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Form **990-PF**

Department of the Treasury
Internal Revenue Service (77)

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation: Dr Miriam & Sheldon G Adelson Medical Research Foundation

Number and street (or P O box number if mail is not delivered to street address): 300 First Ave

Room/suite:

City or town, state, and ZIP code: Needham MA 02494

A Employer identification number: 04-7023433

B Telephone number (see page 10 of the instructions): (781) 972-5900

C If exemption application is pending, check here ▶ ☐

D 1 Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 651,663

J Accounting method ☐ Cash ☐ Accrual ☒ Other (specify) Modified Cash *(Part I, column (d) must be on cash basis)*

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	10,449,012			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,444	3,444		
	4 Dividends and interest from securities	0	0		
	5 a Gross rents		0		
	b Net rental income or (loss) 0				
	6 a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a 0				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10 a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)	0			
	11 Other income (attach schedule)	2,110	0	0	
	12 **Total.** Add lines 1 through 11	10,454,566	3,444	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	122,361			122,361
	14 Other employee salaries and wages	1,399,739			1,399,739
	15 Pension plans, employee benefits	316,072			316,072
	16 a Legal fees (attach schedule)	72,290	0	0	72,290
	b Accounting fees (attach schedule)	2,297	0	0	2,297
	c Other professional fees (attach schedule)	18,109	0	0	18,109
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	1,762	0	0	1,762
	19 Depreciation (attach schedule) and depletion	69,767	0	0	
	20 Occupancy	190,129			190,129
	21 Travel, conferences, and meetings	14,187			14,187
	22 Printing and publications	88			88
	23 Other expenses (attach schedule)	69,384	0	0	68,259
	24 **Total operating and administrative expenses.** Add lines 13 through 23	2,276,185	0	0	2,205,293
	25 Contributions, gifts, grants paid	8,427,316			8,427,316
	26 **Total expenses and disbursements.** Add lines 24 and 25	10,703,501	0	0	10,632,609
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-248,935			
	b **Net investment income** (if negative, enter -0-)		3,444		
	c **Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	332,562	160,534	160,534
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	4 Pledges receivable ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0			
	Less allowance for doubtful accounts ▶ 0	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	17,105	10,338	10,338
	10 a Investments—U S and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	0	0	0
	c Investments—corporate bonds (attach schedule)	0	0	0
	11 Investments—land, buildings, and equipment basis ▶ 0			
	Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment basis ▶ 569,840			
	Less accumulated depreciation (attach schedule) ▶ 106,154	507,042	463,686	463,686
	15 Other assets (describe ▶ See Attached Statement)	17,105	17,105	17,105
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	873,814	651,663	651,663
Liabilities	17 Accounts payable and accrued expenses		8,430	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶ See Attached Statement)	2,685	21,039	
	23 **Total liabilities** (add lines 17 through 22)	2,685	29,469	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	871,129	622,194	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	871,129	622,194	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	873,814	651,663	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	871,129
2	Enter amount from Part I, line 27a	2	-248,935
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	622,194
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	622,194

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	0	0	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a	0	0	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	6,746,117	473,110	14 259088
2007	24,397,259	1,206,081	20.228541
2006	7,618,186	577,637	13.188535
2005			0.000000
2004			0 000000

2	**Total** of line 1, column (d)	2	47.676164
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	15.892055
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	157,345
5	Multiply line 4 by line 3	5	2,500,535
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	34
7	Add lines 5 and 6	7	2,500,569
8	Enter qualifying distributions from Part XII, line 4	8	10,632,609

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1	34	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0	
3	Add lines 1 and 2	3	34	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	34	
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a: 0			
b	Exempt foreign organizations—tax withheld at source — 6b:			
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 100			
d	Backup withholding erroneously withheld — 6d:			
7	Total credits and payments Add lines 6a through 6d	7	100	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	66	
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 66 **Refunded** ▶	11	0	

Part VII-A Statements Regarding Activities

			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4 a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ www.adelsonfoundation.org

