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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

2012

Open to Public Inspection

For calendar year 2012 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) 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) \$ 1,336,346	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)	24,940,727			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,176	2,176		
	4 Dividends and interest from securities				
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	24,942,903	2,176	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	21,987			21,987
	14 Other employee salaries and wages	508,568			508,568
	15 Pension plans, employee benefits	193,184			193,184
	16 a Legal fees (attach schedule)	18,868			18,868
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	67,154			67,154
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	500			500
	19 Depreciation (attach schedule) and depletion	89,893			
	20 Occupancy				
	21 Travel, conferences, and meetings	325,628			359,628
	22 Printing and publications	11			11
	23 Other expenses (attach schedule)	33,667			33,667
	24 Total operating and administrative expenses. Add lines 13 through 23	1,259,460	0	0	1,203,567
	25 Contributions, gifts, grants paid	22,754,124			22,754,124
26 Total expenses and disbursements. Add lines 24 and 25	24,013,584	0	0	23,957,691	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	929,319				
b Net investment income (if negative, enter -0-)		2,176			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

HTA

Form **990-PF** (2012)

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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	145,868	1,209,858	1,209,858
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	44,650		
	10 a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
Liabilities	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶	438,777		
		Less accumulated depreciation (attach schedule) ▶	312,289		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	406,900	1,336,346	1,336,346
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ 401k withholding)		127	
	23	Total liabilities (add lines 17 through 22)	0	127	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ ☒			
	24	Unrestricted	406,900	240,343	
	25	Temporarily restricted		1,095,876	
	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 instructions)	406,900	1,336,219	
	31	Total liabilities and net assets/fund balances (see instructions)	406,900	1,336,346	

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	406,900
2	Enter amount from Part I, line 27a	2	929,319
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,336,219
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,336,219

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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

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))
2011	4,260,115	101,300	42.054442
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

2 Total of line 1, column (d)	2	172.839861
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	34.567972
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	537,366
5 Multiply line 4 by line 3	5	18,575,653
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	22
7 Add lines 5 and 6	7	18,575,675
8 Enter qualifying distributions from Part XII, line 4 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.	8	23,957,691

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)		1	22
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b			
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	22
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	22
6 Credits/Payments			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	31	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	31
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	
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	9
11 Enter the amount of line 10 to be Credited to 2013 estimated tax ☐ 9 Refunded ☐ 11		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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		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		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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	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		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?	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.	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	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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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? Website address ► <u>www.adelsonfoundation.org</u>	13	X	
14	The books are in care of ► <u>David Bloom</u> Telephone no ► <u>(702) 791-9400</u> Located at ► <u>3355 Las Vegas Blvd South Las Vegas NV</u> ZIP+4 ► <u>89109</u>			
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 ► <u>15</u>			
16	At any time during calendar year 2012, 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	Yes	No
				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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ 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 2012 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 2012)	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 2012?	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** N/A**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 8910	Trustee 1 00			
Dr. Miriam Adelson 3355 Las Vegas Blvd South Las Vegas, NV 8910	Trustee 1 00			
Steven Garfinkel 300 1st Ave. Needham, MA 02494	Vice President and 5 00	21,987	2,285	

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	286,443	35,658	
Shelley DiRusso 300 First Ave., Needham, MA 02494	Audit & Finance Ma 40 00	110,334	41,210	
Marissa White 300 First Ave., Needham, MA 02494	Funding & Contract 40 00	71,717	34,417	
Andrea Swiman 300 First Ave., Needham, MA 02494	Contracts & Specia 40 00	63,654	12,889	
Carolyn Spiros 300 First Ave., Needham, MA 02494	Office Manager 40 00	50,923	25,286	

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		

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	
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	545,549
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	545,549
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	545,549
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	8,183
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	537,366
6	Minimum investment return. Enter 5% of line 5	6	26,868

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	26,868
2a	Tax on investment income for 2012 from Part VI, line 5	2a	22	
b	Income tax for 2012 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b	2c		22
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		26,846
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5		26,846
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		26,846

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	23,957,691
b	Program-related investments—total from Part IX-B	1b	
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23,957,691
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	22
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,957,669

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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				26,846
2 Undistributed income, if any, as of the end of 2012.			0	
a Enter amount for 2011 only				
b Total for prior years 20 _____, 20 _____, 20 _____				
3 Excess distributions carryover, if any, to 2012				
a From 2007	24,340,157			
b From 2008	6,722,814			
c From 2009	10,624,776			
d From 2010	4,046,458			
e From 2011	4,255,066			
f Total of lines 3a through e	49,989,271			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 23,957,691				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2012 distributable amount				26,846
e Remaining amount distributed out of corpus	23,930,845			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	73,920,116			
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				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				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 2007 not applied on line 5 or line 7 (see instructions)	24,340,157			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	49,579,959			
10 Analysis of line 9				
a Excess from 2008	6,722,814			
b Excess from 2009	10,624,776			
c Excess from 2010	4,046,458			
d Excess from 2011	4,255,066			
e Excess from 2012	23,930,845			

