BRAIN. USING AN EXTREMELY PRECISE METHOD OF ISOLATING CELLS CALLED "LASER CAPTURE MICRODISSECTION," RESEARCHERS LOOKED AT THREE SPECIFIC CELL TYPES MICROGLIA, ASTROCYTES AND NEURONS IN THE BRAIN TISSUE OF INDIVIDUALS WITH A PATHOLOGICAL DIAGNOSIS OF ALZHEIMER'S DISEASE, AND

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COMPARED THEM TO BRAIN SAMPLES FROM HEALTHY INDIVIDUALS AND THOSE WITH PARKINSON'S DISEASE. FOLLOWING SEQUENCING OF EACH OF THESE CELL TYPES, THE ASU-TGEN LED TEAM FOUND THAT ALTERED ANK1 EXPRESSION ORIGINATES IN MICROGLIA, A TYPE OF IMMUNE CELL FOUND IN THE BRAIN AND CENTRAL NERVOUS SYSTEM. ALTHOUGH PREVIOUS GENETIC AND EPIGENETIC-WIDE ASSOCIATION STUDIES HAD SHOWN A SIGNIFICANT ASSOCIATION BETWEEN ANK1 AND AD, THEY WERE UNABLE TO IDENTIFY THE CLASS OF CELLS THAT MAY BE RESPONSIBLE FOR SUCH ASSOCIATION BECAUSE OF THE USE OF BRAIN HOMOGENATES. THE RESULTS PROVIDE EVIDENCE THAT MICROGLIA ARE THE SOURCE OF THE PREVIOUSLY OBSERVED DIFFERENTIAL EXPRESSION PATTERNS IN THE ANK1 GENE IN ALZHEIMER'S DISEASE. THE STUDY APPEARED IN THE SCIENTIFIC JOURNAL PLOS ONE.

- (F) 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.
- (G) A STUDY PUBLISHED BY ARIZONA STATE UNIVERSITY-BANNER HEALTH

 NEUROSCIENTIST DR. SALVATORE ODDO AND COLLEAGUES FROM TGEN AS WELL AS

 UC, IRVINE AND MOUNT SINAI IN NEW YORK HAVE IDENTIFIED A NEW WAY FOR

.. ------ - - - - - -

BRAIN CELLS TO BECOME FATED TO DIE DURING ALZHEIMER'S DISEASES. THE
RESEARCHERS FOUND THE FIRST EVIDENCE THAT THE ACTIVATION OF A BIOLOGICAL
PATHWAY CALLED NECROPTOSIS, WHICH CAUSES NEURONAL LOSS, IS CLOSELY LINKED
WITH ALZHEIMER'S SEVERITY, COGNITIVE DECLINE AND EXTREME LOSS OF TISSUE
AND BRAIN WEIGHT THAT ARE ALL ADVANCED HALLMARKS OF THE DISEASE. IT IS
ANTICIPATED THAT THE FINDINGS WILL SPUR A NEW AREA OF ALZHEIMER'S DISEASE
RESEARCH FOCUSED ON FURTHER DETAILING THE ROLE OF NECROPTOSIS AND
DEVELOPING NEW THERAPEUTIC STRATEGIES AIMED AT BLOCKING THE NECROPTOSIS
PATHWAY. THE FINDINGS APPEAR IN THE ADVANCED ON-LINE EDITION OF NATURE
NEUROSCIENCE.

CLINICAL TRIALS

THE VIRGINIA G. PIPER CANCER CENTER (VGPCC) CLINICAL TRIALS PROGRAM AT HONORHEALTH 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 GENOMIC-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.

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.

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(2) INCORPORATION OF MODERN TOOLS TO IDENTIFY PATIENTS' GENOMIC CHARACTERISTICS THAT COULD LEAD TO A MORE TARGETED APPROACH.

PATENTS AND LICENSES

FROM JANUARY 1 THROUGH SEPTEMBER 30, TGEN WAS ISSUED 8 PATENTS AND FILED 16 PATENT APPLICATIONS ON TGEN-GENERATED RESEARCH.

PEER-REVIEWED LABORATORY RESEARCH PUBLICATIONS AND PRESENTATIONS

TGEN 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.

BUILDING ON OUR RECENT EFFORTS AROUND PRECISION MEDICINE, WE CONTINUE TO PROVIDE PATIENTS WITH NEW HOPE AND ANSWERS. TGEN RESEARCHERS AND CLINICIANS, WORKING HAND-IN-HAND WITH A MULTITUDE OF COLLABORATORS FROM ACROSS THE NATION AND AROUND THE WORLD, ARE FINDING WAYS AT EVERY LEVEL TO MOVE FORWARD TOGETHER, ESPECIALLY IN IMMUNOTHERAPY AND GENOMICS, TO RAPIDLY GAIN NEW INSIGHTS AND EXPAND OPPORTUNITIES FOR THE DESIGN OF NEW INTERVENTIONS.