14 The books are in care of ▶ David Bloom Telephone no ▶ (702) 791-9400

Located at ▶ 3355 Las Vegas Blvd. South Las Vegas NV ZIP+4 ▶ 89109

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20_____, 20_____, 20_____, 20_____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20_____, 20_____, 20_____, 20_____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)*	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	**5b**	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No *If "Yes," attach the statement required by Regulations section 53 4945–5(d)*			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? *If "Yes" to 6b, file Form 8870*	**6b**		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Sheldon G Adelson 3355 Las Vegas Blvd South Las Vegas NV 891	Trustee 00	0	0	0
Dr Miriam Adelson 3355 Las Vegas Blvd South Las Vegas NV 891	Trustee 00	0	0	0
Dr Bruce Dobkin 10960 Wilshire Blvd Los Angeles CA 90024	Former Executive D At least 40	122,361	14,504	0
	00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
David Beller 300 First Ave , Needham, MA 02494	Former Science Of 40 00	114,364	951	0
Francis Kern 300 First Ave , Needham, MA 02494	Former Science Of 40 00	130,858	25,369	0
Kenneth Fasman 300 First Ave , Needham, MA 02494	VP/CTO 40 00	270,414	30,057	0
Shelley Fortini 300 First Ave , Needham, MA 02494	Audit & Finance Ma 40 00	104,097	27,425	0
Steven Garfinkel 300 First Ave , Needham, MA 02494	VP/Counsel 40 00	450,890	23,313	0
Total number of other employees paid over $50,000			▶	3

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Loune & Cutler 60 State St, Boston, MA 02109	Legal	61,326
		0
		0
		0
		0
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 None	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 None	
2	
All other program-related investments See page 24 of the instructions 3	0
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	
b	Average of monthly cash balances		1b	159,741
c	Fair market value of all other assets (see page 24 of the instructions)		1c	
d	**Total** (add lines 1a, b, and c)		1d	159,741
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets		2	
3	Subtract line 2 from line 1d		3	159,741
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)		4	2,396
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	157,345
6	**Minimum investment return.** Enter 5% of line 5		6	7,867

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	7,867
2a	Tax on investment income for 2009 from Part VI, line 5	2a	34		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	34
3	Distributable amount before adjustments Subtract line 2c from line 1			3	7,833
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	7,833
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	7,833

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	10,632,609
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,632,609
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	34
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	10,632,575

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7				7,833
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			0	
b	Total for prior years 20 ____, 20 ____, 20 ___		0		
3	Excess distributions carryover, if any, to 2009				
a	From 2004 0				
b	From 2005 0				
c	From 2006 7,602,153				
d	From 2007 24,340,157				
e	From 2008 6,722,814				
f	**Total** of lines 3a through e	38,665,124			
4	Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 10,632,609				
a	Applied to 2008, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c	Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d	Applied to 2009 distributable amount				7,833
e	Remaining amount distributed out of corpus	10,624,776			
5	Excess distributions carryover applied to 2009 *(If an amount appears in column (d), the same amount must be shown in column (a))*	0			0
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	49,289,900			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9	**Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	49,289,900			
10	Analysis of line 9				
a	Excess from 2005 0				
b	Excess from 2006 7,602,153				
c	Excess from 2007 24,340,157				
d	Excess from 2008 6,722,814				
e	Excess from 2009 10,624,776				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) **N/A**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter (1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0	0	0	0
c "Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

Dr Miriam and Sheldon G Adelson

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed.

