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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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

For calendar year 2016 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, state or province, country, and ZIP or foreign postal code Needham MA 02494				
Foreign country name		Foreign province/state/county	Foreign postal code	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change				
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 438,819		J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>Modified cash</u>		
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>				

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)	27,418,452			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	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	27,418,452	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages	237,947			237,947
	15 Pension plans, employee benefits	166,953			166,953
	16a Legal fees (attach schedule)	15,501			15,501
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	48,461			48,461
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	28,556			28,556
	19 Depreciation (attach schedule) and depletion	132,697			
	20 Occupancy				
	21 Travel, conferences, and meetings	369,443			
	22 Printing and publications				
	23 Other expenses (attach schedule)	166,535			166,535
	24 Total operating and administrative expenses. Add lines 13 through 23	1,166,093	0	0	663,953
	25 Contributions, gifts, grants paid	26,441,310			26,441,310
26 Total expenses and disbursements. Add lines 24 and 25	27,607,403	0	0	27,105,263	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-188,951				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year		End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing		68,624	12,369	12,369	
	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 ▶					
	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) ▶	972,257	559,146	426,450	426,450		
15	Other assets (describe ▶)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		627,770	438,819	438,819		
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 ▶)					
	23	Total liabilities (add lines 17 through 22)		0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>						
	24	Unrestricted		627,770	438,819		
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>						
	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)		627,770	438,819			
31	Total liabilities and net assets/fund balances (see instructions)		627,770	438,819			

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	627,770
2	Enter amount from Part I, line 27a	2	-188,951
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	438,819
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	438,819

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) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ }	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	52,133,700	402,990	129.367230
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
2	Total of line 1, column (d)		245.147295
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		49.029459
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5		175,262
5	Multiply line 4 by line 3		8,593,001
6	Enter 1% of net investment income (1% of Part I, line 27b)		0
7	Add lines 5 and 6		8,593,001
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		27,105,263

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0
3	Add lines 1 and 2		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	155
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	155
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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 2017 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
<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>		
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No
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 ▶ <u>15</u>			
16	At any time during calendar year 2016, 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶ <input type="checkbox"/>	1b	N/A
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
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 ▶ <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2016 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 2016)	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 2016?	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 89142	Trustee 1 00	0		
Dr Miriam Adelson 410 South Rampart Blvd Suite 440 Las Vegas, NV 89142	Trustee 1 00	0		
Steven Garfinkel 300 1st Ave Needham, MA 02494	VP & Gen Counsel 5 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 300 First Ave, Needham, MA 02494	Audit & Finance Ma 40 00	128,500	44,190	
Andrea Swiman 300 First Ave, Needham, MA 02494	Funding & Contract 40 00	78,487	19,244	
Kristian Hedstrom 300 First Ave, Needham, MA 02494	Program Officer 40 00	88,400	55,639	
Carmen Danielson 300 First Ave, Needham, MA 02494	Office Administrator 40 00	56,960	38,093	
	00	0		

Total number of other employees paid over \$50,000 ▶ **4**

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	Mgmt inc VP (123,000), Legal, Acctg	134,100

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	
3 All other program-related investments See instructions	

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	177,931
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	177,931
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	177,931
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	4	2,669
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	175,262
6	Minimum investment return. Enter 5% of line 5	6	8,763

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	8,763
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,763
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,763
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	8,763

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	27,105,263
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	27,105,263
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,105,263

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				8,763
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0	
b Total for prior years 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2016				
a From 2011	4,255,066			
b From 2012	23,930,845			
c From 2013	25,090,368			
d From 2014	6,507,929			
e From 2015	52,113,580			
f Total of lines 3a through e	111,897,788			
4 Qualifying distributions for 2016 from Part XII, line 4 \blacktriangleright \$ 27,105,263				
a Applied to 2015, 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 2016 distributable amount				8,763
e Remaining amount distributed out of corpus	27,096,500			
5 Excess distributions carryover applied to 2016 (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	138,994,288			
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 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions)	4,255,066			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	134,739,222			
10 Analysis of line 9				
a Excess from 2012	23,930,845			
b Excess from 2013	25,090,368			
c Excess from 2014	6,507,929			
d Excess from 2015	52,113,580			
e Excess from 2016	27,096,500			

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 2016, 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

	Prior 3 years				(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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))

Sheldon G Adelson Dr Miriam Adelson

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None 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				
Baylor College of Medicine One Baylor Plaza BCM 310 Houston, TX 77030		PC	Medical research	313,262
Boston Children's Hospital 401 Park Dr , Suite 602 Boston, MA 02215		PC	Medical research	1,164,280
Dana Farber Cancer Institute 10 Brookline Place West, 6th Floor Brookline, MA 02445		PC	Medical research	365,563
H Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612		PC	Medical research	349,128
Hadassah the Women's Zionist Organization 50 West 58th St New York, NY 10019		PC	Medical research	520,900
Harvard Medical School 25 Shattuck St Boston, MA 02115		PC	Medical research	384,575
Hebrew University of Jerusalem Edmund J Safra Campus - Givat Ram Jerusalem Israel		PC	Medical research	1,116,271
Johns Hopkins University 733 N Broadway, Suite 117 Baltimore, MD 21205		PC	Medical research	2,826,047
John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404		PC	Medical research	703,134
Jonsson Cancer Center Foundation 700 Tiverton Factor Bldg 8th Floor Los Angeles, CA 90095		PC	Medical research	435,842
Maimonides School 34 Philbrick Rd Brookline, MA 02445		PC	General charitable	1,000
Total	See Attached Statement		▶ 3a	26,441,310
b Approved for future payment				
Total			▶ 3b	0