IN 2017, TGEN RESEARCHERS PUBLISHED THEIR RESEARCH RESULTS EXTENSIVELY IN NUMEROUS SCHOLARLY PEER-REVIEWED ACADEMIC JOURNALS AND THROUGH PRESENTATIONS AT LEADING NATIONAL AND INTERNATIONAL CONFERENCES. THESE INCLUDE PUBLICATION IN LEADING SCIENTIFIC JOURNALS SUCH AS AMERICAN

JOURNAL OF HUMAN GENETICS, NATURE, NATURE COMMUNICATIONS, NATURE GENETICS, CANCER DISCOVERY, CLINICAL CANCER RESEARCH, MBIO, DIABETES, NEURO ONCOLOGY.

2017 SELECT PUBLICATIONS

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EI, BUCK AH, DE CANDIA P, CHOW FW, DAS S, DRIEDONKS TA, FERNÁNDEZ-MESSINA
L, HADERK F, HILL AF, JONES JC, VAN KEUREN-JENSEN KR, LAI CP, LASSER C,
LIEGRO ID, LUNAVAT TR, LORENOWICZ MJ, MAAS SL, MAGER I, MITTELBRUNN M,
MOMMA S, MUKHERJEE K, NAWAZ M, PEGTEL DM, PFAFFL MW, SCHIFFELERS RM,
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2017 PRESENTATIONS

-GORDON RESEARCH CONFERENCE - RNA NANOTECHNOLOGY

JANUARY 22-27, VENTURA BEACH, CA

KENDALL VAN KEUREN-JENSEN

EXTRACELLULAR RNAS FOR MONITORING CENTRAL NERVOUS SYSTEM INJURY AND

DISEASE

-2017 PRECISION LBX SUMMIT

JANUARY 30-31, SAN DIEGO, CA

KENDALL VAN KEUREN-JENSEN

USING EXRNA TO MONITOR THE CENTRAL NERVOUS SYSTEM

-KEYSTONE SYMPOSIUM ON EPIGENETICS AND HUMAN DISEASE: PROGRESS FROM

MECHANISMS TO THERAPEUTICS

JANUARY 29 - FEBRUARY 2, SEATTLE, WA

MADELINE KEENEN AND SUWON KIM

ING4 TUMOR SUPPRESSOR IN BREAST CANCER: A CONDITIONAL TRANSCRIPTION

REGULATOR

-29TH FUNGEL GENETICS CONFERENCE

MARCH 14-19, PACIFIC GROVE, CA

DAVID ENGELTHALER

-EPIDEMIOLOGY OF CRYPTOCOCCUS SPP. USING COMPARATIVE GENOMICS

ACMG 2017

MARCH 21-25, PHOENIX, AZ

JESSICA LANG, MEGAN RUSSELL, WILLIAM HENDRICKS, YEMIN WANG, PILAR RAMOS,

HOLLY YIN, JEFFREY KIEFER, ANTHONY KARNEZIS, VICTORIA ZISMANN, BERNARD

WEISSMAN, DAVID HUNTSMAN, JEFFREY TRENT. 142: PATHOGNOMONIC SMARCA4

MUTATIONS IN SMALL CELL CARCINOMA OF THE OVARY-HYPERCALCEMIC TYPE

(SCCOHT): DIAGNOSTIC AND THERAPEUTIC IMPLICATIONS.

KERI RAMSEY, VINODH NARAYANAN, CHRIS BALAK, ANA CLAASEN, AMANDA

COURTRIGHT, DAVID CRAIG, MATT DE BOTH, BRITNEY GERALD, MATTHEW

HUENTELMAN, MARCUS NAYMIK, SAMPATH RANGASAMY, RYAN RICHHOLT, MEGAN

RUSSELL, ISABELLE SCHRAUWEN, ASHLEY SINIARD, SZABOLCS SZELINGER, TYLER

IZATT. 254: THE PITFALLS AND TRIUMPHS OF WHOLE EXOME SEQUENCING IN RARE

CHILDHOOD DISORDERS.

-10TH INTERNATIONAL CONFERENCE ON CRYPTOCOCCUS AND CRYPTOCOCCOSIS

MARCH 26-30, FOZ DO IGUACU, BRAZIL

DAVID ENGELTHALER

A PHYLOGENOMIC VIEW OF THE CRYPTOCOCCUS SPECIES COMPLEXES

-AACR ANNUAL MEETING

APRIL 1-5, WASHINGTON, D.C.

