

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2007**

Department of the Treasury  
Internal Revenue Service (77)

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2007, or tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH</b>	A Employer identification number <b>06-6034840</b>
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>333 CEDAR STREET SHM L300 MC 0191</b>	B Telephone number <b>(203)785-4612</b>
	City or town, state, and ZIP code <b>NEW HAVEN, CT 06520-8000</b>	C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization:	<input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>42,431,752</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
	(Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	593,055.		N/A	
	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	862,587.	862,587.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,424,483.			
	b Gross sales price for all assets on line 6a	2,424,483.			
	7 Capital gain net income (from Part IV, line 2)		2,424,483.		
	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)					
11 Other income	-14,120.	-18,120.		STATEMENT 2	
12 Total. Add lines 1 through 11	3,866,005.	3,268,950.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	94,056.	0.		165,357.
	15 Pension plans, employee benefits	82,975.	0.		109,817.
	16a Legal fees				
	b Accounting fees				
	c Other professional fees	STMT 3 220,918.	165,464.		68,057.
	17 Interest				
	18 Taxes	STMT 4 -8,977.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	9,300.	0.		9,300.
	21 Travel, conferences, and meetings	20,616.	0.		20,782.
	22 Printing and publications	8,373.	0.		8,373.
	23 Other expenses	STMT 5 12,692.	0.		10,762.
	24 Total operating and administrative expenses. Add lines 13 through 23	439,953.	165,464.		392,448.
	25 Contributions, gifts, grants paid	3,138,071.			3,149,071.
26 Total expenses and disbursements. Add lines 24 and 25	3,578,024.	165,464.		3,541,519.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	287,981.				
b Net investment income (if negative, enter -0-)		3,103,486.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

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MEDICAL RESEARCH

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	172,049.	154,545.	154,545.
	2 Savings and temporary cash investments	1,491,985.	1,451,474.	1,451,474.
	3 Accounts receivable	11,000.		
	Less: allowance for doubtful accounts		11,000.	11,000.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,447.		0.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 6 36,933,465.	33,731,772.	33,731,772.
	c Investments - corporate bonds	STMT 7 6,799,234.	7,017,056.	7,017,056.
11 Investments - land, buildings, and equipment: basis				
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe ACCRUED INTEREST)	69,778.	65,905.	65,905.	
16 Total assets (to be completed by all filers)	45,467,958.	42,431,752.	42,431,752.	
Liabilities	17 Accounts payable and accrued expenses	361,112.	259,815.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	361,112.	259,815.		
Net Assets or Fund Balances	24 Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	Unrestricted	-7,989,862.	-7,569,533.	
	25 Temporarily restricted	52,846,708.	49,441,470.	
	26 Permanently restricted	250,000.	300,000.	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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	45,106,846.	42,171,937.		
31 Total liabilities and net assets/fund balances	45,467,958.	42,431,752.		

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	45,106,846.
2 Enter amount from Part I, line 27a	2	287,981.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	45,394,827.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSS	5	3,222,890.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	42,171,937.

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**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 SEE ATTACHED STATEMENT			
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 2,424,483.			2,424,483.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			2,424,483.

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	2,424,483.
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) If (loss), enter -0- in Part I, line 8	3	N/A

**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 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))
2006	3,174,398.	41,976,978.	.075622
2005	3,550,305.	39,878,540.	.089028
2004	3,439,311.	39,596,459.	.086859
2003	3,210,305.	40,381,389.	.079500
2002	2,631,302.	41,162,893.	.063924

2 Total of line 1, column (d)	2	.394933
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	.078987
4 Enter the net value of noncharitable-use assets for 2007 from Part X, line 5	4	43,293,405.
5 Multiply line 4 by line 3	5	3,419,616.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	31,035.
7 Add lines 5 and 6	7	3,450,651.
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	3,541,519.