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 <i>Paid during the year</i>				
Tel Aviv University Ramat Aviv Tel Aviv Israel		501(c)3	Medical research	1,009,460
Rockefeller University 1230 York Ave New York, NY 10065		501(c)3	Medical research	1,000,000
Baylor College of Medicine One Baylor Plaza Houston, TX 77030		501(c)3	Medical research	290,065
Cancer Commons 169 University Ave Palo Alto, CA 94301		501(c)3	Medical research	341,129
Children's Hospital Trust 1 Autumn St Boston, MA 02115		501(c)3	Medical research	1,082,524
Dana Farber Cancer Institute 450 Brookline Ave Boston, MA 02215		501(c)3	Medical research	1,211,513
Drexel University 3142 Market St Philadelphia, PA 19104		501(c)3	Medical research	342,851
H. Lee Moffitt Cancer Center 12902 Magnolia Dr Tampa, FL 33612		501(c)3	Medical research	344,884
Hadassah the Women's Zionist Organization 50 West 58th St New York, NY 10019		501(c)3	Medical research	298,000
Harvard Medical School 25 Shattuck St Boston, MA 02115		501(c)3	Medical research	353,316
Hebrew University of Jerusalem Giva'at Ram Jerusalem Israel		501(c)3	Medical research	966,403
Total See Attached Statement			3a	22,754,124
b <i>Approved for future payment</i>				
Baylor College of Medicine One Baylor Plaza Houston, TX 77030		501(c)3	Medical research	290,065
The Broad Institute 7 Cambridge Center Cambridge, MA 02142		501(c)3	Medical research	516,869
Cancer Commons 169 University Ave Palo Alto, CA 94301		501(c)3	Medical research	341,129
Children's Hospital Trust 1 Autumn St Boston, MA 02115		501(c)3	Medical research	1,089,241
Dana Farber Cancer Institute 450 Brookline Ave Boston, MA 02215		501(c)3	Medical research	1,163,678
Drexel University 3142 Market St Philadelphia, PA 19104		501(c)3	Medical research	340,465
Total See Attached Statement			3b	23,781,453

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

- | | | |
|---|--------------|----|
| <p>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?</p> | Yes | No |
| <p>a Transfers from the reporting foundation to a noncharitable exempt organization of</p> | | |
| <p> (1) Cash</p> | 1a(1) | X |
| <p> (2) Other assets</p> | 1a(2) | X |
| <p>b Other transactions</p> | | |
| <p> (1) Sales of assets to a noncharitable exempt organization</p> | 1b(1) | X |
| <p> (2) Purchases of assets from a noncharitable exempt organization</p> | 1b(2) | X |
| <p> (3) Rental of facilities, equipment, or other assets</p> | 1b(3) | X |
| <p> (4) Reimbursement arrangements</p> | 1b(4) | X |
| <p> (5) Loans or loan guarantees</p> | 1b(5) | X |
| <p> (6) Performance of services or membership or fundraising solicitations</p> | 1b(6) | X |
| <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> | 1c | X |
| <p>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</p> | | |

[illegible]

- 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

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 _____

PTIN

Stephen O'Connor

5/9/2013

Check ☐ if
self-employed

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
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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

2012

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, 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 Dr. Miriam & Sheldon G. Adelson Medical Research Foundation	Employer identification number 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 and Sheldon G. Adelson Charitable Trust 3355 Las Vegas Blvd. South Las Vegas NV 89109 Foreign State or Province _____ Foreign Country _____	\$ 23,850,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	Dr. Miriam and Sheldon G. Adelson 3355 Las Vegas Blvd. South Las Vegas NV 89109 Foreign State or Province _____ Foreign Country _____	\$ 1,090,727	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization Dr Miriam & Sheldon G Adelson Medical Research Foundation	Employer identification number 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
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization Dr. Miriam & Sheldon G. Adelson Medical Research Foundation	Employer identification number 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		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For Prov Country		----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(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