-WORLD FEDERATION OF NEURO-ONCOLOGY SOCIETIES (WFNOS)

MAY 4-7, ZURICH, SWITZERLAND

H. DHRUV, S. BOLLAM, H. KANG, S. PENG, V. GOKHALE, L. HURLEY, M. BERENS.

MTTERT PROMOTER AS A TARGET FOR TREATMENT OF GLIOBLASTOMA. OSO1.3

D. FINLAY, H. DHRUV, C. HAUSER, J. KIEFER, S. KIM, T. LONG, S. PENG, G.

SPEYER, M. BERENS, K. VUORI. NEW TARGETS FOR GLIOBLASTOMA REVEALED BY

CHEMICAL BIOLOGY FINGERPRINTING. P01.11

R. ALISON, M. SABIR, C. SEREDUK, S. TUNCALI, M. PINEDA, N. MILLARD, H. D.

DHRUV, S. PENG, M. E. BERENS, J. C. LOFTUS, J. A. WINKLES, N. L. TRAN.

EGFRVIII INDUCED GBM INVASION AND SURVIVAL IS DEPENDENT UPON STAT5

ACTIVATION AND FN14 EXPRESSION. P08.02

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-2017 GPU TECHNOLOGY CONFERENCE

MAY 7-11, SAN JOSE, CA

GIL SPEYER

S7254 - GPU-ENABLED DIFFERENTIAL DEPENDENCY NETWORK ANALYSIS OF LARGE

DATASETS

-2017 ASCO

JUNE 2-6, CHICAGO, IL

TERESA MERCADE MACARULLA, JENS T. SIVEKE, ANDREA WANG-GILLAM, CHUNG-PIN
LI, GYORGY BODOKY, ANDREW PETER DEAN, SHAN YANSHEN, GAYLE S. JAMESON,
KYUNG-HUN LEE, JEAN-FRÉDÉRIC BLANC, CHANG-FANG CHIU, GILBERTO
SCHWARTSMANN, FADI S. BRAITEH, DAVID CUNNINGHAM, LI-TZONG CHEN, DANIEL D.
VON HOFF, KHALID KEVIN MAMLOUK, PARUL BHARGAVA, FLORIS A. DE JONG,
RICHARD HUBNER. SUBGROUP ANALYSIS BY PRIOR LINES OF METASTATIC THERAPY
(MTX) IN NAPOLI-1: A GLOBAL, RANDOMIZED PHASE 3 STUDY OF LIPOSOMAL
IRINOTECAN (NAL-IRI) ± 5-FLUOROURACIL AND LEUCOVORIN (5-FU/LV), VS.
5-FU/LV IN PATIENTS (PTS) WITH METASTATIC PANCREATIC DUCTAL
ADENOCARCINOMA (MPDAC) WHO HAVE PROGRESSED FOLLOWING GEMCITABINE-BASED
THERAPY. ABSTRACT NO: 4127

ANDREA WANG-GILLAM, LI-TZONG CHEN, CHUNG-PIN LI, GYORGY BODOKY, ANDREW DEAN, KYUNG-HUN LEE, DAVID CUNNINGHAM, RICHARD HUBNER, FADI S. BRAITEH, J. MARC PIPAS, BRUCE BELANGER, FLORIS A. DE JONG, PURVI D. MODY, DANIEL D. VON HOFF, JENS T. SIVEKE. THE PROGNOSTIC VALUE OF BASELINE NEUTROPHIL-TO-LYMPHOCYTE RATIO (NLR) AND PLATELET-TO-LYMPHOCYTE RATIO (PLR) FOR PREDICTING CLINICAL OUTCOME IN PATIENTS WITH METASTATIC PANCREATIC DUCTAL ADENOCARCINOMA (MPDAC) TREATED WITH LIPOSOMAL

