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Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning , and ending

Name of foundation Dr Miriam & Sheldon G Adelson Medical Research Foundation			A Employer identification number 04-7023433	
Number and street (or P.O. box number if mail is not delivered to street address) 300 First Ave		Room/suite 300	B Telephone number (see instructions) (781) 972-5900	
City or town Needham	State MA	ZIP code 02494		
Foreign country name		Foreign province/state/county	Foreign postal code	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change			C If exemption application is pending, check here ☐ D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 627,770 J Accounting method ☐ Cash ☐ Accrual ☒ Other (specify) <u>Modified cash</u> (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)	51,614,409			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,501	1,501		
	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	51,615,910	1,501	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages	252,240			252,240
	15 Pension plans, employee benefits	132,055			161,387
	16a Legal fees (attach schedule)	38,115			38,115
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	49,236			49,236
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	29,832			29,832
	19 Depreciation (attach schedule) and depletion	76,463			
	20 Occupancy				
	21 Travel, conferences, and meetings	314,079			314,079
	22 Printing and publications				
	23 Other expenses (attach schedule)	311,405			311,405
	24 Total operating and administrative expenses. Add lines 13 through 23	1,203,425	0	0	1,156,294
	25 Contributions, gifts, grants paid	50,977,421			50,977,421
26 Total expenses and disbursements. Add lines 24 and 25	52,180,846	0	0	52,133,715	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-564,936				
b Net investment income (if negative, enter -0-)		1,501			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

HTA

4928

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,121,407	68,624	68,624
	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			
	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 ▶			
Liabilities		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 1,398,707			
		Less accumulated depreciation (attach schedule) ▶ 839,558	71,513	559,146	559,146
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,192,920	627,770	627,770
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Net Assets or Fund Balances	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)	214		
	23	Total liabilities (add lines 17 through 22)	214	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ☒			
	24	Unrestricted	1,192,706	627,770	
	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)	1,192,706	627,770	
	31	Total liabilities and net assets/fund balances (see instructions)	1,192,920	627,770	

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	1,192,706
2	Enter amount from Part I, line 27a	2	-564,936
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	627,770
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	627,770

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				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
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))
2014	6,525,731	356,235	18.318613
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
2 Total of line 1, column (d)			2 144.502940
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 28.900588
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			4 402,990
5 Multiply line 4 by line 3			5 11,646,648
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 15
7 Add lines 5 and 6			7 11,646,663
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 52,133,715

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	15
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	15
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	15
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	170
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	170
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	155
11	Enter the amount of line 10 to be Credited to 2016 estimated tax 155 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.adelsonfoundation.org</u>	13	X	
14	The books are in care of ► <u>David Bloom</u> Telephone no ► <u>(702) 791-9400</u> Located at ► <u>410 South Rampart Blvd, Suite 440 Las Vegas NV</u> ZIP+4 ► <u>89145</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	15		☐
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ☐	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015)	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 2015?	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**

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	Trustee			
410 South Rampart Blvd Suite 440 Las Vegas, NV 8914	1 00	0		
Dr Miriam Adelson	Trustee			
410 South Rampart Blvd Suite 440 Las Vegas, NV 8914	1 00	0		
Steven Garfinkel	VP & Gen Counsel			
300 1st Ave Needham, MA 02494	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
Shelley DiRusso	Audit & Finance Ma			
300 First Ave , Needham, MA 02494	40 00	125,329	32,223	
Andrea Swiman	Funding & Contract			
300 First Ave , Needham, MA 02494	40 00	73,212	14,919	
Kristian Hedstrom	Program Officer			
300 First Ave , Needham, MA 02494	40 00	77,500	42,261	
Carmen Danielson	Office Administrator			
300 First Ave , Needham, MA 02494	00	55,650	27,717	
	00	0		

Total number of other employees paid over \$50,000

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	409,127
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	409,127
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	409,127
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	6,137
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	402,990
6	Minimum investment return. Enter 5% of line 5	6	20,150

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	20,150
2a	Tax on investment income for 2015 from Part VI, line 5	2a	15
b	Income tax for 2015 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	15
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,135
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	20,135
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	20,135

