See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

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

A Employer identification number
04-7023433

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

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

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

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

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)* ▶ $ 1,192,920

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)	7,468,367			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	534	534		
	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	7,468,901	534	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages	772,678			772,678
	15	Pension plans, employee benefits	255,268			255,268
	16a	Legal fees (attach schedule)	25,725			25,725
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	59,763			59,763
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,200			1,000
	19	Depreciation (attach schedule) and depletion	60,449			
	20	Occupancy				
	21	Travel, conferences, and meetings	419,001			419,001
	22	Printing and publications				
	23	Other expenses (attach schedule)	371,545			371,545
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,965,629	0	0	1,904,980
	25	Contributions, gifts, grants paid	4,620,756			4,620,756
	26	**Total expenses and disbursements.** Add lines 24 and 25	6,586,385	0	0	6,525,736
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	882,516			
	b	**Net investment income** (if negative, enter -0-)		534		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	177,035	1,121,407	1,121,407
	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		
	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 ▶ 837,080			
		Less accumulated depreciation (attach schedule) ▶ 765,567	123,127	71,513	71,513
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	311,912	1,192,920	1,192,920
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)	1,722	214	
	23	**Total liabilities** (add lines 17 through 22)	1,722	214	
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	310,190	1,192,706	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	310,190	1,192,706	
	31	**Total liabilities and net assets/fund balances** (see instructions)	311,912	1,192,920	

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	310,190
2	Enter amount from Part I, line 27a	2	882,516
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,192,706
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	1,192,706

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))
2013	25,206,779	2,328,896	10 823488
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

2	**Total** of line 1, column (d)	2	193 759242
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	38 751848
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	356,235
5	Multiply line 4 by line 3	5	13,804,765
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5
7	Add lines 5 and 6	7	138,048
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	6,525,736

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	5	
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	5	
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	5	
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 175			
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	175	
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	170	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 170 **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 2014 or the taxable year beginning in 2014 (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 2014, 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 FinCEN Form 114, (formerly 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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see 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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ 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 2014 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 2014)*	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 2014?	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 4945(d)(4)(A)? (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	0		
Dr Miriam Adelson 410 South Rampart Blvd Suite 440 Las Vegas, NV 891	Trustee 1 00	0		
Steven Garfinkel 300 1st Ave Needham, MA 02494	VP & Gen Counsel 7 00	0		

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kenneth Fasman 300 First Ave , Needham, MA 02494	VP/CTO 40 00	402,214	31,996	
Shelley DiRusso 300 First Ave , Needham, MA 02494	Audit & Finance Ma 40 00	122,917	36,071	
Marissa White 300 First Ave , Needham, MA 02494	Funding & Contract 40 00	80,597	41,030	
Andrea Swiman 300 First Ave , Needham, MA 02494	Contracts & Special 40.00	71,375	15,261	
Nava Almog 300 First Ave , Needham, MA 02494	Associate Program 40 00	73,543	30,375	
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
Interface Operations LLC 410 South Rampart Blvd , Suite 440, Las Vegas, NV 89145	Management, Legal, Accounting & IT	151,221
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	361,660
c	Fair market value of all other assets (see instructions)		1c	
d	**Total** (add lines 1a, b, and c)		1d	361,660
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	361,660
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see instructions)		4	5,425
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	356,235
6	**Minimum investment return.** Enter 5% of line 5		6	17,812

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	17,812
2a	Tax on investment income for 2014 from Part VI, line 5	2a	5		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	5
3	Distributable amount before adjustments Subtract line 2c from line 1			3	17,807
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	17,807
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	17,807

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	6,525,736
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	6,525,736
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	5
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,525,731