Santa Monica

State

CA

Zip Code

90404

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

624,640

Name

Johns Hopkins University

Street

733 N Broadway Ste 117

City

Baltimore

State

MD

Zip Code

21205

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,603,367

Name

Jonsson Cancer Center Foundation

Street

700 Tiverton

City

Los Angeles

State

CA

Zip Code

90095

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

531,643

Name

Massachusetts General Hospital

Street

101 Huntington Ave ste 300

City

Boston

State

MA

Zip Code

02199

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

653,476

Name

MD Anderson Cancer Center

Street

6900 Fannin 7th Fl

City

Houston

State

TX

Zip Code

77030

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,555,080

Name

National Cancer Institute

Street

9000 Rockville Pike

City

Bethesda

State

MD

Zip Code

20892

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

262,250

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

Recipient(s) paid during the year

Name

Stanford University

Street

3145 Porter Dr

City

Palo Alto

State

CA

Zip Code

94304

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

312,886

Name

Technion Research Development Foundation

Street

Israel Institute of Technology

City

Technion City, Haifa

State**Zip Code**

32000

Foreign Country

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

346,000

Name

The Broad Institute

Street

7 Cambridge Center

City

Cambridge

State

MA

Zip Code

02142

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

507,954

Name

The Medical Research Fund

Street

6 Weizmann St

City

Tel Aviv

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

165,700

Name

The Regents of University of California San Francisco

Street

3333 California St Ste 315

City

San Francisco

State

CA

Zip Code

94118

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

875,957

Name

The Regents of University of California San Bernadino

Street

Office of Development

City

San Bernadino

State

CA

Zip Code

93106

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

310,000

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

Recipient(s) paid during the year

Name

The Regents of University of California Irvine

Street

333 City Blvd West

City

Orange

State

CA

Zip Code

92868

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

373,214

Name

The Winifred Masterson Burke Medical Research Institute

Street

785 Mamaroneck Ave

City

White Plains

State

NY

Zip Code

10605

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

707,519

Name

The Wistar Institute

Street

3601 Spruce St Room 172

City

Philadelphia

State

PA

Zip Code

19104

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

346,105

Name

Thomas Jefferson University

Street

1020 Walnut St Room 539

City

Philadelphia

State

PA

Zip Code

19107

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

290,389

Name

UCLA Foundation

Street

10920 Wilshire Blvd Ste 1100

City

Los Angeles

State

CA

Zip Code

90024

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

2,814,890

Name

University of San Diego Foundation

Street

9500 Gilman Dr

City

La Jolla

State

CA

Zip Code

92093

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

737,049

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

Recipient(s) paid during the year

Name

University of Michigan

Street

3003 South State St

City

Ann Arbor

State

MI

Zip Code

48109

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

339,952

Name

University of Rochester

Street

1325 Mt Hope Ave

City

Rochester

State

NY

Zip Code

14620

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

438,235

Name

University of Southern California Norris 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

