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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

2011

For calendar year 2011 or tax year beginning , and ending

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

A Employer identification number
04-7023433

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
300 First Ave.

B Telephone number (see instructions)
(781) 972-5900

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶ $ 406,900

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

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

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 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)	4,282,903			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	753	753		
	4 Dividends and interest from securities	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 0				
	b Less Cost of goods sold 0				
	c Gross profit or (loss) (attach schedule)	0			
	11 Other income (attach schedule)	500	0	0	
	12 **Total.** Add lines 1 through 11	4,284,156	753	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	12,944			12,944
	14 Other employee salaries and wages	496,243			496,243
	15 Pension plans, employee benefits	231,399			231,399
	16 a Legal fees (attach schedule)	22,937	0	0	22,937
	b Accounting fees (attach schedule)	0	0	0	0
	c Other professional fees (attach schedule)	3,701	0	0	3,701
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	744	0	0	744
	19 Depreciation (attach schedule) and depletion	92,671	0	0	
	20 Occupancy	1,445			1,445
	21 Travel, conferences, and meetings	77,860			77,860
	22 Printing and publications	1,170			1,170
	23 Other expenses (attach schedule)	43,744	0	0	43,744
	24 **Total operating and administrative expenses.** Add lines 13 through 23	984,858	0	0	892,187
	25 Contributions, gifts, grants paid	3,367,936			3,367,936
	26 **Total expenses and disbursements.** Add lines 24 and 25	4,352,794	0	0	4,260,123
	27 Subtract line 26 from line 12.				
	a **Excess of revenue over expenses and disbursements**	-68,638			
	b **Net investment income** (if negative, enter -0-)		753		
	c **Adjusted net income** (if negative, enter -0-)			0	

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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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	150,765	145,868	145,868
	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 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	15,721	44,650	44,650
	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 ▶ 470,980			
	Less accumulated depreciation (attach schedule) ▶ 254,598	309,052	216,382	216,382
	15 Other assets (describe ▶)	0	0	0
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	475,538	406,900	406,900
Liabilities	17 Accounts payable and accrued expenses			
	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 ▶)	0	0	
	23 **Total liabilities** (add lines 17 through 22)	0	0	
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	475,538	406,900	
	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	0	0	
	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 instructions)	475,538	406,900	
	31 **Total liabilities and net assets/fund balances** (see instructions)	475,538	406,900	

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	475,538
2	Enter amount from Part I, line 27a	2	-68,638
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	406,900
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	406,900

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 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 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))
2010	4,053,487	141,124	28.722875
2009	10,632,575	157,345	67.574915
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

2	**Total** of line 1, column (d)	2	143.973954
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	28.794791
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	101,300
5	Multiply line 4 by line 3	5	2,916,912
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	8
7	Add lines 5 and 6	7	2,916,920
8	Enter qualifying distributions from Part XII, line 4	8	4,260,123

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see 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	8	
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	8	
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	8	
6	Credits/Payments			
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 39			
b	Exempt foreign organizations—tax withheld at source — 6b:			
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0			
d	Backup withholding erroneously withheld — 6d:			
7	Total credits and payments Add lines 6a through 6d	7	39	
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	31	
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ 31 **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 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	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

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶	16		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
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 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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ 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 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 2011 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 2011)*	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 2011?	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 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 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?	6b		X
	If "Yes" to 6b, file Form 8870			
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 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 1.00	0	0	0
Dr. Miriam Adelson 3355 Las Vegas Blvd South Las Vegas NV 891	Trustee 1.00	0	0	0
Steven Garfinkel 300 1st Ave Needham MA 02494	Vice President and 3.00	12,944	0	0
	.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see 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
Kenneth Fasman 300 First Ave., Needham, MA 02494	VP/CTO 40.00	277,318	44,486	0
Shelley Fortini 300 First Ave , Needham, MA 02494	Audit & Finance Ma 40.00	107,278	43,033	0
Marissa White 300 First Ave., Needham, MA 02494	Funding & Contrac 40 00	69,729	42,162	0
Andrea Swiman 300 First Ave., Needham, MA 02494	Contracts & Specia 40.00	61,980	15,412	0
	.00	0	0	0
Total number of other employees paid over $50,000 ▶				0