Marissa White 300 First Ave. Needham MA 02494 781-972-5900

b The form in which applications should be submitted and information and materials they should include

Via Cybergrants.com. See attached for current application material

c Any submission deadlines

None

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Medical research within funded diseases

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCLA Foundation 710 Westwood Plaza Los Angeles CA 90095			Medical Research	1,736,051
The Rockerfeller University 1230 York Ave New York NY 10065			Medical Research	683,715
John Wayne Institute 2200 Santa Monica Blvd Santa Monica CA 90404			Medical Research	664,457
University of Rochester 1325 Mt Hope Ave Rochester NY 14620			Medical Research	585,821
Weizmann Institute of Science Research Grants & Projects Office POB 26 Rehovot Is			Medical Research	598,056
Johns Hopkins University 600 N Wolfe St. Phipps 386 Baltimore MD 21287			Medical Research	567,691
UCSD Foundation 9500 Gilman Dr La Jolla CA 92093			Medical Research	553,287
Children's Hospital Corporation 300 Longwood Ave Boston MA 02115			Medical Research	334,806
W M Burke Medical Research 785 Mamaroneck Ave White Plains NY 10605			Medical Research	328,973
UCSF Foundation Genetech Hall Room N472 600 16th St San Francisc			Medical Research	251,154
Stanford University 3145 Porter Dr Palo Alto CA 94304			Medical Research	417,547
Tel Aviv University Ramat Aviv Tel Aviv Israel 69978			Medical Research	190,000
Brigham & Women's Hospital 75 Francis St Boston MA 02215			Medical Research	189,023
Beth Israel Deaconess Medical 330 Brookline Ave Boston MA 02215			Medical Research	135,926
Washington University 660 Euclid Ave Saint Louis MO 63110			Medical Research	127,166
University of Southern California 1975 Zonal Ave KAM 350 Los Angeles CA 90033			Medical Research	114,424
Total See Attached Statement			▶ **3a**	8,427,316
b *Approved for future payment*				
Tel Aviv University Ramat Aviv Tel Aviv Israel 69978 Approval of future payment to the above organization is contingent upon specified events			Medical Research	73,608
Total			▶ **3b**	73,608

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1 Program service revenue					
a Contributions	900099	0		0	10,449,012
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					3,444
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Miscellaneous		0		0	2,110
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
12 Subtotal Add columns (b), (d), and (e)		0		0	10,454,566
13 **Total.** Add line 12, columns (b), (d), and (e)				13	10,454,566

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)
1	Contributions received support the Foundation's grant making
3	Interest earned directly supported the funding efforts for grants and donations given during the year.
11	Miscellaneous income received supports the Foundation's grant making

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

Signature of officer or trustee — Date: 10.11.10 — Title: Trustee

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see Signature on page 30 of the instructions)
	10/5/2010		PTIN P01247314

Firm's name (or yours if self-employed), address, and ZIP code: Stephen J O'Connor, 300 1st Ave., Needham, MA 02494

EIN ▶ 22-3942383

Phone no (781) 449-6500

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization	Employer identification number
Dr Miriam & Sheldon G. Adelson Medical Research Foundation	04-7023433

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ▶ $

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
Dr Miriam & Sheldon G Adelson Medical Research Foundation	04-7023433

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Dr. Miriam & Sheldon G. Adelson 3355 Las Vegas Blvd South Las Vegas NV 89109 Foreign State or Province Foreign Country	$ 10,449,012	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3		$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4		$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5		$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6		$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
UCLA Jonsson Cancer Center ☐ Person ☐ Business
Street
Factor Bldg, 8-950 Box 951780
City: Los Angeles | State: CA | Zip code: 90095 | Foreign Country:
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 105,604

Name
Harvard University ☐ Person ☐ Business
Street
25 Shattuck St
City: Boston | State: MA | Zip code: 02115 | Foreign Country:
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 105,082

Name
American Friends of UHN ☐ Person ☐ Business
Street
610 University Ave
City: Toronto Ontario | State: | Zip code: M5G 2M9 | Foreign Country: Canada
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 84,632

Name
University of Texas ☐ Person ☐ Business
Street
PO Box 20036
City: Houston | State: TX | Zip code: 77225 | Foreign Country:
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 62,320

Name
Dana Farber Cancer Institute ☐ Person ☐ Business
Street
44 Binney St
City: Boston | State: MA | Zip code: 02115 | Foreign Country:
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 74,214