**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 letter: _____ (attach copy of ruling 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	1	31,035.
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	2,799.
3	Add lines 1 and 2	3	33,834.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	33,834.
6	Credits/Payments:		
a	2007 estimated tax payments and 2006 overpayment credited to 2007	6a	25,000.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	5,000.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	30,000.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	490.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	4,324.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2008 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a	X	
4b	X	
5		X
6	X	
7	X	
8b	X	
9		X
10		X

**Part VII-A Statements Regarding Activities** (continued)

11a	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)	11a		X
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a?	11b	N/A	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTP://INFO.MED.YALE.EDU/JCCFUND/</u>	13	X	
14	The books are in care of ► <u>KIM ROBERTS</u> Telephone no. ► <u>(203) 785-4612</u> Located at ► <u>333 CEDAR STREET, SHM L300 MC 0191, NEW HAVEN, CT</u> ZIP+4 ► <u>06520-8000</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		N/A

**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 page 22 of the 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 2007?	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 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years: _____		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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. ► _____		
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 2007 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 2007.)	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 2007?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  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)?  Yes  No  
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). N/A

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?  Yes  No  
If you answered "Yes" to 6b, also 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?  Yes  No

**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.

(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
SEE STATEMENT 8		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). 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
KIM ROBERTS 333 CEDAR STREET, NEW HAVEN, CT 06520	ADMINISTRATIVE DIRECTOR 40.00	69,525.	8,866.	0.
HEATHER DEMET 333 CEDAR STREET, NEW HAVEN, CT 06520	ASSISTANT 40.00	52,623.	6,689.	0.

Total number of other employees paid over \$50,000  0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

**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 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	43,712,493.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	163,297.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	76,905.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	43,952,695.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	43,952,695.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	659,290.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	43,293,405.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	2,164,670.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	2,164,670.
<b>2a</b>	Tax on investment income for 2007 from Part VI, line 5	<b>2a</b>	33,834.
<b>b</b>	Income tax for 2007. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	33,834.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	2,130,836.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	2,130,836.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	2,130,836.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	3,541,519.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,541,519.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	31,035.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	3,510,484.

**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.

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7				2,130,836.
2 Undistributed income, if any, as of the end of 2006:				
a Enter amount for 2006 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2007:				
a From 2002	578,388.			
b From 2003	1,224,452.			
c From 2004	1,475,550.			
d From 2005	1,562,371.			
e From 2006	1,050,286.			
f Total of lines 3a through e	5,891,047.			
4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$	3,541,519.			
a Applied to 2006, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2007 distributable amount				2,130,836.
e Remaining amount distributed out of corpus	1,410,683.			
5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	7,301,730.			
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002 not applied on line 5 or line 7	578,388.			
9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a	6,723,342.			
10 Analysis of line 9:				
a Excess from 2003	1,224,452.			
b Excess from 2004	1,475,550.			
c Excess from 2005	1,562,371.			
d Excess from 2006	1,050,286.			
e Excess from 2007	1,410,683.			

JANE COFFIN CHILDS MEMORIAL FUND FOR  
MEDICAL RESEARCH

Form 990-PF (2007)

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**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 the 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).)

JOHN W. CHILDS

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

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 9

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SEE ATTACHED STATEMENT	NONE	N/A	MEDICAL RESEARCH	3149071.
<b>Total</b>				<b>3149071.</b>
b <i>Approved for future payment</i>				
NONE				
<b>Total</b>				<b>0.</b>





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

JANE COFFIN CHILDS MEMORIAL FUND FOR  
MEDICAL RESEARCH

Employer identification number

06-6034840

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

## Name of organization

JANE COFFIN CHILDS MEMORIAL FUND FOR  
MEDICAL RESEARCH

## Employer identification number

06-6034840

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE AGOURON INSTITUTION 1055 E. COLORADO BOULEVARD SUITE 250 PASADENA, CA 91106	\$ 167,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MERCK & CO., INC. 126 EAST LINCOLN AVE P. O. BOX 2000 RAHWAY, NY 07065-0900	\$ 181,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TORRINGTON AREA FOUNDATION 32 CITY HALL AVE P. O. BOX 1144 TORRINGTON, CT 06790-1144	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JOHN W CHILDS J. W. CHILDS ASSO 111 HUNTINGTON AVE BOSTON, MA 02199	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GENENTECH 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080	\$ 92,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Part IV** Capital Gains and Losses for Tax 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 PUBLICLY TRADED SECURITIES	P		
b SPECIAL SITUATIONS TECHNOLOGY FUND II	P		
c SPECIAL SITUATIONS TECHNOLOGY FUND III	P		
d SEABRIDGE ASIA REDUX	P		
e THE OVERLOOK PARTNERS FUND	P		
f TIFF PARTNERS IV	P		
g TIFF PARTNERS II	P		
h			
i			
j			
k			
l			
m			
n			
o			