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 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				17,807
2	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only			0	
b	Total for prior years 20 ____, 20 ____, 20 ____				
3	Excess distributions carryover, if any, to 2014				
a	From 2009 10,624,776				
b	From 2010 4,046,458				
c	From 2011 4,255,066				
d	From 2012 23,930,845				
e	From 2013 25,090,368				
f	**Total** of lines 3a through e	67,947,513			
4	Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 6,525,736				
a	Applied to 2013, 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 2014 distributable amount				17,807
e	Remaining amount distributed out of corpus	6,507,929			
5	Excess distributions carryover applied to 2014 *(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	74,455,442			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	10,624,776			
9	**Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	63,830,666			
10	Analysis of line 9				
a	Excess from 2010 4,046,458				
b	Excess from 2011 4,255,066				
c	Excess from 2012 23,930,845				
d	Excess from 2013 25,090,368				
e	Excess from 2014 6,507,929				

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 2014, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2014	Prior 3 years (b) 2013	(c) 2012	(d) 2011	(e) Total
					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 Adelso

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

Andrea Swiman 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*				
Cedars Sinai Medical Center 8700 Beverly Blvd Suite 2416 Los Angeles, CA 90048		PC	Medical Research	1,000,000
Hadassah The Women's Zionist Organization 50 West 58th St New York, NY 10019		PC	Medical Research	200,000
John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404		PC	Medical Research	129,500
Johns Hopkins University 733 N Broadway, Suite 117 Baltimore, MD 21205		PC	Medical Research	339,374
MD Anderson Cancer Center 6900 Fannin St 6th Floor Houston, TX 77030		PC	Medical Research	86,250
Rockefeller University 1230 York Ave New York, NY 10065		PC	Medical Research	2,000,000
Tel Aviv University Ramat Aviv Tel Aviv 69978 Israel		PC	Medical Research	250,000
The Regents of the University of California, Los Angele 11000 Kinross Ave Suite 211 Los Angeles, CA 90095		PC	Medical Research	324,524
The Regents of the University of California, San Francis 3333 California St Suite 315 San Francisco, CA 94118		PC	Medical Research	291,108
Total			▶ **3a**	4,620,756
b *Approved for future payment*				
Hadassah The Women's Zionist Organization 50 West 58th St New York, NY 10019		PC	Medical Research	200,000
Tel Aviv University Ramat Aviv Tel Aviv 69978 Israel		PC	Medical Research	250,000
Rockefeller University 1230 York Ave New York, NY 10065		PC	Medical Research	2,000,000
Total			▶ **3b**	2,450,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a Contributions	900099				7,468,367
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				534
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	7,468,901
13 **Total.** Add line 12, columns (b), (d), and (e)				13	7,468,901

(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 9-2015 Date Trustee Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Stephen O'Connor		9/21/2015		P01247314

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

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, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling $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	$ 7,108,088	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	$ 360,279	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** 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, Line 16a (990-PF) - Legal Fees

		25,725	0	0	25,725
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Lourie & Cutler, PC	19,806			19,806
2	Milbank, Tweed, Hadley & McCloy	5,826			5,826
3	Nutter, McClennen & Fish	93			93

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

		59,763	0	0	59,763
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Expensify	54			54
2	Cybergrants	50,940			50,940
3	Collaborative Technologies	7,746			7,746
4	Voltage Security	484			484
5	Peter T Metzger	539			539
6					

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

		1,200	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
2	Internal Revenue Service 2013 990PF	200			0

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

							60,449	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					43,541	1,994		
2	Furniture & fixtures, SL 5 yrs					39,543	353		
3	Software, SL 3yrs					6,116	0		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					378,423	58,102		

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

		371,545	0	0	371,545
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Equipment rental	1,458			1,458
2	Postage and shipping	1,155			1,155
3	Uncapitalized furniture, fixtures, equipment	1,115			1,115
4	Payroll processing	5,316			5,316
5	Supplies	1,185			1,185
6	Telecommunications	22,035			22,035
7	Insurance	7,139			7,139
8	Membership dues	709			709
9	Shared services expense	151,221			151,221
10	Other expense	1,343			1,343
11	Recruiting costs	176,948			176,948
12	Uncapitalized computer programs	392			392
13	Data storage	1,457			1,457
14	Website expense	72			72