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	52,133,715
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	52,133,715
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	15
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,133,700

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				20,135
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010	4,046,458			
b From 2011	4,255,066			
c From 2012	23,930,845			
d From 2013	25,090,368			
e From 2014	6,507,929			
f Total of lines 3a through e	63,830,666			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 52,133,715				
a Applied to 2014, 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 2015 distributable amount				20,135
e Remaining amount distributed out of corpus	52,113,580			
5 Excess distributions carryover applied to 2015 (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	115,944,246			
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 2014 Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				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 2010 not applied on line 5 or line 7 (see instructions)	4,046,458			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	111,897,788			
10 Analysis of line 9				
a Excess from 2011	4,255,066			
b Excess from 2012	23,930,845			
c Excess from 2013	25,090,368			
d Excess from 2014	6,507,929			
e Excess from 2015	52,113,580			

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

Form **990-PF** (2015)

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

- | | | | |
|--|--|-----|----|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | | Yes | No |
| | | | |
| 1a(1) | | | X |
| 1a(2) | | | X |
| | | | |
| 1b(1) | | | X |
| 1b(2) | | | X |
| 1b(3) | | | X |
| 1b(4) | | | X |
| 1b(5) | | | X |
| 1b(6) | | | X |
| 1c | | | X |

[illegible]

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

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

**Sign
Here**

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

Signature of officer or trustee

5.18.16 Trustee
Date 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

Stephen J O'Connor

Preparer's signature

[Signature]

Date

5/16/2016

Check ☐ if self-employed

PTIN

P01247314

Firm's name ▶ Stephen J. O'Connor

Firm's EIN ► 27-3942383

Firm's address ► 300 First Avenue, Needham, MA 02494

Phone no	781-707-2540
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Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Johns Hopkins University