(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 1,680,035.			1,680,035.
b 157,487.			157,487.
c 75,915.			75,915.
d 158,047.			158,047.
e 101,056.			101,056.
f 170,004.			170,004.
g 81,939.			81,939.
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,680,035.
b			157,487.
c			75,915.
d			158,047.
e			101,056.
f			170,004.
g			81,939.
h			
i			
j			
k			
l			
m			
n			
o			

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	2,424,483.
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). If (loss), enter "-0-" in Part I, line 8	3	N/A

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDENDS	482,724.	0.	482,724.
INTEREST	379,863.	0.	379,863.
TOTAL TO FM 990-PF, PART I, LN 4	862,587.	0.	862,587.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ORDINARY LOSS, PASSIVE ACTIVITIES	-18,120.	-18,120.	
HMI MANAGEMENT FEE	4,000.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-14,120.	-18,120.	

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	72,088.	16,634.		68,057.
INVESTMENT FEES	148,830.	148,830.		0.
TO FORM 990-PF, PG 1, LN 16C	220,918.	165,464.		68,057.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX BENEFIT	-8,977.	0.		0.
TO FORM 990-PF, PG 1, LN 18	-8,977.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE	3,265.	0.		3,438.
TELEPHONE	2,572.	0.		3,175.
OFFICE EXPENSE	4,863.	0.		2,157.
INSURANCE	1,992.	0.		1,992.
TO FORM 990-PF, PG 1, LN 23	12,692.	0.		10,762.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS	33,731,772.	33,731,772.
TOTAL TO FORM 990-PF, PART II, LINE 10B	33,731,772.	33,731,772.

FORM 990-PF CORPORATE BONDS STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS	7,017,056.	7,017,056.
TOTAL TO FORM 990-PF, PART II, LINE 10C	7,017,056.	7,017,056.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM G. GRIDLEY, JR. 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	CHAIRMAN 1.00	0.	0.	0.
DR. JAMES E. CHILDS 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	VICE-CHAIRMAN 1.00	0.	0.	0.
HENDON C. PINGEON 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	TREASURER 1.00	0.	0.	0.
JOHN W. CHILDS 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	SECRETARY 1.00	0.	0.	0.
ALICE CHILDS ANDERSON 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
JOHN D. CHILDS 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
DR. RICHARD S. CHILDS, JR. 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
MS. ELISABETH CHILDS GILL 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
ADAIR MALI 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
GARDNER MUNDY 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	DIRECTOR 1.00	0.	0.	0.
DR. FREDERIC M. RICHARDS 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	HONARY MEMBER 1.00	0.	0.	0.

JANE COFFIN CHILDS MEMORIAL FUND FOR MED

06-6034840

DR. RICHARD C. LEVIN	DIRECTOR			
333 CEDAR STREET, SHM L300 MC 0191	1.00	0.	0.	0.
NEW HAVEN, CT 06520-8000				
ROBERT N. SCHMALZ	LEGAL COUNSEL			
333 CEDAR STREET, SHM L300 MC 0191	1.00	0.	0.	0.
NEW HAVEN, CT 06520-8000				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>0.</u>	<u>0.</u>	<u>0.</u>

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 9

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

N/A

TELEPHONE NUMBER

---

FORM AND CONTENT OF APPLICATIONS

---

FORMAL WRITTEN APPLICATION OUTLINING PROPOSAL AND PREVIOUS WORK EXPERIENCE.