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

		837,080	380,918	765,567	123,127	71,513	71,513
	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	14,385	555	2,549	4,995	11,836	11,836
2	Furniture and fixtures	2,470	1,940	2,293	530	177	177
3	Computer programs	0	0	0	0	0	0
4	Leasehold improvements	0	0	0	0	0	0
5	Capital purchases - equipment	820,225	378,423	760,725	117,602	59,500	59,500

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

1,722 214

	Description	Beginning Balance	Ending Balance
1	Flexible Spending Account payable	1,722	214
2	401k withholding		

Project Application: APNRR

Adelson Medical Research Foundation Preview Form	
This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.	
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** (Text)(50 character maximum)	**Instructions:**
***Principal Investigator Last Name** (Text)(50 character maximum)	**Instructions:**
***Project Type** (Single-Select List) • Collaboration • Platform	**Instructions:**
***Collaborative Project Title** (Text)(255 character maximum)	**Instructions:** • Please enter the **Collaborative Project Overview Title**that the Collaboration 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** (Text)(100 character maximum)	**Instructions:** • Please enter the project title for your individual project.
***NIH Biographical Sketch** (File Upload)File Upload; 524288 byte limit	**Instructions:** • Please upload the most current NIH Biographical Sketch for the certifying investigator named.
***Total Funding Requested** (Currency)(20 character maximum)	**Instructions:** • Please enter the amount you are requesting for this project. Do not include any institutional overhead in your requested amount. **NOTE:** Requested amount should be for **two** years.
***Additional Sources of Funding** (File Upload)File Upload; 1524288 byte limit	**Instructions:** • 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."
Publications (File Upload)File Upload; 2524288 byte limit	**Instructions:** • Upload publications related to AMRF research.
***Project Start Date** (Date)	**Instructions:**
***Project End Date** (Date)	**Instructions:**
***Research Group** (Single-Select List) • APCR • APNRR • Cross-Collaboration • APCR - Melanoma • APCR - Ubiquitin	**Instructions:**
***Keywords: APNRR** (Multi-Select List)	**Instructions:** • Select as many keywords and phrases as applies to your application. **NOTE:** To select multiple keywords and phrases, press the "Ctrl" key if you use a PC or the key with the apple symbol if you use an Apple computer and high-light the keywords and phrases.
Additional Keyword (User-Defined List)	**Instructions:** • Please add any keyword(s) or phrase(s) not listed in the "Keywords:" multi-select field. Type one keyword or phrase then click the "Add to List" button.
***Request Date** (Date)	**Instructions:**
Investigator Contact Information	
Please provide your contact information. **NOTE:** Check the "Match" checkbox next to at least one contact you created.	
Salutation (Text)(100 character maximum)	**Instructions:** • Please enter a salutation that would be used in correspondence to you. (Example: Mr., Mrs., Dr.)
***First Name** (Text)(40 character maximum)	**Instructions:**
***Last Name** (Text)(40 character maximum)	**Instructions:**
***Degrees** (User-Defined List)	**Instructions:**

	• Please list the degrees for this person. Example: MD, PhD, etc.
***Address** (Text)(100 character maximum)	**Instructions:**
Address 2 (Text)(255 character maximum)	**Instructions:**
***City** (Text)(50 character maximum)	**Instructions:**
***State** (Single-Select List)	**Instructions:**
***Zip** (Text)(20 character maximum)	**Instructions:**
***Country** (Single-Select List)	**Instructions:**
***Telephone** (Text)(30 character maximum)	**Instructions:**
***E-mail Address** (Text)(100 character maximum)	**Instructions:**
Funding Institution	
***Institution Legal Name** (Text)(100 character maximum)	**Instructions:** • Please enter the institution to which checks are to be made out.
***Address** (Text)(100 character maximum)	**Instructions:** • Please enter the mailing address to which the check would be sent if the application is approved.
***City** (Text)(50 character maximum)	**Instructions:**
***State** (Single-Select List)	**Instructions:**
***Zip** (Text)(20 character maximum)	**Instructions:**
***Country** (Single-Select List)	**Instructions:**
***Funding Office** (Text)(255 character maximum)	**Instructions:** • 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** (Text)(255 character maximum)	**Instructions:** • Please enter the first and last name of a person within the Funding Office with whom we can contact.
***E-mail Address** (Text)(100 character maximum)	**Instructions:** • Please enter the email address of the person you listed as the "Contact with the Funding Office".
***Telephone** (Text)(30 character maximum)	**Instructions:** • Please enter the telephone number of the person within the Funding Office who you listed as the "Contact within the Funding Office".