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2016

▶ 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 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 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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 _____	\$ 27,135,310	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 _____	\$ 283,142	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----

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 _____	

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

Recipient(s) paid during the year

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

722,284

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

1,640,867

Name

National Cancer Institute

Street

9000 Rockville Pike Bldg 10

City

Bethesda

State

MD

Zip Code

20892

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

PC

Purpose of grant/contribution

Medical research

Amount

366,500

Name

Rockefeller University

Street

1230 York Ave

City

New York

State

NY

Zip Code

10065

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

PC

Purpose of grant/contribution

Medical research

Amount

2,000,000

Name

South Carolina Research Foundation

Street

901 Sumter St 5th Floor

City

Columbia

State

SC

Zip Code

29208

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

PC

Purpose of grant/contribution

Medical research

Amount

349,034

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

362,403

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

Recipient(s) paid during the year

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

364,625

Name

Tel Aviv University

Street

Ramat Aviv

City

Tel Aviv

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

Israel

Relationship**Foundation Status**

PC

Purpose of grant/contribution

Medical research

Amount

1,024,874

Name

The Regents of the University of Michigan

Street

3003 South State St 5000 Wolverine

City

Ann Arbor

State

MI

Zip Code

48109

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

PC

Purpose of grant/contribution

Medical research

Amount

378,262

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

224,000

Name

The Regents of the University of CA, San Francisco

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

1,390,304

Name

The Winifred Masterson Burke Medical Ctr

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

769,913

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

Recipient(s) paid during the year

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

454,814

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

297,482

Name

University of CA, Santa Barbara

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

350,000

Name

University of CA, San Diego

Street

9500 Gilman Dr MC0934

City

La Jolla

State

CA

Zip Code

92093

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

PC

Purpose of grant/contribution

Medical research

Amount

678,652

Name

University of CA, Los Angeles

Street

11000 Kinross Ave Suite 211

City

Los Angeles

State

CA

Zip Code

90095

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

PC

Purpose of grant/contribution

Medical research

Amount

4,364,272

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

235,645

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

Recipient(s) paid during the year

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

308,110

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

215,588

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

346,242

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

1,417,437

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

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

		15,501	0	0	15,501
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Lourie & Cutler, PC	4,341			4,341
2	Milbank, Tweed, Hadley & McCloy	11,160			11,160
3		0			0

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

		48,461	0	0	48,461
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Cybergrants	43,155			43,155
2	Collaborative Technologies	5,306			5,306
3		0			0

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

		28,556	0	0	28,556
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	FICA	23,408			23,408
3	State unemployment	4,148			4,148

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

					132,697	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					48,412	2,878		
2	Furniture & fixtures, SL 5 yrs					40,072	0		
3	Software, SL 3yrs					6,116	0		
4	Leasehold improvements, SL 5 yrs					9,789	0		
5	Capital Purchases, equipment					509,935	129,819		

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

		166,535	0	0	166,535
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Postage and shipping	1,522	0		1,522
2	Payroll processing	2,511	0		2,511
3	Supplies	719	0		719
4	Telecommunications	12,480	0		12,480
5	Insurance	7,159	0		7,159
6	Other expense	5,182	0		5,182
7	Recruiting costs	2,862	0		2,862
8	Shared services	134,100	0		134,100

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

		1,398,707	839,381	972,257	559,146	426,450	426,450
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	5,246	8,303	8,959	6,082	6,082
2	Furniture and fixtures	0	0		0	0	
3	Computer programs	0			0	0	
4	Leasehold improvements	0			0	0	
5	Capital purchases - equipment	1,384,322	834,135	963,954	550,187	420,368	420,368

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

											0	0	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	
1	Sheldon G Adelson		410 South Rampart Blvd Suite 440	Las Vegas	NV	89145		Trustee	1 00	0			
2	Dr Miriam 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	5 00	0			

Cybergrants
Application Process

HOME PROGRAMS FUNDING ABOUT US CONTACT

PAGE 10 Part XV # 2b

Project Application: APNRR

Logout

Welcome Page	Project Information	Investigator Contact Information	Funding Institution	Investigator Project Description	Budgets	Economic Interest and Institutional Assurances	Expectations of Investigator
------------------------------	-------------------------------------	--	-------------------------------------	--	-------------------------	--	--

Project Information

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

Principal Investigator First Name (required)

Principal Investigator Last Name (required)

Project Type (required)

Collaborative Project Title (required)
Please enter the Overview Project Title that the Collaboration Project Leader used in the "Overview Application" for the collaboration

NOTE: The "Overview Applications" link displayed below the "Project Information" heading enables you to access the Overview Applications

Individual Project Title (required)
Please enter the project title for your individual project.