ANY SUBMISSION DEADLINES

---

JANUARY 1ST OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

---

POST DOCTORAL FELLOWSHIPS FOR CANDIDATES WHO PERFORM CANCER RESEARCH

## THE JANE COF. CHILD'S MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

## Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1245	Dr. Peter Chein	Massachusetts Institute of Technology Cambridge, Massachusetts	\$ 3,667
61-1249	Dr. Rachel Mitton-Fry	Yale University, Department of Molecular Biophysics and Biochemistry, New Haven, Connecticut	22,500
61-1253	Dr. Markus Schober	The Rockefeller University, Laboratory of Mammalian Cell Biology and Development, New York, New York	3,667
61-1254	Dr. Claire Tseng	Whitehead Institute for Biomedical Research Cambridge, Massachusetts	11,000
61-1255	Dr. H-C Yen	Harvard Medical School, Department of Genetics Boston, Massachusetts	3,667
61-1257	Dr. Arne Gennerich	University of California, Department of Cellular and Molecular Pharmacology San Francisco, California	23,000
61-1266	Dr. Thomas Fazzio	University of California, Department of Biophysics and Biochemistry, San Francisco, California	3,667
61-1269	Dr. Ricardo Zayas	University of Illinois, Department of Cell Biology Urbana, Illinois	3,729
61-1271	Dr. Jihong Bai	Massachusetts General Hospital, Department of Molecular Biology, Cambridge, Massachusetts	45,500
61-1272	Dr. Alice Chen	Harvard University, Department of Molecular and Cell Biology, Cambridge, Massachusetts	47,500
61-1273	Dr. Matthew Rockman	Princeton University, Lewis-Sigler Institute for Integrative Genomics, Princeton, New Jersey	47,500
61-1274	Dr. Paul C. Spiegel	University of Calif Santa Cruz, Department of Molecular, Cell and Developmental Biology	24,500
61-1275	Dr. Michael Z. Lin	University of California San Diego, Department of Pharmacology, La Jolla, California	46,167
61-1276	Dr. Margaret Gardel	The Scripps Research Institute, Department of Cell Biology, La Jolla, California	1,833
61-1277	Dr. Paul Jorgensen	Harvard Medical School, Department of Systems Biology, Boston, Massachusetts	47,500

## THE JANE COFORD CHILD'S MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

## Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1278	Dr. Michelle Chang	University of Calif Berkeley, Department of Chemical Engineering, Berkeley, California	3,833
61-1279	Dr. Ji-Joon Song	Massachusetts General Hospital, Department of Molecular Biology, Boston, Massachusetts	49,000
61-1280	Dr. Justin Taraska	University of Washington, Department of Physiology and Biophysics, Seattle, Washington	48,250
61-1283	Dr. Robert Froemke	University of California, Department of Otolaryngology San Francisco, California	47,500
61-1284	Dr. Jingshi Shen	Columbia University, Department of Physiology and Cellular Biophysics, New York, New York	48,250
61-1286	Dr. Jun Zhang	Stanford University, Department of Developmental Biology, Stanford, California	47,500
61-1288	Dr. Shude Yan	University of California, Department of Cellular and Molecular Pharmacology, San Francisco, California	47,500
61-1289	Dr. Michele Markstein	Harvard Medical School, Department of Genetics Boston, Massachusetts	46,167
61-1290	Dr. Sean Rooney	The Rockefeller University, Laboratory of Cell Biology and Genetics, New York, New York	49,625
61-1291	Dr. Oded Lewinson	California Institute of Technology, Department of Chemistry and Chemical Engineering, Pasadena, California	47,250
61-1292	Dr. Kirithi Reddy	Massachusetts Institute of Technology, Department of Molecular Biology, Cambridge, Massachusetts	44,167
61-1293	Dr. Pedro Carvalho	Harvard Medical School, Department of Cell Biology, Boston, Massachusetts	48,250
61-1294	Dr. Jason Pelletieri	University of Utah, Department of Neurobiology and Anatomy, Salt Lake City, Utah	49,000
61-1295	Dr. Michael McMurray	University of Calif Berkeley, Department of Molecular and Cell Biology, Berkeley, California	47,500
61-1297	Dr. Justine Melo	Massachusetts General Hospital, Department of Molecular Biology, Boston, Massachusetts	47,500

## THE JANE COFORD CHILD'S MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

## Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1298	Dr. Diego Ferreira	University of California San Diego , Department of Chemistry and Biochemistry, Berkeley, La Jolla, California	47,854
61-1299	Dr. Zev Gartner	University of California, Department of Molecular and Cell Biology, Berkeley, California	45,500
61-1301	Dr. Christopher Snow	California Institute of Technology, Chemical Engineering and Biochemistry, Pasadena, California	45,000
61-1302	Dr. Ahmet Yildiz	University of California, Department of Cellular and Molecular Pharmacology, San Francisco	45,500
61-1303	Dr. Ying PengPeng	Stanford University, Department of Pathology Stanford, California	45,750
61-1304	Dr. Calvin Yip	Harvard Medical School, Department of Cell Biology, Boston, Massachusetts	44,500
61-1305	Dr. Yunrong Chai	Harvard Medical School, Department of Molecular and Cell Biology, Cambridge, Massachusetts	45,500
61-1306	Dr. Robert Johnston	New York University, Center for Developmental Genetics, New York, New York	45,500
61-1308	Dr. Dianne Schwarz	Massachusetts General Hospital, Department of Systems Biology, Cambridge, Massachusetts	42,500
61-1309	Dr. James Carothers	University of California, Physical Sciences Division Berkeley, California	45,500
61-1313	Dr. Tal Arnon	California Institute of Technology, Division of Biology	56,250
61-1314	Dr. Jason Casolari	Stanford University, Department of Biochemistry Stanford, California	45,500
61-1315	Dr. Matthew Pecot	University of California Los Angeles, Department of Biological Chemistry, Los Angeles, California	44,500
61-1316	Dr. Jon Kenniston	University of Pennsylvania, Department of Biochemistry and Biophysics, Philadelphia, Pennsylvania	45,500
61-1317	Dr. Rhiju Das	University of Washington, Department of Biochemistry, Seattle, Washington	44,500