Name
Nemours Children's Clinic University of Delaware ☐ Person ☐ Business
Street
1600 Rockland Rd
City: Wilmington | State: DE | Zip code: 19803 | Foreign Country:
Relationship: | Foundation Status:
Purpose of grant/contribution: Medical Research | Amount: 72,884

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name: Bar-Ilan University				☐ Person	☐ Business
Street: The Research Authority Bldg					
City: Ramat - Gan	State:	Zip code:	Foreign Country: Israel		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 59,000

Name: Massachusetts Institute of Technology				☐ Person	☐ Business
Street: 77 Massachusetts Ave					
City: Cambridge	State: MA	Zip code: 02139	Foreign Country:		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 58,188

Name: University of Calgary				☐ Person	☐ Business
Street: 3330 Hospital Dr MW					
City: Calgary Alberta	State:	Zip code: T2N 4N1	Foreign Country: Canada		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 52,065

Name: University of Colorado				☐ Person	☐ Business
Street: F428 PO Box 238					
City: Denver	State: CO	Zip code: 80291	Foreign Country:		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 45,008

Name: The General Hospital Corporation				☐ Person	☐ Business
Street: 165 Cambridge St					
City: Boston	State: MA	Zip code: 02114	Foreign Country:		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 47,860

Name: American Assn for the Treatment of Opiod Dependence				☐ Person	☐ Business
Street: 225 Varick St 4th FL					
City: New York	State: NY	Zip code: 10014	Foreign Country:		
Relationship:	Foundation Status:				
Purpose of grant/contribution: Medical Research					Amount: 5,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name: Baylor College of Medicine				☐ Person	☐ Business
Street: One Baylor Plaza					
City: Houston	State: TX	Zip code: 77030	Foreign Country		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 19,060	

Name: Hebrew University of Jerusalem				☐ Person	☐ Business
Street: Giva'at Ram					
City: Jerusalem	State:	Zip code:	Foreign Country: Israel		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 38,661	

Name: Weill Medical College of Cornell				☐ Person	☐ Business
Street: 525 E 68th St Box 99					
City: New York	State: NY	Zip code: 10021	Foreign Country		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 33,644	

Name: Cardiff University				☐ Person	☐ Business
Street: Museum Ave					
City: Cardiff	State:	Zip code: CF10 3US	Foreign Country: United Kingdom		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 19,915	

Name: Case Western Reserve University				☐ Person	☐ Business
Street: 11000 Cedar Ave					
City: Cleveland	State: OH	Zip code: 44106	Foreign Country		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 19,564	

Name: University of North Carolina				☐ Person	☐ Business
Street: 208 West Franklin St Campus PO Box 6100					
City: Chapel Hill	State: NC	Zip code: 27599	Foreign Country		
Relationship	Foundation Status				
Purpose of grant/contribution: Medical Research				Amount: 46,518	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Dr Miriam & Sheldon G. Adelson Medical Research Foundation

Employer identification number

04-7023433

Form 990 Part PF Part XV Section 3 The following recipients of contributions reflect net contributions after return of unused funds

UCLA Foundation. $1,748,453 given - $12,402 returned = $1,736,051

University of Rochester: $600,696 given - $14,875 returned = $585,821

Johns Hopkins University. $568,605 given - $914 returned = $567,691

University of Texas $77,607 given - $15,287 returned = $62,320

University of Colorado: $50,591 given - $5,583 returned = $45,008

Case Western Reserve University $19,600 given - $36 returned = $19,564

Line 11 (990-PF) - Other Income

		2,110	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Miscellaneous	2,110	0	
2			0	
3			0	
4			0	
5			0	
6			0	
7			0	
8			0	
9			0	
10			0	

Line 16a (990-PF) - Legal Fees

		72,290	0	0	72,290
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	McDermott Will & Emery LLP	10,273			10,273
2	Lourie & Cutler, PC	61,326			61,326
3	Miscellaneous	350			350
4	Corporation Service	341			341
5					
6					
7					
8					
9					
10					