Fax (Text)(30 character maximum)	**Instructions:** • Please enter the Fax number for the person you listed as the "Contact within Funding Office".
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.	
Summary Progress Report: (File Upload)File Upload; 1500000 byte limit	**Instructions:** • Currently funded AMRF investigators are required to submit a cumulative project Summary Progress Report for the current funding period. Please upload a document that addresses the following items. Do not include in your summary an abstract, background, introduction or significance. Please upload a document (not to exceed 2 pages) that addresses the following items: • List original aims and milestones as described in current proposal. For each aim describe accomplishments (or new directions when milestones were not reached), collaborations with AMRF investigators and publications. Explain how the work contributed to the team's goals. • If new aims were added after proposal submission, add these to the summary with a note that explains why they were added. • Publications could be added as a separate page (in addition to the 2 pages of results). Names of the PI and other AMRF-funded investigators should be labeled in bold.
***Individual Project Description** (File Upload)File Upload; 5340032 byte limit	**Instructions:** • Please upload a document (not to exceed 3 pages) that addresses the following items: • **Rationale:** What is the significance of the proposed work both to the success of your individual project and to the collaborative study? In what ways will you optimize utilization of collaborative opportunities? • **Aims:** What do you propose to do? Describe your research in terms of experimental design and explain any "non-standard" procedures to be utilized. • **Milestones:** What are the measurable milestones for this project? What is the timeline for the achievement of these milestones? • **Alternative Outcomes:** Discuss the challenges, difficulties and limitations of the proposed approach and alternatives that may be pursued. • **Translational Impact Statement:** What is the translational impact of your proposed research?
***Project Budget Justification** (File Upload)File Upload; 548576 byte limit	**Instructions:** • Please upload a file with a detailed explanation of requested equipment, lab supplies, animal procurement and per diem costs. In addition, detail the salary support

	requested for lab personnel with the following information: • Name of person • Title of person • Person's role within this project • Percentage of time the person spends on this project

Budgets

IMPORTANT: Accurately completing this information is important to our budgeting process. If you have any questions, please contact us.

Click Budget Guidelines to review the most recent AMRF budget guidelines.

***Project Budget Worksheet** (File Upload)File Upload; 4194304 byte limit	**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** (File Upload)File Upload; 1340032 byte limit	**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 (File Upload)File Upload; 2340032 byte limit	**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" link to the right. **NOTE:** Use only the template available from the "Equipment Budget Worksheet" link.