Street

733 N Broadway, Suite 117

City

Baltimore

State

MD

Zip Code

21205

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

PC

Purpose of grant/contribution

Medical research

Amount

5,211,203

Name

Jonsson Cancer Center Foundation

Street

700 Tiverton Factor Bldg, 8th Floor

City

Los Angeles

State

CA

Zip Code

90095

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

PC

Purpose of grant/contribution

Medical research

Amount

784,779

Name

Massachusetts General Hospital

Street

101 Huntington Ave , Suite 300

City

Boston

State

MA

Zip Code

02199

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

PC

Purpose of grant/contribution

Medical research

Amount

1,279,121

Name

MD Anderson Cancer Center

Street

6900 Fannin St 6th Floor

City

Houston

State

TX

Zip Code

77030

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

PC

Purpose of grant/contribution

Medical research

Amount

3,125,929

Name

National Cancer Institute

Street

9000 Rockville Pike, Bldg 10, Rm 12N210

City

Bethesda

State

MD

Zip Code

20892

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

PC

Purpose of grant/contribution

Medical research

Amount

756,000

Name

South Carolina Research Foundation

Street

901 Sumter St , 5th Floor, Byrnes Bldg

City

Columbia

State

SC

Zip Code

29208

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

PC

Purpose of grant/contribution

Medical research

Amount

666,939

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

Recipient(s) paid during the year

Name

Stanford University

Street

2700 Sand Hill Rd

City

Menlo Park

State

CA

Zip Code

94025

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

PC

Purpose of grant/contribution

Medical research

Amount

690,494

Name

Technion Israel Institute of Technology

Street

Technion City

City

Haifa

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

Israel

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

714,625

Name

Tel Aviv University

Street

Ramat Aviv

City

Tel Aviv

State**Zip Code**

69978

Foreign Country

Israel

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

1,717,960

Name

The Broad Institute

Street

7 Cambridge Center

City

Cambridge

State

MA

Zip Code

02142

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

PC

Purpose of grant/contribution

Medical research

Amount

2,799,556

Name

The Medical Research Fund

Street

6 Weizmann St

City

Tel Aviv

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

Israel

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

442,475

Name

The Regents of the University of California, SB

Street

Office of Development

City

Santa Barbara

State

CA

Zip Code

93106

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

PC

Purpose of grant/contribution

Medical research

Amount

698,710

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, SD

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

1,331,341

Name

The Regents of the University of California, SF

Street

3333 California St Suite 315

City

San Francisco

State

CA

Zip Code

94118

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

PC

Purpose of grant/contribution

Medical research

Amount

2,285,465

Name

The Regents of the 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

672,979

Name

The Winifred Masterson Burke Medical Research Institute

Street

785 Mamaroneck Ave

City

White Plains

State

NY

Zip Code

10605

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

PC

Purpose of grant/contribution

Medical research

Amount

1,425,076

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

799,090

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

613,190

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

Recipient(s) paid during the year

Name

University of Copenhagen

Street

Universtetsparken 1

City

Copenhagen

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

Denmark

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

230,163

Name

University of Pennsylvania

Street

3451 Walnut St , Room 221

City

Philadelphia

State

PA

Zip Code

19104

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

PC

Purpose of grant/contribution

Medical research

Amount

674,209

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

651,783

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

694,776

Name

Weizmann Institute of Science

Street

1 Herzl St

City

Rehovot

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

Israel

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

2,878,817

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**

OMB No 1545-0047

2015

▶ 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.**Name of the organization**

Dr Miriam & Sheldon G Adelson Medical Research Foundation

Employer identification number

04-7023433

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 33 1/3 % 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 Dr. Miriam & Sheldon G. Adelson Medical Research Foundation	Employer identification number 04-7023433
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dr. Miriam and Sheldon G. Adelson Charitable Trust 410 South Rampart Blvd. Suite 440 Las Vegas NV 89145 Foreign State or Province. Foreign Country	\$ 51,361,518	Person ☒ 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	\$ 252,891	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)
			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 Dr Miriam & Sheldon G Adelson Medical Research Foundation	Employer identification number 04-7023433
--	---

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

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

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

Part III Exclusively religious, charitable, etc., 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 11 (990-PF) - Other Income

		0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1			0	

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

		38,115	0	0	38,115
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Louie & Cutler, PC	16,495			16,495
2	Milbank, Tweed, Hadley & McCloy	14,320			14,320
3	Jones Day	7,300			7,300

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

		49,236	0	0	49,236
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Cybergrants	43,300			43,300
2	Collaborative Technologies	5,834			5,834
3	Voltage Security	102			102

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

		29,832	0	0	29,832
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	State tax - MA Form PC	500			500
2	FICA	27,332			27,332
3	State unemployment	2,000			2,000

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

76,463							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					45,535	2,877		
2	Furniture & fixtures, SL 5 yrs					39,896	176		
3	Software, SL 3yrs					6,116	0		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					436,525	73,410		

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

		311,405	0	0	311,405
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Equipment rental	1,566	0		1,566
2	Postage and shipping	2,701	0		2,701
3	Uncapitalized furniture, fixtures, equipment	200	0		200
4	Payroll processing	4,062	0		4,062
5	Supplies	1,047	0		1,047
6	Telecommunications	11,061	0		11,061
7	Insurance	9,371	0		9,371
8	Other expense	2,928	0		2,928
9	Recruiting costs	170,173	0		170,173
10	Data storage	1,584	0		1,584
11	Shared services	106,712	0		106,712

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

		1,398,707	765,567	839,558	71,513	559,146	559,146
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	2,549	5,246	11,836	8,959	8,959
2	Furniture and fixtures	0	2,293	177	177	0	0
3	Computer programs	0	0	0	0	0	0
4	Leasehold improvements	0	0	0	0	0	0
5	Capital purchases - equipment	1,384,322	760,725	834,135	59,500	550,187	550,187

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

		214	0
Description		Beginning Balance	Ending Balance
1	Flexible Spending Account payable	214	
2	401k withholding		

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

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	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	0		-
2	Dr Miram Adelson		410 South Rampart Blvd Suite 440	Las Vegas	NV	89145		Trustee	1 00	0		
3	Steven Garfinkel		300 1st Ave	Needham	MA	02494		VP & Gen Counsel	7 00	0		