

Return of Private Foundation

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

2008

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008, or tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
 G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. **JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH**
 A Employer identification number **06-6034840**
 B Telephone number **(203)785-4612**
 C If exemption application is pending, check here
 D 1. Foreign organizations, check here
 2. Foreign organizations meeting the 85% test, check here and attach computation
 E If private foundation status was terminated under section 507(b)(1)(A), check here
 F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
 H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation
 I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 33,712,760.**
 J Accounting method: Cash Accrual
 Other (specify) _____

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	624,955.		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	725,665.	725,665.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	201,262.			
	b Gross sales price for all assets on line 6a 201,262.				
	7 Capital gain net income (from Part IV, line 2)		201,262.		
	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	-16,705.	-23,705.		STATEMENT 2	
12 Total. Add lines 1 through 11	1,535,177.	903,222.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	108,100.	0.		108,100.
	15 Pension plans, employee benefits	75,259.	0.		75,259.
	16a Legal fees				
	b Accounting fees				
	c Other professional fees STMT 3	256,321.	188,353.		67,968.
	17 Interest				
	18 Taxes STMT 4	-168,015.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	9,300.	0.		9,300.
	21 Travel, conferences, and meetings	11,194.	0.		11,194.
	22 Printing and publications	8,119.	0.		8,119.
	23 Other expenses STMT 5	13,778.	0.		13,778.
	24 Total operating and administrative expenses. Add lines 13 through 23	314,056.	188,353.		293,718.
	25 Contributions, gifts, grants paid	3,177,092.			3,177,092.
26 Total expenses and disbursements. Add lines 24 and 25	3,491,148.	188,353.		3,470,810.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,955,971.				
b Net investment income (if negative, enter -0-)		714,869.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

Form **990-PF** (2008)

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	154,545.		
	2 Savings and temporary cash investments	1,451,474.		
	3 Accounts receivable ▶ 47,000.			
	Less: allowance for doubtful accounts ▶	11,000.	47,000.	47,000.
	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			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	33,731,772.	12,546,674.	12,546,674.
	c Investments - corporate bonds STMT 7	7,017,056.	10,855,673.	10,855,673.
11 Investments - land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 8	0.	10,151,950.	10,151,950.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ STATEMENT 9)	65,905.	111,463.	111,463.	
16 Total assets (to be completed by all filers)	42,431,752.	33,712,760.	33,712,760.	
Liabilities	17 Accounts payable and accrued expenses	259,815.	47,281.	
	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)	259,815.	47,281.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	-7,569,533.	-7,140,614.	
	25 Temporarily restricted	49,441,470.	40,456,093.	
	26 Permanently restricted	300,000.	350,000.	
	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	42,171,937.	33,665,479.		
31 Total liabilities and net assets/fund balances	42,431,752.	33,712,760.		

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	42,171,937.
2 Enter amount from Part I, line 27a	2	-1,955,971.
3 Other increases not included in line 2 (itemize) ▶ PRIOR YEAR ADJUSTMENT	3	31,153.
4 Add lines 1, 2, and 3	4	40,247,119.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS	5	6,581,640.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	33,665,479.

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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)	1	7,149.
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	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	7,149.
3	Add lines 1 and 2	4	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5	7,149.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		
6	Credits/Payments:		
a	2008 estimated tax payments and 2007 overpayment credited to 2008	6a	33,840.
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	33,840.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	26,691.
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax <input checked="" type="checkbox"/> 26,691. Refunded <input checked="" type="checkbox"/> 0.	11	0.

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	
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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15 <u>N/A</u>			

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 20 of the instructions)? <u>N/A</u> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
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 2008?	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 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? <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 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.) <u>N/A</u>	2b	
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 2008 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 2008.) <u>N/A</u>	3b	
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 2008?	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)? **5b** X
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? **N/A** 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 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? **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.

(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 10		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	ADMINISTRATIVE DIRECTOR	72,445.	5,702.	
HEATHER DEMET	ADMINISTRATIVE ASSISTANT	54,728.	4,301.	

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	
Total. 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.)

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	37,844,347.
b	Average of monthly cash balances	1b	71,132.
c	Fair market value of all other assets	1c	140,652.
d	Total (add lines 1a, b, and c)	1d	38,056,131.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	38,056,131.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	570,842.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,485,289.
6	Minimum investment return. Enter 5% of line 5	6	1,874,264.