IRINOTECAN (NAL-IRI; MM-398) + 5-FLUOROURACIL AND LEUCOVORIN (5-FU/LV) VS 5-FU/LV. ABSTRACT NO: E15795

DAVID GOLDSTEIN, DANIEL D. VON HOFF, E. GABRIELA CHIOREAN, MICHELE RENI, JOSEP TABERNERO, RAMESH K. RAMANATHAN, ABDALLA ALY, MARC BOTTEMAN, JULIA WILKERSEN, SANDRA MARGUNATO-DEBAY, BRIAN LU, CHRYSTAL URSULA LOUIS, MARKUS FREDERIC RENSCHLER, DESMOND MICAHEL THOMAS MCGOVERN, CHEE KHOON LEE. NOMOGRAM FOR PREDICTING OVERALL SURVIVAL (OS) IN PATIENTS (PTS) TREATED WITH NAB-PACLITAXEL (NAB-P) PLUS GEMCITABINE (GEM) OR GEM ALONE FOR METASTATIC PANCREATIC CANCER (MPC). ABSTRACT NO: 4109 CHARLES PETERFY, XIN YE, HEATHER GELHORN, REBECCA M SPECK PETER J. COUNTRYMAN, VICKI LEIGH KEEDY, ZEV A. WAINBERG, ARUN S. SINGH, BARTOSZ CHMIELOWSKI, DANIEL D. VON HOFF, HANI M. BABIKER, VIVEK KHEMKA, GREGORY MICHAEL COTE, GEOFFREY SHAPIRO, ANDREW J. WAGNER, JOHN H. HEALEY, HENRY HSU, PAUL S. LIN, SANDRA TONG, WILLIAM D. TAP. TUMOR VOLUME SCORE (TVS), MODIFIED RECIST, AND TISSUE DAMAGE SCORE (TDS) AS NOVEL METHODS FOR ASSESSING RESPONSE IN TENOSYNOVIAL GIANT CELL TUMORS (TGCT) TREATED WITH PEXIDARTINIB: RELATIONSHIP WITH PATIENT-REPORTED OUTCOMES (PROS). ABSTRACT NO: 11048

-7TH INTERNATIONAL COCCIDIOIDOMYCOSIS SYMPOSIUM

AUGUST 10-13, STANFORD, CALIFORNIA

D. ENGELTHALER, GENETIC EPIDEMIOLOGY: TRACKING COCCI AROUND THE WESTERN HEMISPHERE.

-NIA WORKSHOP

AUGUST 28, BETHESDA, MARYLAND

N. SCHORK, DISCOVERING AND VALIDATING DRUG TARGETS FOR ANTI-AGING USING GENOMICS.

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

Employer identification number 33-1092191

FOUNDATION

FULL-TIME POSITIONS FILLED (NEW AND REPLACEMENTS)

FROM JANUARY 1 THROUGH SEPTEMBER 30, 16 NEW FULL-TIME EQUIVALENT POSITIONS WERE CREATED WITH SALARIES AND BENEFITS TOTALING \$652,894.

SALARIES FOR TEMPORARY POSITIONS (THOSE POSITIONS CREATED FOR A FINITE PERIOD OF TIME) TOTALED \$136,453, WHICH INCLUDED TEMPORARY TGEN STAFF AND TEMPORARY SERVICE FEES. STUDENT SALARIES WERE JUST OVER \$286,600, BRINGING THE OVERALL 2017 TOTAL TO \$1,075,947.

IN TERMS OF EDUCATION LEVEL, EIGHTY-NINE PERCENT OF FULL-TIME TGEN STAFF HOLD A COLLEGE DEGREE AND FORTY-NINE PERCENT HOLD AN ADVANCED DEGREE.

2017 FULL-TIME POSITIONS FILLED (NEW AND REPLACEMENTS) INCLUDED:

- -ACCOUNTS PAYABLE ADMINISTRATOR
- -ADMINISTRATIVE ASSISTANT
- -ADMINISTRATIVE ASSISTANT, EXECUTIVE
- -ADMINISTRATIVE ASSISTANT, SR
- -BIOINFORMATICIAN, ASSOCIATE
- -BIOSPECIMEN DATA COORDINATOR
- -CLINICAL RESEARCH COORDINATOR
- -COMPUTATIONAL SCIENTIST
- -DEPUTY DIRECTOR, CLINICAL SCIENCES
- -DIRECTOR, DEVELOPMENT
- -EDUCATION AND OUTREACH SPECIALIST

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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- -INTELLECTUAL PROPERTY AND CONTRACTS DATABASE ASSISTANT
- -MANAGER, RESEARCH OPERATIONS
- -PATENT ATTORNEY
- -PAYROLL ADMINISTRATOR
- -POST-DOC FELLOW
- -PROFESSOR
- -PROFESSOR, ASSISTANT
- -PROFESSOR, RESEARCH ASSISTANT
- -PROFESSOR, RESEARCH ASSOCIATE
- -RESEARCH ASSOCIATE
- -RESEARCH ASSOCIATE II
- -RESEARCH COMPLIANCE SPECIALIST
- -RESEARCH TECHNICIAN