## THE JANE COFFMAN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

## Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1318	Dr. Elio Abbondanzieri	Harvard University, Department of Chemistry and Chemical Biology, Cambridge, Massachusetts	42,500
61-1319	Dr. David Colby	University of California San Francisco, Institute of Neurodegenerative Disease, San Francisco, California	47,000
61-1321	Dr. John Doench	Harvard Medical School, Department of Biological Chemistry and Molecular Pharmacology Cambridge, Massachusetts	45,000
61-1322	Dr. Gregory Cope	Stanford University, Department of Biological Sciences, Stanford, California	45,500
61-1323	Dr. Saskia Neher	University of California, Department of Biochemistry and Biophysics, San Francisco, California	45,500
61-1324	Dr. Stephanie Gupton	Massachusetts Institute of Technology, Department of Cell Biology, Cambridge, Massachusetts	45,000
61-1325	Dr. M. L. Scimone	Whitehead Institute for Biomedical Research, Department of Biology, Cambridge, Massachusetts	45,750
61-1326	Dr. Jun R. Huh	New York University, Skirball Institute of Biomolecular Medicine, New York, New York	45,500
61-1333	Dr. Stephanie Hammil	Yale University, Department of Cell Biology New Haven, Connecticut	45,250
61-1334	Dr. Ivan Yudushkin	University of California, Department of Cellular and Molecular Pharmacology, San Francisco, California	44,500
61-1335	Dr. Gregory Cooper	University of Washington, Department of Genome Science, Seattle, Washington	44,500
61-1336	Dr. Seyun Kim	Johns Hopkins University, The Solomon H. Snyder Department of Neuroscience, Baltimore, Maryland	45,250
61-1338	Dr. Donald Fox	Carneige Institute of Washington, Department of Embryology, Baltimore, Maryland	44,500
61-1339	Dr. Gwangrog Lee	University of Illinois Urbana-Champaign, Department of Physics, Urbana, Illinois	31,167

## THE JANE COFORD CHILD'S MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

## Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1340	Dr. Jeffrey Doyon	University of California, Department of Molecular and Cell Biology, Berkeley, California	44,500
61-1341	Dr. Erik Hom	Harvard University, Department of Molecular and Cell Biology, Boston, Massachusetts	44,500
61-1343	Dr. Xiaoyang Wu	The Rockefeller University, Laboratory of Mammalian Cell Biology and Development, New York, New York	23,000
61-1344	Dr. Anne-Kathrin Classen	University of California, Department of Molecular and Cell Biology, Berkeley, California	44,500
61-1346	Dr. Daniel Lutterman	Massachusetts Institute of Technology Department of Chemistry, Cambridge, Massachusetts	42,292
61-1347	Dr. Joseph Loparo	Harvard Medical School, Department of Biological Chemistry and Molecular Pharmacology Cambridge, Massachusetts	44,500
61-1348	Dr. Shigeki Iwase	Harvard Medical School, Department of Pathology Cambridge, Massachusetts	23,000
61-1349	Dr. Nicholas Reyes	Weill Medical College of Cornell University Department of Physiology and Biophysics Baltimore, Maryland	44,500
61-1350	Dr. Dion Dickman	University of California, Department of Biochemistry and Biophysics, San Francisco, California	23,000
61-1351	Dr. Jiacho Chen	Stanford University, Department of Biochemistry Stanford, California	38,583
61-1352	Dr. Hubert Lam	Brigham and Women's Hospital, Department of Medicine Boston, Massachusetts	44,500
61-1354	Dr. Andrew Horwitz	University of California, Department of Cellular and Molecular Pharmacology, San Francisco, California	44,500
61-1355	Dr. Morten Ernebjerg	Harvard Medical School, Department of Systems Biology, Boston, Massachusetts	44,500
61-1356	Dr. Bassem Al-Sady	University of California, Department of Biochemistry and Biophysics, San Francisco, California	44,500