Line 16b (990-PF) - Accounting Fees

		2,297	0	0	2,297
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Deloitte and Touche	2,297			2,297
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line 16c (990-PF) - Other Fees

		18,109	0	0	18,109
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Albert Risk Management	3,388			3,388
2	Cybergrants	6,000			6,000
3	IQEO LLC	875			875
4	VanNoy Consulting	1,959			1,959
5	Consulting	38			38
6	Cushman & Wakefield	5,849			5,849
7					
8					
9					
10					

Line 18 (990-PF) - Taxes

		1,762	0	0	1,762
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Personal property tax	1,512			1,512
2	Federal tax - Administrative	250			250
3					
4					
5					
6					
7					
8					
9					
10					

Amount of depreciation included in cost of goods sold

Line 19 (990-PF) - Depreciation and Depletion

							69,767	0	0
	Description	Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Equipment, SL 5 yrs					8,458	10,183		
2	Furniture & fixtures, SL 5 yrs					12,702	12,878		
3	Software, SL 3yrs					1,912	75		
4	Leasehold improvements, SL 5 yrs					116	5,528		
5	Capital Purchases, equipment					0	41,103		
6						0			
7						0			
8						0			
9						0			
10						0			

Line 23 (990-PF) - Other Expenses

		68,259	0	0	68,259
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization See attached statement	0	0	0	0
2	Temporary help	1,471			1,471
3	Advertising	1,657			1,657
4	Postage and shipping	2,648			2,648
5					
6	Bank fees	30			30
7	Payroll processing	3,683			3,683
8	Entertainment	74			74
9	Uncapitalized furniture and fixtures	378			378
10	Supplies	5,538			5,538
11	Telecommunications	21,150			21,150
12	Internet	9,017			9,017
13	Insurance	17,451			17,451
14	Maintenance	717			717
15	Membership dues	507			507
16	Prior year adminstrative expense	1,337			1,337
17	Permits, fees, licenses	925			925
18	Other expense	1,676			1,676
19					
20					

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		569,840	36,387	106,154	507,042	463,686	463,686
	Item or Category	Cost or Other Basis	Accumulated Depreciation Beg of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	Computer equipment	50,913	13,233	23,416	37,680	27,497	27,497
2	Furniture and fixtures	90,150	20,113	32,991	70,038	57,159	57,159
3	Computer programs	6,005	2,925	3,001	4,204	3,004	3,004
4	Leashold improvements	11,747	116	5,643	14,620	6,104	6,104
5	Capital purchases - equipment	411,025	0	41,103	380,500	369,922	369,922
6					0	0	
7					0	0	
8					0	0	
9					0	0	
10					0	0	
11					0	0	
12					0	0	
13					0	0	
14					0	0	
15					0	0	
16					0	0	
17					0	0	

Part II, Line 15 (990-PF) - Other Assets

		17,105	17,105	17,105
	Description	Beginning Balance	Ending Balance	Fair Market Value
1	Security deposit - long term portion	17,105	0	
2	Security deposit - current portion		17,105	17,105
3				
4				
5				
6				
7				
8				
9				
10				

Part II, Line 22 (990-PF) - Other Liabilities

		2,685	21,039
	Description	Beginning Balance	Ending Balance
1	401k withholding	2,685	
2	Security deposit	0	21,039
3			
4			
5			
6			
7			
8			
9			
10			

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Project Application: APNRR

Project Information

Click Overview Applications to display the webpage with the links to the APNRR Overview Applications When the screen displays, click the link to the specific collaboration that you want to review