SELECT HIGHLIGHTS: EDUCATION AND OUTREACH

BIOSCIENCE LEADERSHIP ACADEMY

IN FEBRUARY, TGEN RECEIVED A THREE-YEAR GRANT OF \$346,000 FROM HELIOS
EDUCATION FOUNDATION TO FUND A NEW TGEN PROGRAM FOR HIGH SCHOOL STUDENTS:
TGEN BIOSCIENCE LEADERSHIP ACADEMY. THE ACADEMY IS A TWO-WEEK BIOSCIENCE
PROGRAM, SERVING 20 ARIZONA HIGH SCHOOL STUDENTS EVERY SUMMER STARTING IN
2018. THE INTENSIVE EDUCATION AND LEADERSHIP PROGRAM FOCUSES ON ELEVATING
STUDENTS' UNDERSTANDING OF THE BIOSCIENCES AND PRECISION MEDICINE. THE
PROGRAM ALSO INCLUDES A LEADERSHIP COMPONENT FOCUSED ON STEM PROFESSIONAL
SKILLS SUCH AS SCIENCE COMMUNICATION, PUBLIC SPEAKING, INTERDISCIPLINARY

THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

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AND COLLABORATIVE WORKPLACE SKILLS, AND NETWORKING. EACH GRADUATE OF THE PROGRAM WILL RECEIVE A \$1,000 SCHOLARSHIP.

HELIOS SCHOLARS AT TGEN

HELIOS SCHOLARS AT TGEN 2017 APPLICATIONS CLOSED ON FEBRUARY 10 AND ON JUNE 5, 45 ARIZONA STUDENTS BEGAN THEIR EIGHT-WEEK HELIOS SCHOLAR INTERNSHIPS, CONDUCTING RESEARCH PROJECTS IN TGEN LABS ON TOPICS, INCLUDING: NEUROLOGICAL DISEASE, CANCER, INFECTIOUS DISEASE, SEQUENCING, BIOINFORMATICS, AND RESEARCH ADMINISTRATION.

2017 HELIOS SCHOLAR STATISTICS:

- -2017 SCHOLARS COMPRISED THE ELEVENTH CLASS, INCLUDING THE PILOT YEAR IN 2007
- -10 HIGH SCHOOL STUDENTS, 33 UNDERGRADUATES AND 1 GRADUATE STUDENT, 1 MEDICAL SCHOOL STUDENT (45 INTERNS TOTAL.) ALONG WITH THE 45 HELIOS SCHOLARS, TWO HIGH SCHOOL STUDENTS STARTED 10-WEEK IVY SCHOLAR INTERNSHIPS.
- -HIGH SCHOOLS INCLUDE: MCCLINTOCK HIGH SCHOOL, SCOTTSDALE PREPARATORY

 ACADEMY, HAMILTON HIGH SCHOOL, GARY K. HERBERGER YOUNG SCHOLARS ACADEMY,

 BASIS PEORIA, BASIS CHANDLER, FLAGSTAFF HIGH SCHOOL, AND ARIZONA SCHOOL

 FOR THE ARTS.
- -29 UNDERGRADUATE/GRADUATE STUDENTS ATTENDING SCHOOL IN ARIZONA: 21 AT ASU, 2 AT U OF A, 3 AT NAU, 1 AT COCHISE COLLEGE, 1 AT MESA COMMUNITY COLLEGE, AND 1 AT MIDWESTERN UNIVERSITY
- -SIX OUT-OF-STATE UNIVERSITIES: BAYLOR UNIVERSITY, BROWN UNIVERSITY,

CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SCRIPPS COLLEGE, TULANE UNIVERSITY, WILLAMETTE UNIVERSITY

-STUDENTS FROM EMERGING RACES/ETHNICITIES IN THE BIOLOGICAL SCIENCES REPRESENT 22 PERCENT OF OUR COHORT.

ARIZONA SCIENCE AND ENGINEERING FAIR

TEN TGEN SCIENTISTS VOLUNTEERED ON APRIL 12 TO JUDGE AT THE 2017 ARIZONA SCIENCE AND ENGINEERING FAIR (AZSEF). JULIE EUBER, MANAGER OF EDUCATION AND OUTREACH AT TGEN, WAS THE AZSEF JUDGING CHAIR, SUPERVISING MORE THAN 300 JUDGES FROM ACROSS ARIZONA AND GUARANTEEING THAT EACH STUDENT WOULD BE INTERVIEWED BY AT LEAST THREE JUDGES. FOR THE FOURTH YEAR, TGEN AWARDED THE TGEN EXCELLENCE IN BIOMEDICAL RESEARCH AWARD TO TWO OUTSTANDING HIGH SCHOOL PROJECTS THAT FOCUSED ON RESEARCH AND TECHNOLOGY TO UNRAVEL THE COMPLEXITIES OF HUMAN DISEASES. NICOLE SHERWOOD AND DIVYA VATSA WON THIS YEAR'S AWARD.