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 instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
None		0
		0
		0
		0
		0
Total number of others receiving over $50,000 for professional services ▶		

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 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 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 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	102,843
c	Fair market value of all other assets (see instructions)		1c	
d	**Total** (add lines 1a, b, and c)		1d	102,843
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	102,843
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see instructions)		4	1,543
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	101,300
6	**Minimum investment return.** Enter 5% of line 5		6	5,065

Part XI Distributable Amount (see 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	5,065
2a	Tax on investment income for 2011 from Part VI, line 5	2a	8		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	0		
c	Add lines 2a and 2b			2c	8
3	Distributable amount before adjustments Subtract line 2c from line 1			3	5,057
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	5,057
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	5,057

Part XII Qualifying Distributions (see 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	4,260,123
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	4,260,123
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 instructions)	5	8
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	4,260,115

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 instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7				5,057
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only			0	
b	Total for prior years 20____, 20____, 20____		0		
3	Excess distributions carryover, if any, to 2011.				
a	From 2006 7,602,153				
b	From 2007 24,340,157				
c	From 2008 6,722,814				
d	From 2009 10,624,776				
e	From 2010 4,046,458				
f	**Total** of lines 3a through e	53,336,358			
4	Qualifying distributions for 2011 from Part XII, line 4 ▶ $ 4,260,123				
a	Applied to 2010, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
c	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2011 distributable amount				5,057
e	Remaining amount distributed out of corpus	4,255,066			
5	Excess distributions carryover applied to 2011 *(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	57,591,424			
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 instructions		0		
e	Undistributed income for 2010 Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	7,602,153			
9	**Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	49,989,271			
10	Analysis of line 9				
a	Excess from 2007 24,340,157				
b	Excess from 2008 6,722,814				
c	Excess from 2009 10,624,776				
d	Excess from 2010 4,046,458				
e	Excess from 2011 4,255,066				

Part XIV Private Operating Foundations (see 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 2011, 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) 2011	(b) 2010	(c) 2009	(d) 2008	
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 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 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*				
The Rockerfeller University 1230 York Ave. New York NY 10065		501(c)3	Medical research	500,000
Tel Aviv University Ramat Aviv Tel Aviv Israel		501(c)3	Medical research	457,608
Harvard Medical School 25 Shattuck St. Boston MA 02115		501(c)3	Medical research	280,328
UCLA Foundation 710 Westwood Plaza Los Angeles CA 90095		501(c)3	Medical research	280,000
Johns Hopkins University 710 Westwood Plaza Baltimore MD 21287		501(c)3	Medical research	200,000
Hebrew University of Jerusalem Giva'at Ram Jerusalem Israel		501(c)3	Medical research	160,000
Weizmann Institute of Science PO Box 26 Rehovot 76100 Israel		501(c)3	Medical research	160,000
MD Anderson Cancer Center 6900 Fannin 7th FL Houston TX 77030		501(c)3	Medical research	120,000
Childrens Hospital Trust 1 Autumn St. Boston MA 02115		501(c)3	Medical research	120,000
The Regents - University of California 405 Hilgard Ave. Los Angeles CA 90095		501(c)3	Medical research	120,000
Dana Farber Cancer Institute		501(c)3	Medical research	80,000
Total . . See Attached Statement			▶ **3a**	3,367,936
b *Approved for future payment*				
The Rockerfeller University 1230 York Ave. New York NY 10065		501(c)3	Medical research	1,000,000
Tel Aviv University Ramat Aviv Tel Aviv Israel		501(c)3	Medical research	250,000
Total			▶ **3b**	1,250,000

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 instructions)
1 Program service revenue					
a Contributions	900099	0		0	4,282,903
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	900099				753
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	900099	0		0	500
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	4,284,156
13 Total. Add line 12, columns (b), (d), and (e)				13	4,284,156

(See worksheet in line 13 instructions 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 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 nonchantable 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		
	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) is based on all information of which preparer has any knowledge

Signature of officer or trustee 7/15/12 Date Trustee Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Stephen O'Connor		7/15/2012		P01247314

Firm's name ▶ Stephen J O'Connor Firm's EIN ▶ 27-3942383

Firm's address ▶ 300 First Avenue, Needham, MA 02494 Phone no (781) 707-2540

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Dr. Miriam & Sheldon G. Adelson Medical Research Foundation