Principal Investigator First Name (required)	
Principal Investigator Last Name (required)	
Project Type (required)	
Collaborative Project Title (required) Please enter the **Overview Project Title** that the Collaboration Project Leader used in the "Overview Application" for the collaboration **NOTE** The "Overview Applications" link displayed below the "Project Information" heading enables you to access the Overview Applications	
Individual Project Title (required) Please enter the project title for your individual project	
NIH Biographical Sketch (required) Please upload the most current NIH Biographical Sketch for the certifying investigator named.	Upload File (Click for instructions)
Total Funding Requested (required) Please enter the amount you are requesting for this project Do not include any institutional overhead in your requested amount Requested amount should be for one year only	
Additional Sources of Funding (required) Please upload a document that describes your current and pending research-related sources of funding in this format • Title of project • Name of PI • % time on project • Funding agency name • Dates of funding • Two sentence description of aims of this grant • Explain any overlaps between the AMRF project and present funding Explain how the additional Foundation funding will advance the project If no overlaps, please state, "There are no overlaps " If you have no additional sources of funding, please upload a document that states, "I have no additional source of funding "	Upload File (Click for instructions)
Publications Upload publications related to AMRF research	Upload File (Click for instructions)
Project Start Date (required)	07/01/08
Project End Date (required)	06/30/09
Research Group (required)	APNRR

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Project Application: APNRR

Investigator Contact Information

Please provide your contact information.

NOTE: Check the "Match" checkbox next to at least one contact you created.

☐ **Match:** Click to associate this individual with this application.	**Name: (Unknown)** **Phone:** **E-mail:**
☐ **Match:** Click to associate this individual with this application.	**Name: (Unknown)** **Phone:** **E-mail:**
☐ **Match:** Click to associate this individual with this application	**Name: (Unknown)** **Phone:** **E-mail:**

Save and Proceed Create New

Need Support?

2 of 10

Project Application: APNRR

Investigator Contact Information

Please provide your contact information.

NOTE Check the "Match" checkbox next to at least one contact you created

Salutation
Please enter a salutation that would be used in correspondence to you (Example Mr , Mrs , Dr)

First Name (required)

Last Name (required)

Degrees (required)
Please list the degrees for this person
Example MD, PhD, etc.

Add to List

Remove from List

Address (required)

Address 2

City (required) Andover

State (required) Massachusetts

Zip (required) 01810

Country (required) United States

Telephone (required)

E-mail Address (required)

Save and Proceed | Delete Contact

Need Support?

3 of 10

Project Application: APNRR

Funding Institution

Institution Legal Name (required)
Please enter the institution to which checks are to be made out.
Test Organization

Address (required)
Please enter the mailing address to which the check would be sent if the application is approved.

City (required)
Andover

State (required)
Massachusetts

Zip (required)
01810

Country (required)
United States

Funding Office (required)
Enter the office (for example, "Funding Office" or "Contracts" or "Grants Adminsitration") within the institution that would answer questions or receive/process the payment(s) if the application is approved.

Contact within Funding Office (required)
Please enter the first and last name of a person within the Funding Office with whom we can contact.

E-mail Address (required)
Please enter the email address of the person you listed as the "Contact with the Funding Office"

Telephone (required)
Please enter the telephone number of the person within the Funding Office who you listed as the "Contact within the Funding Office"

Fax
Please enter the Fax number for the person you listed as

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Project Application: APNRR

Investigator Project Description

Click Overview Applications to display the webpage with the links to the APNRR Overview Applications When the screen displays, click the link to the specific collaboration that you want to review

Individual Project Progress Report — Upload File (Click for instructions)

If this is a renewal project i e an ongoing project from a previous year, please upload a file that addresses the following

- Milestones / Accomplishments
  1. Please list your milestones from the previous year and describe your research progress in relation to these milestones
  2. How is the data you have previously collected correlated to your milestones for the coming year?
- Personnel in your lab associated with the project
- Budget How the funds were appropriated in the previous year

Individual Project Description (required) — Upload File (Click for instructions)

Please upload a document that addresses the following 3 items

The response for these 3 items should not exceed 5 pages.

- What is the significance of the proposed work both to the success of your individual project and to the collaboration in general? In what ways will you optimize utilization of collaborative opportunities?
- What do you propose to do? Briefly describe the rationale, research design and any "non-standard" procedures to be utilized
- Discuss the challenges, difficulties and limitations of the proposed approach and alternatives that may be pursued

Include one page to address the following 2 questions:

- What are the measurable milestones for this project?
- What is the timeline for the achievement of these milestones?