SELECT HIGHLIGHTS: COMMUNICATIONS

TGEN CONTINUALLY PURSUES EARNED MEDIA ABOUT THE INSTITUTE'S RESEARCH ACTIVITIES. TGEN MEDIA RELEASES RESULTED IN NUMEROUS MEDIA MENTIONS LOCALLY, NATIONALLY AND INTERNATIONALLY. MEDIA OUTLETS COVERING TGEN INCLUDE:

THE ARIZONA REPUBLIC, PHOENIX BUSINESS JOURNAL, AZ BUSINESS MAGAZINE,
CHANNEL 3, CHANNEL 10, CHANNEL 12, CHANNEL 15, KJZZ RADIO, KTAR RADIO,
BBC NEWS (LONDON), THE STATE PRESS (ASU), WGRZ, WVEC, ALZHEIMER'S NEWS

TODAY, ARIZONA BIOINDUSTRY ASSOCIATION, GENOMEWEB DAILY NEWS, NEWS-MEDICAL.NET, FURNITURE TODAY, HOME FURNISHINGS BUSINESS, FAIRFAX COUNTY TIMES, THE ASCO POST, BUSINESS WIRE, FOX 26 HOUSTON, SCIENCE NEWSLINE, NEWSWISE, TECHCONNECT, NEW ORLEANS CITYBUSINESS, SCIENMAG, GENETIC ENGINEERING & BIOTECHNOLOGY NEWS.

2017 HIGHLIGHTS INCLUDE:

- (A) TGEN PRESIDENT DR. JEFFREY TRENT AND CITY OF HOPE PRESIDENT ROBERT STONE WERE FEATURED IN AN 8-MINUTE SEGMENT ON CHANNEL 8'S ARIZONA HORIZON PROGRAM, DISCUSSING TGEN'S 15TH ANNIVERSARY AND TGEN'S NEW ALLIANCE WITH CITY OF HOPE.
- (B) DR. JEFFREY TRENT PENNED AN EDITORIAL THAT APPEARED IN APRIL AS THE LEAD-CENTERPIECE FEATURE OF THE ARIZONA REPUBLIC'S SUNDAY VIEWPOINTS SECTION, DESCRIBING THE NEED FOR CONTINUED RESEARCH FUNDING FOR PRECISION MEDICINE. THE ON-LINE VERSION OF THE STORY CONTAINED MULTIPLE LINKS TO TGEN PRESS RELEASES, DETAILING THE VARIOUS RESEARCH PROJECTS MENTIONED BY DR. TRENT.
- (C) TGEN RESEARCHERS WERE FEATURED IN MULTIPLE "ASK A DOC" FEATURES IN THE ARIZONA REPUBLIC, INCLUDING STORIES ABOUT TGEN'S RESEARCH INTO MELANOMA (DR. WINNIE LIANG), VALLEY FEVER (DR. DAVID ENGELTHALER), CACHEXIA AND PANCREATIC CANCER (DR. HAIYONG HAN), AND BRAIN CANCER (DR. MICHAEL BERENS).
- (D) IN MAY, YOUNG PATIENT CAMPBELL FAULKNER, TGEN C4RCD MEDICAL DIRECTOR DR. VINODH NARAYANAN AND CARCD CLINICAL CO-DIRECTOR KERI RAMSEY WERE INTERVIEWED BY THE IHEARTRADIO NETWORK FOR BROADCAST ON ITS SEVEN

PHOENIX-AREA RADIO STATIONS ABOUT WHAT TGEN IS DOING FOR CHILDREN WITH RARE DISORDERS.

- (E) IN AUGUST, ABC 15 REPORTED ON TGEN'S COLLABORATION WITH THE ARIZONA HUMANE SOCIETY TO STUDY DOGS WITH VALLEY FEVER.
- (H) THAT SAME MONTH, 12 NEWS INTERVIEWED DR. PAUL KEIM ABOUT OUR PENDING FDA APPROVAL FOR A FAST AND ACCURATE TEST FOR VALLEY FEVER.
- (F) IN JULY, ABC 15 REPORTED ON TGEN'S 11TH CLASS OF HELIOS SCHOLARS AT TGEN SUMMER INTERNSHIP PROGRAM.
- (G) IN FEBRUARY, NPR AFFILIATE KJZZ RADIO FEATURED A STORY ABOUT DR.

 ISABELLE SCHRAUWEN'S C4RCD STUDY OF A 6-YEAR-OLD BOY WITH A RARE DISORDER

 CALLED FGS4.
- (H) KJZZ FEATURED TGEN IN A STORY ABOUT HOW WE USE ZEBRA FISH TO STUDY PANCREATIC CANCER AND OTHER DISEASES.
- (I) ALSO IN FEBRUARY, DR. BRIDGET BARKER WAS FEATURED IN THE BAKERSFIELD CALIFORNIAN, WHICH SOUGHT OUT HER EXPERTISE FOR A STORY ABOUT VALLEY FEVER.