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	1,874,264.
2a	Tax on investment income for 2008 from Part VI, line 5	2a	7,149.
b	Income tax for 2008. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	7,149.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,867,115.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,867,115.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,867,115.

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	3,470,810.
b	Program-related investments - total from Part IX-B	1b	0.
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	3,470,810.
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	5	7,149.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,463,661.

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 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				1,867,115.
2 Undistributed income, if any, as of the end of 2007:				
a Enter amount for 2007 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003	1,224,452.			
b From 2004	1,475,550.			
c From 2005	1,562,371.			
d From 2006	1,050,286.			
e From 2007	1,410,683.			
f Total of lines 3a through e	6,723,342.			
4 Qualifying distributions for 2008 from Part XII, line 4: ▶ \$	3,470,810.			
a Applied to 2007, 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 2008 distributable amount				1,867,115.
e Remaining amount distributed out of corpus	1,603,695.			
5 Excess distributions carryover applied to 2008 (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	8,327,037.			
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 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				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 2003 not applied on line 5 or line 7	1,224,452.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	7,102,585.			
10 Analysis of line 9:				
a Excess from 2004	1,475,550.			
b Excess from 2005	1,562,371.			
c Excess from 2006	1,050,286.			
d Excess from 2007	1,410,683.			
e Excess from 2008	1,603,695.			

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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 2008, 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) 2008	(b) 2007	(c) 2006	(d) 2005	
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:

N/A

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

FORMAL WRITTEN APPLICATION OUTLINING PROPOSAL AND PREVIOUS WORK EXPERIENCE.

c Any submission deadlines:

JANUARY 1ST OF EACH YEAR

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

POST DOCTORAL FELLOWSHIPS FOR CANDIDATES WHO PERFORM CANCER RESEARCH

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 Paid during the year				
SEE STATEMENT 11				
Total			▶ 3a	3177092.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

Employer identification number

06-6034840

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOWARD HUGHS MEDICAL INSTITUTE 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815-6789	\$ 376,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	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.)
3	MERCK & CO., INC. 126 EAST LINCOLN AVE P. O. BOX 2000 RAHWAY, NY 07065-0900	\$ 93,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	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.)
		\$	Person <input 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.)

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES		STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
DIVIDENDS	591,018.	0.	591,018.	
INTEREST	134,647.	0.	134,647.	
TOTAL TO FM 990-PF, PART I, LN 4	725,665.	0.	725,665.	

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	-23,705.	-23,705.			
HMI MANAGEMENT FEE	7,000.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	-16,705.	-23,705.			

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	91,629.	23,661.		67,968.		
INVESTMENT FEES	164,692.	164,692.		0.		
TO FORM 990-PF, PG 1, LN 16C	256,321.	188,353.		67,968.		

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	-168,015.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	-168,015.	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	2,395.	0.		2,395.
TELEPHONE	4,131.	0.		4,131.
OFFICE EXPENSE	5,947.	0.		5,947.
INSURANCE	1,305.	0.		1,305.
TO FORM 990-PF, PG 1, LN 23	13,778.	0.		13,778.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SHORT TERM EQUITY	6,144,385. 6,402,289.	6,144,385. 6,402,289.
TOTAL TO FORM 990-PF, PART II, LINE 10B	12,546,674.	12,546,674.

FORM 990-PF CORPORATE BONDS STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	10,855,673.	10,855,673.
TOTAL TO FORM 990-PF, PART II, LINE 10C	10,855,673.	10,855,673.

FORM 990-PF OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HEDGE FUNDS	FMV	622,886.	622,886.
PRIVATE EQUITY	FMV	9,529,064.	9,529,064.
TOTAL TO FORM 990-PF, PART II, LINE 13		10,151,950.	10,151,950.

FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ACCRUED INTEREST	65,905.	93,652.	93,652.	
PREPAID TAXES	0.	17,811.	17,811.	
TO FORM 990-PF, PART II, LINE 15	65,905.	111,463.	111,463.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
WILLIAM G. GRIDLEY, JR. 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	VICE-CHAIRMAN 1.00	0.	0.	0.
DR. JAMES E. CHILDS 333 CEDAR STREET, SHM L300 MC 0191 NEW HAVEN, CT 06520-8000	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.