Project Budget Justification (required) — Upload File (Click for instructions)

Please upload a file with a detailed explanation of requested equipment, lab supplies, animal procurement and per diem costs For lab personnel include the following information

- Name of person
- Title of person
- Person's role within this project
- Percentage of time the person spends on this project

Save and Proceed

Need Support?

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Project Application: APNRR

Budgets

Click Budget Guidelines to review the most recent AMRF budget guidelines

Summary Budget Breakdown (required)

IMPORTANT: Accurately completing this information is important to our budgeting process If you have any questions, please contact Marissa White at (781) 972 5906

The **"Personnel from Project Budget"** is the "Personnel Total" line from the Project Budget Worksheet

The **"Equipment from Project Budget"** is the "Equipment Total" line from the Project Budget Worksheet

The **"Sub-total from Project Budget"** is the "Sub-total (Lab & Other)" line from the Project Budget Worksheet

The **"Equipment Budget"** is the "Total" line from the Equipment Budget Worksheet (used for any piece of equipment over $50,000 00).

idget

idget

idget

Personnel from Project

Equipment from Project

Sub-total from Project

Equipment Budget Total

$0 00 Total

Project Budget Worksheet (required) Upload File (Click for instructions)
A Project Budget Worksheet is available to download to your computer and complete.

1. Click Project Budget Worksheet.
2. Select "Save" to save the form to your computer
3. Complete all the information in the worksheet
4. Upload the file using the "Upload File" link to the right

NOTE: Use only the template available from the "Project Budget Worksheet" link

Personnel Budget Worksheet (required) Upload File (Click for instructions)
A Personnel Budget Worksheet is available to download to your computer and complete

1. Click Personnel Budget Worksheet.
2. Select "Save" to save the form to your computer
3. Complete all the information in the worksheet
4. Upload the file using the "Upload File" link to the right

NOTE: Use only the template available from the "Personnel Budget Worksheet" link.

Equipment Budget Worksheet Upload File (Click for instructions)
If you have any individual piece of equipment that costs over 50K, please complete the Equipment Budget Worksheet.

1. Click Equipment Budget Worksheet.
2. Select "Save" to save the form to your computer
3. Complete all the information in the worksheet
4. Upload the file using the "Upload File"

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Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Project Budget Worksheet

Please enter your name and project title

Investigator Name:

Project Title:

Do not include indirect costs in this budget.

Upload detailed explanation in Budget Justification section

Add rows as needed to the table.

	2008/2009
Personnel	
List detail on Personnel Budget Worksheet	
Personnel Total	$0
Equipment	
List item valued at $5,000-$49,999 each. List each item valued at $50,000 or more on Equipment Budget Worksheet.	
Equipment Total	$0
Lab Supplies	
List detailed calculation: Number of animals X number of days X charge/day	
Animal Procurement	
Animal Per Diem Costs	
List in detail lab supplies requested	
Lab Supplies Total	$0
Other (List Specifics)	
Other Total	$0
Sub Total	(Lab Supplies & Other)
	$0
Project Grand Total	
	$0

Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Personnel Budget Worksheet

Please enter your name and project title:

Investigator Name:

Project Title:

Add rows as needed to the table.

Personnel	2008/2009	
Name	Salary Requested for this Project	Fringe Benefits Requested for this Project
Total	$0	$0
Grand Total		$0

Show salary and fringe benefits calculation in as much detail as possible.

Include description and how you arrived at the amount.

Name	Calculation of Salary	Calculation of Fringe Benefits

Project Application: APNRR

Economic Interest and Institutional Assurances

When relevant to the project, the foundation requires the following documentation before an award can be made.
NOTE: For funded applications an annual update is required when the progress report is submitted.