FORM 990, PART V, LINES 1A AND 2A

TGEN FOUNDATION MAKES PAYMENTS TO INDEPENDENT CONTRACTORS AND TIMELY

FILES FROM 1096 AS REQUIRED. HOWEVER, FORM 1096 WAS NOT FILED DURING THE

FISCAL YEAR BECAUSE NO CALENDAR YEAR ENDED WITHIN THE SHORT PERIOD,

01/01/2017 - 09/30/2017.

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.

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.

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

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.

FORM 990, PART VI, LINE 7B

CERTAIN ACTIONS MAY NOT BE UNDERTAKEN WITHOUT THE PRIOR WRITTEN APPROVAL OF THE SOLE CORPORATE MEMBER, TGEN, AS SPECIFIED IN THE GOVERNING DOCUMENTS OF THE FOUNDATION, INCLUDING: ELECT DIRECTORS; MERGE OR SELL ALL OR SUBSTANTIALLY ALL ASSETS; AMEND KEY GOVERNING DOCUMENTS; COMMENCE INSOVENCY, BANKRUPTCY, REORGANIZATION OR SIMILAR RELIEF OR ACTION; ENTER MATERIAL CONTRACTS OR

33-1092191

INCUR MATERIAL DEBT; AND TAKE SUCH OTHER ACTIONS RESERVED FOR THE MEMBER.

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.

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.

FORM 990, PART VI, LINES 15A AND 15B THE FOUNDATION DOES NOT HAVE, ANY DIRECT EMPLOYEES. COMPENSATION IS DETERMINED BY THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE (TGEN) USING THE FOLLOWING PROCESS:

THE EXECUTIVE COMPENSATION AND GOVERNANCE COMMITTEE OF THE MEMBER SHALL

BE THE EXECUTIVE COMPENSATION COMMITTEE OF TGEN. NOTWITHSTANDING THE FOREGOING, TGEN'S GOVERNANCE AND EXECUTIVE COMPENSATION COMMITTEE WILL ACT IN AN "ADVISE AND CONSENT" CAPACITY REVIEWING THE RECOMMENDATIONS OF THE PRESIDENT AND SCIENTIFIC DIRECTOR REGARDING THE COMPENSATION OF DISQUALIFIED PERSONS CONSISTENT WITH THE MEMBER'S COMPENSATION PHILOSOPHY AND WITHIN THE COMPENSATION RANGES APPROVED AT LEAST ANNUALLY BY THE MEMBER, AND FORWARDING FINAL RECOMMENDATIONS TO THE FULL TGEN BOARD FOR APPROVAL.

DISQUALIFIED PERSONS (EXCEPT FOR THE PRESIDENT AND SCIENTIFIC DIRECTOR) WILL NOT BE PRESENT FOR, OR PARTICIPATE IN, COMMITTEE DELIBERATIONS CONCERNING THEIR COMPENSATION (OTHER THAN TO ANSWER QUESTIONS). THE PRESIDENT AND SCIENTIFIC DIRECTOR WILL PARTICIPATE IN THE DELIBERATIONS CONCERNING THE COMPENSATION OF DIRECT REPORTS.

DURING THE DECISION MAKING PROCESS, THE COMMITTEE WILL ADHERE TO THE EXECUTIVE COMPENSATION PHILOSOPHY OF THE MEMBER. THE COMMITTEE IS AUTHORIZED (AND PROVIDED WITH SUFFICIENT FUNDING) TO ANNUALLY ENGAGE OUTSIDE INDEPENDENT COMPENSATION AND LEGAL ADVISORS, WHEN DEEMED NECESSARY AND ADVISABLE.

THE COMMITTEE WILL COMPLY WITH THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE WHENEVER POSSIBLE. THE COMMITTEE WILL REVIEW AND UNDERSTAND THE INTERNAL REVENUE CODE PROVISIONS DEALING WITH "EXCESS BENEFIT TRANSACTIONS CONCERNING

Name of the organization THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION

Employer identification number 33-1092191

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 2017.