THE JANE COFFMAN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH

Form 990PF, 2007

EIN # 06-6034840

Part XV, Supplementary Information

Project No.	Name	Institute	Amount
61-1357	Dr. Aurelie Bertin	University of California, Department of Molecular and Cell Biology, Berkeley, California	44,500
61-1358	Dr. Eirni Trompouki	Children's Hospital of Boston, Department of Hematology and Oncology, Boston, Massachusetts	44,500
61-1359	Dr. Karen Wu	Columbia University, Department of Physiology and Biophysics, Department of Neuroscience, New York	44,500
61-1360	Dr. Gregory Reeves	California Institute of Technology, Division of Biology Pasadena, California	26,583
61-1361	Dr. Aparna Bohil	University of California, Department of Cellular and Molecular Pharmacology, San Francisco, California	44,500
61-1362	Dr. Alexei Korennykh	University of California, Department of Biochemistry and Biophysics, San Francisco, California	41,604
61-165	Fellow Travel	Not Applicable	23,917
332	Symposium Grant	Not Applicable	48,429
		Total	3,181,868
		Less refunds	(32,797)
		Total project payments, net of refunds	<u>\$3,149,071</u>

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

FORM **990-PF**

**2007**

Name **JANE COFFIN CHILDS MEMORIAL FUND FOR  
MEDICAL RESEARCH**

Employer identification number  
**06-6034840**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

1	Total tax (see instructions) .....	1	33,834.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....		
2c	Credit for Federal tax paid on fuels (see instructions) .....		
2d	Total. Add lines 2a through 2c .....		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty .....	3	33,834.
4	Enter the tax shown on the corporation's 2006 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	33,834.

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	11/15/07	12/15/07	03/15/08	06/15/08
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	8,459.	8,458.	8,459.	8,458.
11 <b>Estimated tax paid or credited for each period</b> (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	5,000.	5,000.	5,000.	10,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column .....				
13 Add lines 11 and 12 .....		5,000.	5,000.	10,000.
14 Add amounts on lines 16 and 17 of the preceding column .....		3,459.	6,917.	10,376.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	5,000.	1,541.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		0.	1,917.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	3,459.	6,917.	8,459.	8,458.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2007)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2007 and before 1/1/2008	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 12/31/2007 and before 4/1/2008	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 3/31/2008 and before 7/1/2008	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times \%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 6/30/2008 and before 10/1/2008	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times \%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 9/30/2008 and before 1/1/2009	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 12/31/2008 and before 2/16/2009	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Add lines 22, 24, 26, 28, 30, and 32	33	\$	\$	\$
34 <b>Penalty.</b> Add columns (a) through (d) of line 33. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	34	\$		490.

\* For underpayments paid after March 31, 2008: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF  
**UNI PAYMENT OF ESTIMATED TAX WORK SHEET**

Name(s) JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH					Identifying Number 06-6034840
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
11/15/07	8,459.	8,459.			
11/15/07	-5,000.	3,459.	13	.000219178	10.
11/28/07	-5,000.	-1,541.			
12/15/07	8,458.	6,917.	16	.000219178	24.
12/31/07	0.	6,917.	74	.000191257	98.
03/14/08	-5,000.	1,917.	1	.000191257	
03/15/08	8,459.	10,376.	16	.000191257	32.
03/31/08	0.	10,376.	74	.000163934	126.
06/13/08	-10,000.	376.	2	.000163934	
06/15/08	8,458.	8,834.	15	.000163934	22.
06/30/08	0.	8,834.	92	.000136612	111.
09/30/08	0.	8,834.	46	.000163934	67.
Penalty Due (Sum of Column F) .....					490.

\* Date of estimated tax payment, withholding credit date or installment due date.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH</b>	Employer identification number <b>06-6034840</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 CEDAR STREET SHM L300 MC 0191</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW HAVEN, CT 06520-8000</b>	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **KIM ROBERTS**  
Telephone No. **(203) 785-4612** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- I request an additional 3-month extension of time until **MAY 15, 2009**.
- For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ <b>30,000</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$ <b>25,000.</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>5,000</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date