Employer identification number

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, total 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 total 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 Part I, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dr. Miriam & Sheldon G. Adelson 3355 Las Vegas Blvd. S. Las Vegas NV 89109 Foreign State or Province Foreign Country	$ 3,418,903	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	Dr. Miriam & Sheldon G. Adelson Charitable Trust 3355 Las Vegas Blvd. S. Las Vegas NV 89109 Foreign State or Province Foreign Country	$ 864,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	Foreign State or Province Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4	Foreign State or Province. Foreign Country	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5	Foreign State or Province Foreign Country.	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6	Foreign State or Province Foreign Country:	$ 0	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$ 0	

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

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry.
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov. Country	

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

Recipient(s) paid during the year

Name
John Wayne Cancer Institute
Street
2200 Santa Monica Blvd.

City	State	Zip Code	Foreign Country
Santa Monica	CA	90404	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	80,000

Name
University of California San Diego Foundation
Street
9500 Gilman Dr.

City	State	Zip Code	Foreign Country
La Jolla	CA	92093	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	80,000

Name
Winifred Masterson Lab
Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	80,000

Name
Soursasky Medical Center
Street

City	State	Zip Code	Foreign Country
Tel Aviv			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	50,000

Name
Baylor College of Medicine
Street
One Baylor Plaza

City	State	Zip Code	Foreign Country
Houston	TX	77030	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
Drexel University
Street
3142 Market St

City	State	Zip Code	Foreign Country
Philadelphia	PA	19104	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

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

Recipient(s) paid during the year

Name
H. Lee Moffitt Cancer Center
Street
12902 Magnolia Dr.

City	State	Zip Code	Foreign Country
Tampa	FL	33612	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
Hadassah Women's Zionist Organization of America
Street
50 West 58th St.

City	State	Zip Code	Foreign Country
New York	NY	10019	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
Jonsson Cancer Center Foundation
Street
700 Tiverton

City	State	Zip Code	Foreign Country
Los Angeles	CA	90095	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
National Cancer Institute
Street
9000 Rockville Pike

City	State	Zip Code	Foreign Country
Bethesda	MD	20892	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
Stanford University
Street
3145 Porter Dr.

City	State	Zip Code	Foreign Country
Palo Alto	CA	94304	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
Technion Research Development Foundation
Street
Israel Institute of Technology

City	State	Zip Code	Foreign Country
Technion City, Haifa 32000			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

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

Recipient(s) paid during the year

Name
The Medical Research Fund
Street
6 Weizmann St.

City	State	Zip Code	Foreign Country
Tel Aviv			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
The Wistar Institute
Street
3601 Spruce St Rm 172

City	State	Zip Code	Foreign Country
Philadelphia	PA	19104	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
UCI
Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
University Health Network
Street
700 University Ave. 10th FL

City	State	Zip Code	Foreign Country
Toronto Ontario			Canada

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
University of Michigan
Street
3003 South State St.

City	State	Zip Code	Foreign Country
Ann Arbor	MI	48109	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

Name
University of Rochester
Street
1325 Mt. Hope Ave

City	State	Zip Code	Foreign Country
Rochester	NY	14620	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	501(c)3	Medical research	40,000

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

Recipient(s) paid during the year

Name				
USC Norris Comprehensive Cancer Center				
Street: 1441 Eastlake Ave. Ste 8				
City: Los Angeles		State: CA	Zip Code: 90033	Foreign Country:
Relationship:	Foundation Status: 501(c)3			
Purpose of grant/contribution: Medical research				Amount: 40,000

Name				
Street:				
City:		State:	Zip Code:	Foreign Country:
Relationship:	Foundation Status:			
Purpose of grant/contribution:				Amount: 0

Name				
Street:				
City:		State:	Zip Code:	Foreign Country:
Relationship:	Foundation Status:			
Purpose of grant/contribution:				Amount: 0

Name				
Street:				
City:		State:	Zip Code:	Foreign Country:
Relationship:	Foundation Status:			
Purpose of grant/contribution:				Amount: 0

Name				
Street:				
City:		State:	Zip Code:	Foreign Country:
Relationship:	Foundation Status:			
Purpose of grant/contribution:				Amount: 0