JANE COFFIN CHILDS MEMORIAL FUND FOR MED

06-6034840

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

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 11

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AHMET YILDIZ 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	24,500.
ALEXANDRE NEVES, 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	RESEARCH INSTITUTE	44,500.
ALEXIE KORENNYKH 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	46,395.
ALINA VRABIOIU 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	8,667.
ANDREA BERMAN 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	44,500.
ANDREW HORWITZ 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	45,500.
ANNE KAHTRIN CLASSEN 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	45,500.
ANNE-LORE SCHAILTZ 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	44,500.
ASSEF ZEMACH 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	UNIVERSITY	32,845.

AURELIE BERTIN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
BASSAMAL-SADY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
BRANT PETERSON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	23,000.
CALVIN YIP 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	46,833.
CHRISTOPHER SNOW 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	11,167.
CLAUS-DIETER KUHN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	LABORATORY	45,500.
DAMON CLARK 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
DAVID COLBY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	49,500.
DAVID LUTTERMAN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	47,375.
DIANNE SCHWARZ 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	HOSPITAL	48,000.

DIEGO FERREIRO 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	3,896.
DION DICKMAN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,583.
DONALD FOX 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
DRAGANA ROGULJA 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	23,500.
EIRINI TROMPOUKI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
ELIA ABBONDANZIERI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	48,000.
ELIZABETH HARRIS 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
ELLEN J. EZRATTY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	37,333.
ERIK HOM 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	46,417.
FLORIAN MERKLE 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
GREGORY COOPER 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.

GREGORY COPE 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,500.
GREGORY REEVES 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	45,083.
ZWANGROG LEE 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,000.
HEATHER CHRISTOFK 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	23,000.
HUBERT LAM 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	HOSPITAL	45,500.
HYUN EUI KIM, 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000	MEDICAL RESEARCH FELLOWSHIP	RESEARCH INSTITUTE	44,500.
IVAN YUDUSHKIN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	46,417.
JAMES CAROTHERS 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,500.
JAMES CAROLARI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,500.
JEFFREY DOYON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	45,500.

JIACHO CHEN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,250.
JIHONG BAI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	HOSPITAL	23,000.
JOHN DOENCH 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,167.
JON KENNISTON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,500.
JOSEPH LOPARO 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	45,500.
JUN HUH 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	47,500.
JUNE ROUND 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	23,875.
KAREN WU 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	45,500.
KIRTHI REDDY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	48,917.
LIANG CAI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000	FELLOWSHIP	UNIVERSITY	37,333.

LIU XIN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
LUCIANO MARRAFINI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
MARIA L. SCIMONE, 333 CEDAR STREET SHM L300 MC0191, NEW HAVEN, CT 06520-8000 MEDICAL RESEARCH FELLOWSHIP	RESEARCH INSTITUTE	32,958.
MATTHEW PECOT 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	46,833.
MICHAEL LIN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	15,333.
MICHAEL STRONG 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	4,000.
MICHELLE MARKSTEIN 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	15,333.
MORTEN ERNEBJERG 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
NICHOLAS REYES 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	45,500.
ODED LEWINSON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	11,688.

PRABHAT KUNWAR 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	23,000.
RACHEL MITTON-FRY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	17,729.
RAHUL ROY 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
RHJUI DAS 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	23,833.
ROBERT DRISCOLL 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	23,000.
ROBERT COLLINS 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	48,083.
ROBERT JOHNSTON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	48,417.
SASKIA NEHER 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	47,500.
SEYUN KIM 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	46,500.
SHIGEKI IWASE 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	43,500.
SOO HEE LEE 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	40,917.

STEPHANIE GUPTON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	47,167.
STEPHANIE HAMMIL 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	46,500.
TAL ARNON 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	47,333.
XIAOYANG WU 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	43,500.
YING PENG 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	48,125.
YUNRONG CHAI 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	48,167.
ZACHARY PINCUS 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	44,500.
ZEV GARTNER 333 CEDAR STREET SHM L300 MC0191, MEDICAL RESEARCH NEW HAVEN, CT 06520-8000 FELLOWSHIP	UNIVERSITY	24,500.
VARIOUS TRAVEL/SYMPOSIUM GRANTS 333 CEDAR STREET SHM L300 MC0191, TRAVEL/SYMPOSIUM GRANTS NEW HAVEN, CT 06520-8000	N/A	86,123.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

3,177,092.