- **Human subjects:**
  1. A copy of the protocol submitted to the Institutional Review Board(s) for this project and the notification of protocol approval from all relevant IRBs
  2. Documentation from the applicant institution that the lead investigator has completed training on the protection of human research participants
- **Animal subjects:**
  1. A copy of Institutional Animal Care and Use Committee approval for this project
- **Biosafety:**
  Research supported by The Adelson Medical Reseach Foundation is expected to conform to the relevant NIH Guidelines for biosafety, including those for handling hazardous reagents and those for research involving recombinant DNA and gene transfer
  (References Guidelines for Research Involving Recombinant DNA Molecules and Biosafety in Microbiological and Biomedical Laboratories (BMBL))
  1. A copy of Institutional Biosafety Committee approval for this project*
- **Recombinant DNA:**
  1. A copy of Recombinant DNA Committee approval for this project*
  2. Embryonic Stem Cell Research Committee approval of the protocol for this project* if it involves embryonic stem cells

Conflict of Interest - Study Specific (required) — Upload File (Click for instructions)
A Conflict of Interest document for your research investigation is available to download to your computer and complete

1. Click Study Specific Questionnaire
2. Select "Save" to save the form to your computer
3. Complete all the information in the worksheet.
4. Upload the file using the "Upload File" link to the right

NOTE: Use only the template available from the "Study Specific Questionnaire" link

Animals (required)
Indicate if certifications are required for this research Indicate status of institutional compliance

Animal Subject Assurance Documentation — Upload File (Click for instructions)

If you answered "Yes - Approved" to the previous question, please attach a copy of Institutional Animal Care and Use Committee approval for this project (for funded awards an annual update will be required at the time of the progress report)

Human Subjects (required) — Not Applicable
Indicate if certifications are required for this research Indicate status of institutional compliance

Human Subject Assurance Documentation — Upload File (Click for instructions)

If you answered "Yes - Approved" to the previous question, please attach all relevant documentation indicating that the principal investigator has completed training on the protection of human research participants

Bio-hazards (required)
Indicate if certifications are required for this research Indicate status of institutional compliance

Bio-safety Assurance Documentation — Upload File (Click for instructions)

If you answered "Yes - Approved" to the previous question, please attach a copy of Institutional Bio-safety Committee approval for this project

Recombinant DNA (required)
Indicate if certifications are required for this research Indicate status of institutional compliance

Recombinant DNA Assurance Documentation — Upload File (Click for instructions)

If you answered "Yes - Approved" to the previous question, please attach a copy of Recombinant DNA approval for this project

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Project Application: APNRR

Expectations of Investigator

Expectations of Investigators (required)

Collaboration in research is a basic premise of the Adelson Medical Research Foundation. As such, we expect our investigators to talk frequently and openly with one another. As a Collaborating Investigator you are expected to:

- meet in-person or by audio or internet conference with other collaborators periodically;
- attend and participate in workshops to freely discuss ongoing studies.

By placing a check in the box below, you agree to the above expectations:

☐ I have read and agree with these expectations.

Name of Certifying Investigator (required)
Please select your name from this list If your name does not display, please contact Marissa White

Save and Proceed

Need Support?

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Dr Miriam & Sheldon G Adelson Medical Research Foundation	04-7023433
	Number, street, and room or suite no If a P O box, see instructions 300 First Ave	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Needham MA 02494	

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[X] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ David Bloom 3355 Las Vegas Blvd. South Las Vegas NV Las Vegas NV 891(Telephone No ▶ (702) 791-9400 FAX No ▶ (702) 791-7819
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ▶ [ ]. If it is for part of the group, check this box . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009 , or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ 34
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 100
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Stephen J. O'Connor Title ▶ Duily authorized agent Date ▶ 8/3/2010

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	Dr Miriam & Sheldon G Adelson Medical Research Foundation	04-7023433
	Number, street, and room or suite no If a P O box, see instructions 300 First Ave	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Needham MA 02494	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[X] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ David Bloom 3355 Las Vegas Blvd South Las Vegas NV Las Vegas NV 89109

Telephone No ▶ (702) 791-9400 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 100
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 100

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.