Name				
Street:				
City:		State:	Zip Code:	Foreign Country:
Relationship:	Foundation Status:			
Purpose of grant/contribution:				Amount: 0

Line 11 (990-PF) - Other Income

		500	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Miscellaneous IRS refund 2009	500	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

		22,937	0	0	22,937
	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					
2	Lourie & Cutler, PC	22,937			22,937
3					
4					
5					
6					
7					
8					
9					
10					

Line 16c (990-PF) - Other Fees

		3,701	0	0	3,701
	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	777			777
2	Cybergrants	2,167			2,167
3	Collaborative Technologies	757			757
4					
5					
6					
7					
8					
9					
10					

Line 18 (990-PF) - Taxes

		744	0	0	744
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Personal property tax	244			244
2	State tax	500			500
3					
4					
5					
6					
7					
8					
9					
10					

Amount of depreciation included in cost of goods sold

Line 19 (990-PF) - Depreciation and Depletion

92,671 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					27,912	7,764		
2	Furniture & fixtures, SL 5 yrs					35,614	1,501		
3	Software, SL 3yrs					4,313	1,201		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					123,308	82,205		
6						0			
7						0			
8						0			
9						0			
10						0			

Line 23 (990-PF) - Other Expenses

		43,744	0	0	43,744
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Equipment rental and maintenance	152			152
2	Postage and shipping	1,071			1,071
3	Books, subscriptions, reference	113			113
4	Payroll processing	4,655			4,655
5	Supplies	4,277			4,277
6	Telecommunications	7,989			7,989
7	Insurance	8,496			8,496
8	Membership dues	280			280
9	Shared services expense	15,507			15,507
10	Other expense	1,204			1,204
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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

		470,980	161,928	254,598	309,052	216,382	216,382
	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	43,443	28,369	36,132	15,074	7,311	7,311
2	Furniture and fixtures	10,507	6,048	7,549	4,459	2,958	2,958
3	Computer programs	6,005	4,203	5,404	1,802	601	601
4	Leasehold improvements	0	0	0	0	0	
5	Capital purchases - equipment	411,025	123,308	205,513	287,717	205,512	205,512
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

		0	0	0
	Description	Beginning Balance	Ending Balance	Fair Market Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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

		0 Beginning Balance	0 Ending Balance
	Description		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours
1	Sheldon G. Adelson		3355 Las Vegas Blvd South	Las Vegas	NV	89109		Trustee	1.00
2	Dr. Miriam Adelson		3355 Las Vegas Blvd South	Las Vegas	NV	89109		Trustee	1.00
3	Steven Garfinkel		300 1st Ave.	Needham	MA	02494		ent and Gene	3.00
4									
5									
6									
7									
8									
9									
10									

Part

	12,944	0	0	
	Compensation	Benefits	Expense Account	Explanation
1				
2				
3	12,944			
4				
5				
6				
7				
8				
9				
10				

PAGE 10 Part XV # 26

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?

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 Administration") 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

4 of 10

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?

5 of 10

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)
A Conflict of Interest document for your research investigation is available to download to your computer and complete.

Upload File (Click for instructions)

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

Not Applicable

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?

e filed 5/7/12 → Tax file

Form **8868**
(Rev January 2012)
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 . ► ☐
- 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

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	Dr. Miriam & Sheldon G Adelson Medical Research Foundation	[X] 04-7023433
	Number, street, and room or suite no If a P O box, see instructions 300 First Ave	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code For a foreign address, see instructions Needham MA 02494	

Enter the Return code for the return that this application is for (file a separate application for each return) . 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► David Bloom

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► [X] calendar year 2011 or

► ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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	$	39
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.	3b	$	39
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$	0

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

- 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).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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
  Telephone No. ▶ (702) 791-9400 FAX No ▶ (702)791-9400
- 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 11/15/2012

5 For calendar year 2011 , or other tax year beginning _____ , and ending _____ .

6 If the tax year entered in line 5 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 needed to acquire all information needed to complete and file an accurate return.

8a	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	$	8
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	$	39
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0

Signature and Verification must be completed for Part II only.

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 ▶ Title ▶ Trustee Date ▶