FORM 990, PART VI, LINE 19

THE FOUNDATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC

THROUGH THE ARIZONA CORPORATION COMMISSION. THE FOUNDATION'S AUDITED

FINANCIAL STATEMENTS AND ITS CONFLICT OF INTEREST POLICIES ARE AVAILABLE BY

WRITTEN REQUEST MADE TO THE CFO AND CONFLICT OF INTEREST MANAGER,

RESPECTIVELY. THE FOUNDATION'S BYLAWS ARE NOT MADE AVAILABLE TO THE

PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION

Part I

(1)

(2)

9

(4)

9

(5)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE

OMB No 1545-0047

Open to Public Inspection

Employer identification number

33-1092191 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity

(f) Direct controlling entity

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 Part II

(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state	(a) Exempt Code section	(e) Public chanty status	olling	(g) Section 512(b)(13)	12(b)(13)
			or foreign country)		(if section 501(c)(3))	entity	entit	2 S
							Yes	S S
(1) THE TRANSLATIONAL GENOMICS RESEARCH INST	NST 75-3065445							
445 N 5TH STREET, SUITE 600	PHOENIX, AZ 85004	RESEARCH	AZ	501(C)(3)	7	N/A		×
(2) CITY OF HOPE	95-3435919							
1500 EAST DUARTE ROAD	DUARTE, CA 91010	FUNDRAISING	CA	501(C)(3)		N/A	_	×
(3) CITY OF HOPE NATIONAL MEDICAL CENTER	95-1683875							<u> </u>
1500 EAST DUARTE ROAD	DUARTE, CA 91010	HOSPITAL	CA	501(C)(3)	e	CITY OF HOPE	×	
(4) BECKMAN RESEARCH INSTITUTE	95-3432210							
1450 EAST DUARTE ROAD	DUARTE, CA 91010	RESEARCH	CA	501(C)(3)	4	CITY OF HOPE	×	
(5) CITY OF HOPE MEDICAL FOUNDATION	27-4803222							((
1500 EAST DUARTE ROAD	DUARTE, CA 91010	HEALTHCARE	CA	501(C)(3)	3	CITY OF HOPE	×	
(9)								
								1
(7)								

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

7E1307 1 000 8938EH 1546

Schedule R (Form 990) 2017

Part III

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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

(h) Section Section (100 connership controlled entity? (k) Percentage Schedule R (Form 990) 2017 ownership 63 PAGE (I) General or Yes No managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportonata silocators? Yes No income (g) Share of end-of-year assets (e)
Type of entity
(C corp S corp, or trust) (f) Share of total income (d)
Direct controlling entity 60103263 (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling | (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of
related organization 8938EH 1546 JSA 7E1308 1 000 , Part IV

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

					1
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes N	No N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations liste	d in Parts II-IV?		\dashv	}:
a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			19	1	\times
b Gift, grant, or capital contribution to related organization(s)	•		1p	×	Ì
c Gift grant or capital contribution from related organization(s)			10		×
				-	×
d Loans of loan guarantees to of for felated organization(s)			⊒	+	: :
e Loans or loan guarantees by related organization(s)			16	+	\times
(c) and of the first of the fir			*		×
			<u>.</u>	$\frac{1}{1}$: ;
g Sale of assets to related organization(s)			19		۲
h Purchase of assets from related organization(s).			1p		×
i Exchange of assets with related organization(s)			17		×
i Lease of facilities accument or other accets to related accuments	· · · · · ·	•	;		×
ן בכמסס כי ומכיייניס, כקטייניות, כי סנופן מססכים וכ וכומוכם כישמונים וכין כי					
k Lease of facilities equipment or other assets from related organization(s)			¥		×
			=	×	
				-	×
Performance of services of membership of fundralsing solicitati				,	:
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>ا</u>	<	1
o Sharing of paid employees with related organization(s)			10	×	
p Reimbursement paid to related organization(s) for expenses		•	1p	×	
			19	×	
]
r Other transfer of cash or property to related organization(s)			-		×
s Other transfer of cash or property from related organization(s)			18		×
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	ine, including covere	ed relationships and transaction thresholds	on threshold	s	
(a)	(q)	(c)	Đ		
Name of related organization	ransaction type (a-s)	Amount involved	Method of determining amount involved	olved	_
(1)					
(2)					1
(3)]
<u>(4)</u>					
					1
(9)					
JSA 7E1309 2 000		Sched	Schedule R (Form 990) 2017	990) 20	017

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7E1310 1 000 8938EH 1546

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

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

General or Percentage managing ownership partner?	Yes																Samp B (Commo 900) 2047
Code V - UBI Gamount in box 20 of Schedule K-1 (Form 1065)																	1 1 0
(h) Disproportionate allocations?	Yes No																
(9) Share of end-of-year assets																	
(f) Share of total income																	
(e) Are all partners section 501(c)(3) organizations?																	4
(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)																
(c) Legal domicile (state or foreign country)		-															
(b) Primary activity																	
(a) (b) (c) (d) (e) (h) (e) (f) (f) (f) (f) (h) (g) (h) (h) (h) (h) (h) (h	(1)	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions