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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning , and ending

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

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

City or town | State | ZIP code
Needham | MA | 02494

Foreign country name | Foreign province/state/county | Foreign postal code

A Employer identification number
04-7023433

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 311,912

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see 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)	24,272,961			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	1,701	1,701		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	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				
	10a	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	24,274,662	1,701	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	72,529			72,529
	14	Other employee salaries and wages	580,158			580,158
	15	Pension plans, employee benefits	214,144			214,144
	16a	Legal fees (attach schedule)	31,535			31,535
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	52,045			52,045
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,000			1,000
	19	Depreciation (attach schedule) and depletion	93,912			
	20	Occupancy				
	21	Travel, conferences, and meetings	498,516			498,516
	22	Printing and publications	183			183
	23	Other expenses (attach schedule)	56,516			56,516
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,600,538	0	0	1,506,626
	25	Contributions, gifts, grants paid	23,700,153			23,700,153
	26	**Total expenses and disbursements.** Add lines 24 and 25	25,300,691	0	0	25,206,779
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,026,029			
	b	**Net investment income** (if negative, enter -0-)		1,701		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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Form **990-PF** (2013)

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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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,209,858	177,035	177,035
	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		11,750	11,750
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	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 ▶ 523,777			
		Less accumulated depreciation (attach schedule) ▶ 380,918	126,488	123,127	123,127
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,336,346	311,912	311,912
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	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 ▶ See Attached Statement)	127	1,722	
	23	**Total liabilities** (add lines 17 through 22)	127	1,722	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	240,343	310,190	
	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)	1,336,219	310,190	
	31	**Total liabilities and net assets/fund balances** (see instructions)	1,336,346	311,912	

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	1,336,219
2	Enter amount from Part I, line 27a	2	-1,026,029
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	310,190
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	310,190

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) 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	
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))
2012	23,957,669	537,366	44 583522
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

2	**Total** of line 1, column (d)	2	197 194842
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	39 438968
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	2,328,896
5	Multiply line 4 by line 3	5	91,849,255
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	17
7	Add lines 5 and 6	7	91,849,272
8	Enter qualifying distributions from Part XII, line 4	8	25,206,779

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	34	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0	
3	Add lines 1 and 2	3	34	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	34	
6	Credits/Payments			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a: 9			
b	Exempt foreign organizations—tax withheld at source — 6b:			
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 200			
d	Backup withholding erroneously withheld — 6d:			
7	Total credits and payments Add lines 6a through 6d	7	209	
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	175	
11	Enter the amount of line 10 to be **Credited to 2014 estimated tax** ▶ 175 **Refunded** ▶	11	0	

Part VII-A Statements Regarding Activities

			Yes	No
1a	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 Instructions for the 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
4a	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	
8a	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 2013 or the taxable year beginning in 2013 (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)*

			Yes	No
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 ▶ 410 South Rampart Blvd , Suite 440 Las Vegas NV ZIP+4 ▶ 89145

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 2013, 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?	16		X

See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶

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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ 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 2013 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 2013)*	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 2013?	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 410 South Rampart Blvd Suite 440 Las Vegas, NV 891	Trustee 1 00			
Dr Miriam Adelson 410 South Rampart Blvd Suite 440 Las Vegas, NV 891	Trustee 1 00			
Steven Garfinkel 300 1st Ave Needham, MA 02494	Vice President and 5 00	72,529	7,577	

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	312,738	38,419	
Shelley DiRusso 300 First Ave , Needham, MA 02494	Audit & Finance Ma 40 00	119,644	35,933	
Marissa White 300 First Ave , Needham, MA 02494	Funding & Contract 40 00	78,301	36,071	
Andrea Swiman 300 First Ave , Needham, MA 02494	Contracts & Special 40 00	69,564	13,519	
Carolyn Spiros 300 First Ave , Needham, MA 02494	Office Manager 40 00	55,074	26,532	
Total number of other employees paid over $50,000			▶	

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	2,364,361
c	Fair market value of all other assets (see instructions)		1c	
d	**Total** (add lines 1a, b, and c)		1d	2,364,361
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	2,364,361
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see instructions)		4	35,465
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	2,328,896
6	**Minimum investment return.** Enter 5% of line 5		6	116,445

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	116,445
2a	Tax on investment income for 2013 from Part VI, line 5	2a	34		
b	Income tax for 2013 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	34
3	Distributable amount before adjustments Subtract line 2c from line 1			3	116,411
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	116,411
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	116,411

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	25,206,779
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	25,206,779
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	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	25,206,779

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 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7				116,411
2	Undistributed income, if any, as of the end of 2013				
a	Enter amount for 2012 only			0	
b	Total for prior years 20 ___, 20 ___, 20 ___				
3	Excess distributions carryover, if any, to 2013				
a	From 2008 6,722,814				
b	From 2009 10,624,776				
c	From 2010 4,046,458				
d	From 2011 4,255,066				
e	From 2012 23,930,845				
f	**Total** of lines 3a through e	49,579,959			
4	Qualifying distributions for 2013 from Part XII, line 4 ▶ $ 25,206,779				
a	Applied to 2012, 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 2013 distributable amount				116,411
e	Remaining amount distributed out of corpus	25,090,368			
5	Excess distributions carryover applied to 2013 *(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	74,670,327			
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 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7 (see instructions)	6,722,814			
9	**Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a	67,947,513			
10	Analysis of line 9				
a	Excess from 2009 10,624,776				
b	Excess from 2010 4,046,458				
c	Excess from 2011 4,255,066				
d	Excess from 2012 23,930,845				
e	Excess from 2013 25,090,368				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, 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) 2013	(b) 2012	(c) 2011	(d) 2010	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					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
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
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 or e-mail address 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*				
Baylor College of Medicine One Baylor Plaza BCM 310 Houston, TX 77030		PC	Medical Research	290,065
Children's Hospital Trust 401 Park Dr , Suite 602 Boston, MA 02215		PC	Medical Research	1,089,241
Dana Farber Cancer Institute 10 Brookline Place West, 6th Floor Brookline, MA 02445		PC	Medical Research	713,199
H Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612		PC	Medical Research	344,884
Hadassah the Women's Zionist Organization 50 West 58th St New York, NY 10019		PC	Medical Research	478,000
Harvard Medical School 25 Shattuck St Boston, MA 02115		PC	Medical Research	393,868
Hebrew University of Jerusalem Edmund J Safra Campus - Givat Ram Jerusalem Israel		PC	Medical Research	940,205
John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404		PC	Medical Research	759,369
Johns Hopkins University 733 N Broadway, Suite 117 Baltimore, MD 21205		PC	Medical Research	1,773,662
Jonsson Cancer Center Foundation 700 Tiverton Factor Bldg, 8th Floor Los Angeles, CA 90095		PC	Medical Research	531,643
Massachusetts General Hospital 101 Huntington Ave , Suite 300 Boston, MA 02199		PC	Medical Research	652,988
Total See Attached Statement			▶ **3a**	23,700,153
b *Approved for future payment*				
John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404		PC	Medical Research	129,500
MD Anderson Cancer Center 6900 Fannin St , 6th Floor Houston, TX 77030		PC	Medical Research	86,250
Johns Hopkins University 733 N Broadway, Suite 117 Baltimore, MD 21205		PC	Medical Research	339,374
The Regents of the University of California, San Francis 3333 California St , Suite 315 San Francisco, CA 94118		PC	Medical Research	291,108
The Regents of the University of California, Los Angele 11000 Kinross Ave , Suite 211 Los Angeles, CA 90095		PC	Medical Research	234,524
Tel Aviv University Ramat Aviv Tel Aviv Israel		PC	Medical Research	250,000
Total See Attached Statement			▶ **3b**	3,530,756

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				24,272,961
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	900099				1,701
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Miscellaneous	900099				
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		0	24,274,662
13 **Total.** Add line 12, columns (b), (d), and (e)				13	24,274,662

(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

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

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

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

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

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 10-3-14 | Title Trustee

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		9/15/2014		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

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

Recipient(s) paid during the year

Name
MD Anderson Cancer Center
Street
6900 Fannin St , 6th Floor

City	State	Zip Code	Foreign Country
Houston	TX	77030	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	2,181,065

Name
National Cancer Institute
Street
9000 Rockville Pike, Bldg 10, Rm 12N210

City	State	Zip Code	Foreign Country
Bethesda	MD	20892	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	262,250

Name
South Carolina Research Foundation
Street
901 Sumter St , 5th Floor, Byrnes Bldg

City	State	Zip Code	Foreign Country
Columbia	SC	29208	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	340,465

Name
Stanford University
Street
2700 Sand Hill Rd

City	State	Zip Code	Foreign Country
Menlo Park	CA	94025	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	314,716

Name
Technion Israel Institute of Technology
Street
Technion City

City	State	Zip Code	Foreign Country
Haifa			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	251,650

Name
Tel Aviv University
Street
Ramat Aviv

City	State	Zip Code	Foreign Country
Tel Aviv			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	1,005,778

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

Recipient(s) paid during the year

Name
The Broad Institute
Street
7 Cambridge Center

City	State	Zip Code	Foreign Country
Cambridge	MA	02142	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	516,869

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
	PC	Medical Research	145,080

Name
The Regents of the University of California, San Francisco
Street
3333 California St , Suite 315

City	State	Zip Code	Foreign Country
San Francisco	CA	94118	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	1,049,039

Name
The Regents of the University of California, Santa Barbara
Street
Office of Development

City	State	Zip Code	Foreign Country
Santa Barbara	CA	93106	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	310,000

Name
The Regents of the University of California, Los Angeles
Street
11000 Kinross Ave , Suite 211

City	State	Zip Code	Foreign Country
Los Angeles	CA	90095	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	2,942,871

Name
The Regents of the University of California, Irvine
Street
333 City Blvd West

City	State	Zip Code	Foreign Country
Orange	CA	92868	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	373,214

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 the University of California, San Diego			
Street	9500 Gilman Dr MC0934			
City	La Jolla	**State** CA	**Zip Code** 92093	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 676,608

Name	The Wistar Institute			
Street	3601 Spruce St , Room 172			
City	Philadelphia	**State** PA	**Zip Code** 19104	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 345,699

Name	Thomas Jefferson University			
Street	1020 Walnut St , Room 539			
City	Philadelphia	**State** PA	**Zip Code** 19107	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 299,978

Name	University of Michigan			
Street	3003 South State St			
City	Ann Arbor	**State** MI	**Zip Code** 48109	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 346,592

Name	University of Rochester			
Street	518 Hylan Bldg			
City	Rochester	**State** NY	**Zip Code** 14642	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 445,699

Name	USC Norris Cancer Center			
Street	1975 Zonal Ave , KAM 306			
City	Los Angeles	**State** CA	**Zip Code** 90033	**Foreign Country**
Relationship		**Foundation Status** PC		
Purpose of grant/contribution	Medical Research			**Amount** 316,880

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

Recipient(s) paid during the year

Name
Weizmann Institute of Science
Street
1 Herzl St

City	State	Zip Code	Foreign Country
Rehovot			Israel

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	1,394,793

Name
The Winifred Masterson Burke Medical Research Institute
Street
785 Mamaroneck Ave

City	State	Zip Code	Foreign Country
White Plains	NY	10605	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	713,783

Name
Rockefeller University
Street
1230 York Ave

City	State	Zip Code	Foreign Country
New York	NY	10065	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	Medical Research	1,500,000

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

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

Recipient(s) approved for future payments

Field	Value
Name	Rockefeller University
Street	1230 York Ave
City	New York
State	NY
Zip Code	10065
Foreign Country	
Relationship	
Foundation Status	PC
Purpose of grant/contribution	Medical Research
Amount	2,000,000

Field	Value
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	PC
Purpose of grant/contribution	Medical Research
Amount	200,000

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

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

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

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

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.

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

OMB No 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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 and Sheldon G Adelson Charitable Trust 410 South Rampart Blvd Suite 440 Las Vegas NV 89145 Foreign State or Province Foreign Country	$ 24,008,766	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	Dr Miriam and Sheldon G Adelson 410 South Rampart Blvd Suite 440 Las Vegas NV 89145 Foreign State or Province Foreign Country	$ 264,650	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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
		$	

(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	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	

Part I (8868 Page 1) - Members Included in Extension

	Name	Street Address	City	State	ZIP code	Foreign Country	EIN
1							

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

		31,535	0	0	31,535
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Lourie & Cutler, PC	29,060			29,060
2	Jones Day	2,475			2,475

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

		52,045	0	0	52,045
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Albert Risk Management	134			134
2	Cybergrants	45,167			45,167
3	Collaborative Technologies	6,200			6,200
4	Voltage Security	544			544
5					

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

		1,000	0	0	1,000
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	State tax - MA Form PC	1,000			1,000

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

							93,912	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					41,261	2,280		
2	Furniture & fixtures, SL 5 yrs					38,616	927		
3	Software, SL 3yrs					6,116	0		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					287,718	90,705		
6									
7									

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

		56,516	0	0	56,516
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Equipment rental	1,515			1,515
2	Postage and shipping	1,435			1,435
3	Uncapitalized computer programs	1,346			1,346
4	Payroll processing	4,782			4,782
5	Supplies	2,877			2,877
6	Telecommunications	17,475			17,475
7	Insurance	8,976			8,976
8	Membership dues	590			590
9	Shared services expense	11,635			11,635
10	Other expense	1,288			1,288
11	Recruiting costs	2,188			2,188
12	Uncapitalized furniture and fixtures	694			694
13	Books, subscriptions and reference	354			354
14	Data storage	1,361			1,361

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

		523,777	312,289	380,918	211,488	123,127	123,127
	Asset Description	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	15,521	555	1,724	4,995	4,995
2	Furniture and fixtures	10,507	9,050	1,940	1,457	530	530
3	Computer programs	0	0	0	0	0	0
4	Leasehold improvements	0		0	0	0	0
5	Capital purchases - equipment	496,025	287,718	378,423	208,307	117,602	117,602

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

		127	1,722
	Description	Beginning Balance	Ending Balance
1	Flexible Spending Account payable	0	1,722
2	401k withholding	127	

Part VI, Line 6a (990-PF) - Estimated Tax Payments

		Date		Amount
1	Credit from prior year return		1	9
2	First quarter estimated tax payment		2	6
3	Second quarter estimated tax payment		3	6
4	Third quarter estimated tax payment		4	6
5	Fourth quarter estimated tax payment		5	4
6	Other payments		6	
7	Total		7	9

Part VII-A, Line 8a (990-PF) - States With Which a Copy of This Return Is Filed

	Armed Forces the Americas		Louisiana		Palau
	Armed Forces Europe	X	Massachusetts		Rhode Island
	Alaska		Maryland		South Carolina
	Alabama		Maine		South Dakota
	Armed Forces Pacific		Marshall Islands		Tennessee
	Arkansas		Michigan		Texas
	American Samoa		Minnesota		Utah
	Arizona		Missouri		Virginia
	California		Commonwealth of the Northern Mariana Islands		U S Virgin Islands
	Colorado		Mississippi		Vermont
	Connecticut		Montana		Washington
	District of Columbia		North Carolina		Wisconsin
	Delaware		North Dakota		West Virginia
	Florida		Nebraska		Wyoming
	Federated States of Micronesia		New Hampshire		
	Georgia		New Jersey		
	Guam		New Mexico		
	Hawaii		Nevada		
	Iowa		New York		
	Idaho		Ohio		
	Illinois		Oklahoma		
	Indiana		Oregon		
	Kansas		Pennsylvania		
	Kentucky		Puerto Rico		

Part VII-A, Line 14 (990-PF) - Books in care of

Name				Person	
David Bloom				Business	
Address			Telephone no		
410 South Rampart Blvd , Suite 440			(702) 791-9400		
City	State	Zip code	Foreign Country		
Las Vegas	NV	89145			

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

											72,529	7,577	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	Sheldon G Adelson		410 South Rampart Blvd Suite 440	Las Vegas	NV	89145		Trustee	1 00			
2	Dr Miriam Adelson		410 South Rampart Blvd Suite 440	Las Vegas	NV	89145		Trustee	1 00			
3	Steven Garfinkel		300 1st Ave	Needham	MA	02494		Vice President and General	5 00	72,529	7,577	

Part VIII, Line 2 (990-PF) - Compensation of Five Highest-Paid Employees

	Name and address of each employee paid more than $50,000	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
1.	Name Kenneth Fasman Street 300 First Ave City Needham ST MA ZIP 02494 Foreign Country	Title VP/CTO Hr/WK 40 00 Explanation	312,738	38,419	
2.	Name Shelley DiRusso Street 300 First Ave City Needham ST MA ZIP 02494 Foreign Country	Title Audit & Finance Manage Hr/WK 40 00 Explanation	119,644	35,933	
3.	Name Marissa White Street 300 First Ave City Needham ST MA ZIP 02494 Foreign Country	Title Funding & Contracts Adr Hr/WK 40 00 Explanation	78,301	36,071	
4.	Name Andrea Swiman Street 300 First Ave City Needham ST MA ZIP 02494 Foreign Country	Title Contracts & Special Con Hr/WK 40 00 Explanation	69,564	13,519	
5.	Name Carolyn Spiros Street 300 First Ave City Needham ST MA ZIP 02494 Foreign Country	Title Office Manager Hr/WK 40 00 Explanation	55,074	26,532	

Part VIII, Line 3 (990-PF) - Highest-Paid Independent Contractors for Professional Services

	Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
1.	Name None Street City ST ZIP Check if Business X Foreign Country	Explanation	
2.	Name Street City ST ZIP Check if Business Foreign Country	Explanation	
3.	Name Street City ST ZIP Check if Business Foreign Country	Explanation	
4.	Name Street City ST ZIP Check if Business X Foreign Country	Explanation	
5.	Name Street City ST ZIP Check if Business Foreign Country	Explanation	

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income

1	Distributable amounts for 2012 that remained undistributed at the beginning of the 2013 tax year	1	0
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	0

Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years

1	Undistributed income for the 3rd year 2011	1	0
2	Undistributed income for the 4th year 2010	2	0
3	Undistributed income for the 5th year 2009	3	0
4	Total	4	0

Part XVI-A, Line 13 (990-PF) - Total Verification

1	Amount from Part XVI-A, Line 13	1	24,274,662
2	Amount from Part I, Line 5b	2	0
3	Subtract Line 2 from Line 1	3	24,274,662
4	Amount from Part I, Line 1	4	24,272,961
5	Add Lines 3 and 4	5	48,547,623
6	Amount from Part I, Line 5a	6	0
7	Add Lines 5 and 6	7	48,547,623
8	Expenses of special events deducted in computing Part XVI-A, Line 9	8	
9	Add Lines 7 and 8 Must match amount on Line 12, Part I, column (a)	9	48,547,623

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

1 of 10

Project Application: APNRR

Investigator Contact Information

Please provide your contact information.

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

☐ **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 Adminsitration") within the institution that would answer questions or receive/process the payment(s) if the application is approved	
Contact within Funding Office (required) Please enter the first and last name of a person within the Funding Office with whom we can contact.	
E-mail Address (required) Please enter the email address of the person you listed as the "Contact with the Funding Office"	
Telephone (required) Please enter the telephone number of the person within the Funding Office who you listed as the "Contact within the Funding Office".	
Fax Please enter the Fax number for the person you listed as	

Project Application: APNRR

Investigator Project Description

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

Individual Project Progress Report — Upload File (Click for instructions)
If this is a renewal project i.e. an ongoing project from a previous year, please upload a file that addresses the following:

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

Individual Project Description (required) — Upload File (Click for instructions)
Please upload a document that addresses the following 3 items.
The response for these 3 items should not exceed 5 pages.

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

Include one page to address the following 2 questions:

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

Project Budget Justification (required) — Upload File (Click for instructions)
Please upload a file with a detailed explanation of requested equipment, lab supplies, animal procurement and per diem costs. For lab personnel include the following information:

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

Save and Proceed

Need Support?

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Project Application: APNRR

Budgets

Click Budget Guidelines to review the most recent AMRF budget guidelines

Summary Budget Breakdown (required)

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

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

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

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

The **"Equipment Budget"** is the "Total" line from the Equipment Budget Worksheet (used for any piece of equipment over $50,000.00)

idget

idget

idget

Personnel from Project

Equipment from Project

Sub-total from Project

Equipment Budget Total

$0.00 Total

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

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

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

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

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

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

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

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

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Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Project Budget Worksheet

Please enter your name and project title

Investigator Name:

Project Title:

Do not include indirect costs in this budget.

Upload detailed explanation in Budget Justification section

Add rows as needed to the table

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

Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Personnel Budget Worksheet

Please enter your name and project title.

Investigator Name:

Project Title:

Add rows as needed to the table.

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

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

Include description and how you arrived at the amount.

Name	Calculation of Salary	Calculation of Fringe Benefits

Project Application: APNRR

Economic Interest and Institutional Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Project Application: APNRR

Expectations of Investigator

Expectations of Investigators (required)

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

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

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

☐ I have read and agree with these expectations.

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

Save and Proceed

Need Support?

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efiled 8/15/14

Form **8868**
(Rev January 2014)
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.
► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No 1545-1709

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

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

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	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 8/15/2014, to file the exempt organization return for the organization named above The extension is for the organization's return for
► [X] calendar year 2013 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 209
b	If this application is for Forms 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	$ 9
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	$ 200

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

e Filed 8/6/14

- 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 or other filer, see instructions	Employer identification number (EIN) or
	Dr Miriam & Sheldon G Adelson Medical Research Foundation	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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) 791-7819
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2014

5 For calendar year 2013, 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 Additional time is needed to acquire all information needed to complete and file an accurate return

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	34
b	If this application is for Forms 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	$	209
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 ▶ Duly Authorized Agent Date ▶