Equipment (Paragraph)(2000 character maximum)	**Instructions:** • For each piece of equipment listed in the Budget Worksheets, include the expected number of Foundation researcher users, and the percentage of total usage related to Foundation researchers use.
Platform • APNRR Anatomical • APNRR Genomics • APNRR Proteomics	**Instructions:** • Please estimate the dollar value of all platforms used in your individual project. Your estimate should reflect your total usage of the platform for **two** years. If you will not be using the platforms please do not enter 0 for all values. Leave the space blank. **NOTE: This estimate should not be included in your budget.**
Platform 2 • APCR Epigenomics • APCR Melanoma Genomics • APCR Ovarian Genomics • APCR Proteomics	**Instructions:**
***Summary Budget Breakdown - Year 1** • Personnel from Project Budget (Year 1) • Equipment from Project Budget (Year 1) • Lab Supplies from Project Budget (Year 1) • Other from Project Budget Total (Year 1) • Equipment Budget Total (Year 1)	**Instructions:** • The **"Personnel from Project Budget"** is the "Personnel Total" line from the Project Budget Worksheet for year 1. The **"Equipment from Project Budget"** is the "Equipment Total" line from the Project Budget Worksheet for year 1. The **"Lab Supplies from Project Budget"** is the "Lab Supplies total" line from the Project Budget Worksheet for year 1. The **"Other from Project Budget" "** is the "Other from Project Budget" " line from the Project Budget Worksheet for year 1. The **"Equipment Budget"** is the "Total" line from the Equipment Budget Worksheet (used for any piece of equipment over $50,000.00) for year 1.
***Summary Budget Breakdown - Year 2** • Personnel from Project Budget (Year 2) • Equipment from Project Budget (Year 2) • Lab Supplies from Project Budget (Year 2) • Other from Project Budget Total (Year 2) • Equipment Budget Total (Year 2)	**Instructions:** • The **"Personnel from Project Budget"** is the "Personnel Total" line from the Project Budget Worksheet for year 1. The **"Equipment from Project Budget"** is the "Equipment Total" line from the Project Budget Worksheet for year 1. The **"Lab Supplies from Project Budget"** is the "Lab Supplies total" line from the Project Budget Worksheet for year 1. The **"Other from Project Budget" "** is the "Other from

	Project Budget" " line from the Project Budget Worksheet for year 1. The **"Equipment Budget"** is the "Total" line from the Equipment Budget Worksheet (used for any piece of equipment over $50,000.00) for year 1.

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** (File Upload)File Upload; 1524288 byte limit	**Instructions:** • A Conflict of Interest Form for your research investigation is available to download to your computer and complete. 1. Click Conflict of Interest Form. 2. Select "Save" to save the form to your computer. 3. Complete all the information in the form. 4. Upload the file using the "Upload File" link to the right. **NOTE:** Use only the template available from the "Conflict of Interest Form" link.
***Animals** (Single-Select List) • Not Applicable • Yes - Approved • Yes - Pending	**Instructions:** • Indicate if certifications are required for this research. Indicate status of institutional compliance.

Animal Subject Assurance Documentation (File Upload)File Upload; 1524288 byte limit	**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** (Single-Select List) • Not Applicable • Yes - Approved • Yes - Pending	**Instructions:** • Indicate if certifications are required for this research. Indicate status of institutional compliance.
Human Subject Assurance Documentation (File Upload)File Upload; 1524288 byte limit	**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** (Single-Select List) • Not Applicable • Yes - Approved • Yes - Pending	**Instructions:** • Indicate if certifications are required for this research. Indicate status of institutional compliance.
Bio-safety Assurance Documentation (File Upload)File Upload; 1524288 byte limit	**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** (Single-Select List) • Not Applicable • Yes - Approved • Yes - Pending	**Instructions:** • Indicate if certifications are required for this research. Indicate status of institutional compliance.
Recombinant DNA Assurance Documentation (File Upload)File Upload; 7340032 byte limit	**Instructions:** • **If you answered "Yes - Approved" to the previous question**, please attach a copy of Recombinant DNA approval for this project.
Expectations of Investigator	
***Expectations of Investigators** (Checkbox List) • I have read and agree with these expectations.	**Instructions:** • **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; • on behalf of yourself and your laboratory personnel, commit the necessary and required time and resources to meeting the tasks and objectives set forth in your proposal and the needs of the other AMRF collaborators; • attend and participate in workshops to freely discuss ongoing studies. **By placing a check in the box below, you agree to the above expectations:**
***Name of Certifying Investigator** (Single-Select List)	**Instructions:** • Please select your name from this list. If your name does not display, please contact AMRF.