NIH Biographical Sketch (required) [Upload File \(Click for instructions\)](#)
Please upload the most current NIH Biographical Sketch for the certifying investigator named

Total Funding Requested (required)
Please enter the amount you are requesting for this project. Do not include any institutional overhead in your requested amount. Requested amount should be for one year only

Additional Sources of Funding (required) [Upload File \(Click for instructions\)](#)
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 [Upload File \(Click for instructions\)](#)
Upload publications related to AMRF research

Project Start Date (required) 07/01/08

Project End Date (required) 06/30/09

Research Group (required) APNRR

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Project Application: APNRR

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Investigator Contact Information

Please provide your contact information.

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

Match: Click to associate this individual with this application.
Name: (Unknown)
Phone:
E-mail:

Match: Click to associate this individual with this application.
Name: (Unknown)
Phone:
E-mail:

Match: Click to associate this individual with this application.
Name: (Unknown)
Phone:
E-mail:

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Project Application: APNRR

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[Expectations of Investigator](#)

Investigator Contact Information

Please provide your contact information

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

Salutation

Please enter a salutation that would be used in correspondence to you (Example Mr., Mrs., Dr.)

First Name (required)

Last Name (required)

Degrees (required)

Please list the degrees for this person. Example MD, PhD, etc.

Address (required)

Address 2

City (required)

State (required)

Zip (required)

Country (required)

Telephone (required)

E-mail Address (required)

Need Support?

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Project Application: APNRR

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[Economic Interest and Institutional Assurances](#)
[Expectations of Investigator](#)

Funding Institution

Institution Legal Name (required)

Please enter the institution to which checks are to be made out.

Test Organization

Address (required)

Please enter the mailing address to which the check would be sent if the application is approved.

City (required)

Andover

State (required)

Massachusetts

Zip (required)

01810

Country (required)

United States

Funding Office (required)

Enter the office (for example, "Funding Office" or "Contracts" or "Grants Administration") within the institution that would answer questions or receive/process the payment(s) if the application is approved.

Contact within Funding Office (required)

Please enter the first and last name of a person within the Funding Office with whom we can contact.

E-mail Address (required)

Please enter the email address of the person you listed as the "Contact with the Funding Office"

Telephone (required)

Please enter the telephone number of the person within the Funding Office who you listed as the "Contact within the Funding Office".

Fax

Please enter the Fax number for the person you listed as

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HOME PROGRAMS FUNDING ABOUT US CONTACT

Project Application: APNRR

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Investigator Project Description

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

Individual Project Progress Report

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

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

Individual Project Description (required)

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

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

Include one page to address the following 2 questions:

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

Project Budget Justification (required)

Please upload a file with a detailed explanation of requested equipment, lab supplies, animal procurement and per diem costs. For lab personnel include the following information [Upload File \(Click for instructions\)](#)

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

[Save and Proceed](#)

[Need Support?](#)

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Project Application: APNRR

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Welcome Page	Project Information	Investigator Contact Information	Funding Institution	Investigator Project Description	Budgets	Economic Interest and Institutional Assurances	Expectations of Investigator
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Budgets

[Click Budget Guidelines](#) to review the most recent AMRF budget guidelines

Summary Budget Breakdown (required)

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

Personnel from Project

Equipment from Project

Sub-total from Project

Equipment Budget Total

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

The "Equipment from Project Budget" is the "Equipment Total" line from the Project Budget Worksheet. **\$0.00 Total**

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

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

Project Budget Worksheet (required)

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

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

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

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

Personnel Budget Worksheet (required)

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

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

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

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

Equipment Budget Worksheet

If you have any individual piece of equipment that costs over \$0K, please complete the Equipment Budget Worksheet.

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

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

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Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Project Budget Worksheet

Please enter your name and project title

Investigator Name

Project Title

Do not include indirect costs in this budget

Upload detailed explanation in Budget Justification section

Add rows as needed to the table

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

Dr. Miriam and Sheldon G. Adelson Medical Research Foundation

Personnel Budget Worksheet

Please enter your name and project title

Investigator Name:

Project Title:

Add rows as needed to the table

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

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

Include description and how you arrived at the amount

Name	Calculation of Salary	Calculation of Fringe Benefits

Project Application: APNRR

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Economic Interest and Institutional Assurances


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

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

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


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

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

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


Animal Subject Assurance Documentation [Upload File \(Click for instructions\)](#)

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

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


Human Subject Assurance Documentation [Upload File \(Click for instructions\)](#)

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

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

Bio-safety Assurance Documentation [Upload File \(Click for instructions\)](#)

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

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

Recombinant DNA Assurance Documentation [Upload File \(Click for instructions\)](#)

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

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Project Application: APNRR

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Expectations of Investigator

Expectations of Investigators (required)

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

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

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

I have read and agree with these expectations.

Name of Certifying Investigator (required)

Please select your name from this list. If your name does not display, please contact Marissa White.



Save and Proceed

Need Support?

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