316,880

Name

Weizmann Institute of Science

Street

PO Box 26

City

Rehovot

State**Zip Code**

76100

Foreign Country

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,400,793

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

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

Hadassah the Women's Zionist Organization

Street

50 West 58th St

City

New York

State

NY

Zip Code

10019

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

278,000

Name

Harvard Medical School

Street

25 Shattuck St

City

Boston

State

MA

Zip Code

02115

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

393,868

Name

Hebrew University of Jerusalem

Street

Giva'at Ram

City

Jerusalem

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

940,205

Name

John Wayne Cancer Institute

Street

2200 Santa Monica Blvd

City

Santa Monica

State

CA

Zip Code

90404

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

759,369

Name

Johns Hopkins University

Street

733 N Broadway Ste 117

City

Baltimore

State

MD

Zip Code

21205

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,943,868

Name

Jonsson Cancer Center Foundation

Street

700 Tiverton

City

Los Angeles

State

CA

Zip Code

90095

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

531,643

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

MD Anderson Cancer Center

Street

6900 Fannin 7th Fl

City

Houston

State

TX

Zip Code

77030

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,652,735

Name

Massachusetts General Hospital

Street

101 Huntington Ave Ste 300

City

Boston

State

MA

Zip Code

02199

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

652,988

Name

H Lee Moffitt Cancer Center

Street

12902 Magnolia Dr

City

Tampa

State

FL

Zip Code

33612

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

344,884

Name

National Cancer Institute

Street

9000 Rockville Pike

City

Bethesda

State

MD

Zip Code

20892

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

262,250

Name

Rockerfeller University

Street

1230 York Ave

City

New York

State

NY

Zip Code

10065

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,000,000

Name

Stanford University

Street

3145 Porter Dr

City

Palo Alto

State

CA

Zip Code

94304

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

314,716

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

Technion Research Development Foundation

Street

Israel Institute of Technology

City

Technion City, Haifa

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

336,650

Name

The Medical Research Fund

Street

6 Weizmann St

City

Tel Aviv

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

145,080

Name

Tel Aviv University

Street

Ramat Aviv

City

Tel Aviv

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,005,778

Name

The Regents of the University of California, San Bernadino

Street

Office of Development

City

San Bernadino

State

CA

Zip Code

93106

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

310,000

Name

The Regents of the University of California, San Francisco

Street

3333 California St Ste 315

City

San Francisco

State

CA

Zip Code

94118

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,194,593

Name

The Wistar Institute

Street

3601 Spruce St Room 172

City

Philadelphia

State

PA

Zip Code

19104

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

345,699

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

Thomas Jefferson University

Street

1020 Walnut St Room 539

City

Philadelphia

State

PA

Zip Code

19107

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

299,978

Name

The Regents of the University of California, Irvine

Street

333 City Blvd West

City

Orange

State

CA

Zip Code

92868

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

373,214

Name

UCLA Foundation

Street

10920 Wilshire Blvd Ste 1100

City

Los Angeles

State

CA

Zip Code

90024

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

3,060,133

Name

The Regents of the University of California, San Diego

Street

9500 Gilman Dr

City

La Jolla

State

CA

Zip Code

92093

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

676,608

Name

University of Michigan

Street

3003 South State St

City

Ann Arbor

State

MI

Zip Code

48109

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

346,592

Name

University of Rochester

Street

1325 Mt Hope Ave

City

Rochester

State

NY

Zip Code

14620

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

445,699

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

University of Southern California Norris 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

316,880

Name

Weizmann Institute of Science

Street

PO Box 26

City

Rehovot

State**Zip Code****Foreign Country**

Israel

Relationship**Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

1,394,793

Name

The Winifred Masterson Burke Medical Research Institute

Street

785 Mamaroneck Ave

City

White Plains

State

NY

Zip Code

10605

Foreign Country**Relationship****Foundation Status**

501(c)3

Purpose of grant/contribution

Medical research

Amount

713,783

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

Part I, Line 16a (990-PF) - Legal Fees

		18,868	0	0	18,868
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Louie & Cutler, PC	18,868			18,868

Part I, Line 16c (990-PF) - Other Professional Fees

		67,154	0	0	67,154
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Albert Risk Management	212			212
2	Cybergrants	48,700			48,700
3	Collaborative Technologies	10,000			10,000
4	Windham Injury Management	623			623
5	Meyer Consulting, LLC	7,619			7,619

Part I, Line 18 (990-PF) - Taxes

		500	0	0	500
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	State tax	500			500

Part I, Line 19 (990-PF) - Depreciation and Depletion

89,893 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					35,676	5,585		
2	Furniture & fixtures, SL 5 yrs					37,115	1,501		
3	Software, SL 3yrs					5,514	602		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					205,513	82,205		

Part I, Line 23 (990-PF) - Other Expenses

		33,667	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Advertising/Press	940		
2	Postage and shipping	1,052		
3	Uncapitalized computer programs	615		
4	Payroll processing	5,207		
5	Supplies	4,858		
6	Telecommunications	5,199		
7	Insurance	10,766		
8	Membership dues	455		
9	Shared services expense	4,107		
10	Other expense	442		
11	Net miscellaneous donations	26		

Part I, Line 23 (990-PF) - Other Expenses

		33,667
Disbursements for Charitable Purposes		
1		940
2		1,052
3		615
4		5,207
5		4,858
6		5,199
7		10,766
8		455
9		4,107
10		442
11		26

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

		438,777	254,598	312,289	216,382	126,488	126,488
		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	17,245	36,132	15,521	7,311	1,724	1,724
2	Furniture and fixtures	10,507	7,549	9,050	2,958	1,457	1,457
3	Computer programs	0	5,404	0	601	0	0
4	Leasehold improvements	0	0	0	0	0	0
5	Capital purchases - equipment	411,025	205,513	287,718	205,512	123,307	123,307

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

		0	127
Description		Beginning Balance	Ending Balance
1	401k withholding	0	127

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Project Application: APNRR

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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:

Upload File (Click for instructions)

- 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."

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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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:

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»

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.

Address (required)

Address 2

City (required)

State (required)

Zip (required)

Country (required)

Telephone (required)

E-mail Address (required)

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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

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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

If this is a renewal project i.e. an ongoing project from a previous year, please upload a file that addresses the following [Upload File \(Click for instructions\)](#)

- 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)

Please upload a document that addresses the following 3 items
The response for these 3 items should not exceed 5 pages [Upload File \(Click for instructions\)](#)

- 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)

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 [Upload File \(Click for instructions\)](#)

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

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

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) 972-5306

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)

Personnel from Project

Equipment from Project

Sub-total from Project

Equipment Budget Total

\$0.00 Total

Project Budget Worksheet (required)

A Project Budget Worksheet is available to download to your computer and complete.

Upload File (Click for instructions)

- 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)
A Personnel Budget Worksheet is available to download to your computer and complete

Upload File (Click for instructions)

- 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
If you have any individual piece of equipment that costs over \$50K, please complete the Equipment Budget Worksheet.

Upload File (Click for instructions)

- 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

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Project Application: APNRR

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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 Research 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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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



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Form **8868**

(Rev. January 2013)

Department of the Treasury

**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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Dr Miriam & Sheldon G Adelson Medical Research Foundation	04-7023433
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	300 First Ave	
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2012 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	\$	22
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	\$	31
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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

HTA