STATEMENT 12

JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH
FORM 990-PF, 2008
EIN 06-6034840
FYE JUNE 30, 2009
H - CHECK TYPE OF ORGANIZATION

AMENDED RETURN: An amended return is being file to correct the answer to H, type of organization, on page 1 of the Form 990-PF, Tax 2008. The Jane Coffin Childs Memorial Fund for Medical Research was inadvertently filed as a Section 501 (c) (3) exempt private foundation. This amended return correctly reports the type of organization as a Section 4947(a)(1) nonexempt charitable trust which is consistent with previously filed tax returns.

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

2008

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 38 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	7,149.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b 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	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
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	7,149.
4 Enter the tax shown on the corporation's 2007 income tax return (see instructions). 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		4	33,834.
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	7,149.

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 Installment due dates. 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	9	11/15/08	12/15/08	03/15/09	06/15/09
10 Required installments. 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.	10	1,787.	1,788.	1,787.	1,787.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	8,000.		8,000.	17,840.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		6,213.	4,425.	10,638.
13 Add lines 11 and 12	13		6,213.	12,425.	28,478.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	8,000.	6,213.	12,425.	28,478.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. 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	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	6,213.	4,425.	10,638.	

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.

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 4/15/2008 and before 7/1/2008	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2008 and before 10/1/2008	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2009 and before 10/01/2009	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		0.

* 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. You can also call 1-800-829-4933 to get interest rate information.

Reportable Transaction Disclosure Statement

▶ Attach to your tax return.
 ▶ See separate instructions.

Name(s) shown on return (individuals enter last name, first name, middle initial)

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

Identifying number

06-6034840

Number, street, and room or suite no.

333 CEDAR STREET SHM L300 MC 0191

City or town, state, and ZIP code

NEW HAVEN, CT 06520-8000

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number of

B Enter the form number of the tax return to which this form is attached or related ▶ **990-PF**

Enter the year of the tax return identified above ▶ **06/30/2009**

Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply (see instructions). Initial year filer Protective disclosure

1a Name of reportable transaction

988 LOSS TRANSACTION

1b Initial year participated in transaction

VARIOUS

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

N/A

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** Listed **c** Contractual protection **e** Brief asset holding period
- b** Confidential **d** Loss **f** Transaction of interest

3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity: Partnership Partnership
- S corporation S corporation
- Trust Trust
- Foreign Foreign

b Name
 ▶ **TIFF PARTNERS IV LLC**

c Employer identification number (EIN), if known ▶ **54-2007544**

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **09/16/2009**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$
City or town, state, and ZIP code		

b Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$
City or town, state, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions
- Exclusions from gross income
- Tax credits
- Other _____
- Capital loss
- Nonrecognition of gain
- Deferral
- Ordinary loss
- Adjustments to basis
- Absence of adjustments to basis

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

THE TAXPAYER HAS DIRECT AND INDIRECT INVESTMENTS IN PARTNERSHIPS THAT ENTER INTO INVESTMENT TRANSACTIONS THAT GENERATE FOREIGN CURRENCY GAINS AND LOSSES FOR PURPOSES OF GENERATING PRE-TAX ECONOMIC GAINS. IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS HAVE BEEN MET OR TO DETERMINE WITH CERTAINTY IF ANY TRANSACTION HAS MET THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2003-24. AS SUCH, THE PARTNERSHIP IS REPORTING THESE TRANSACTIONS ON A PROTECTIVE BASIS.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their names(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

a Type of entity: Tax-exempt Foreign Related

Name	Identifying number
Address	
Description	

b Type of entity: Tax-exempt Foreign Related

Name	Identifying number
Address	
Description	

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
 Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

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

Identifying number (see instructions)

06-6034840

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?

Yes No

b Did the transferor remain in existence after the transfer?

Yes No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
TIFF PARTNERS IV LLC	54-2007544

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No

c Is the partner disposing of its entire interest in the partnership? Yes No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

VALUE CREATION, INC.

4 Identifying number, if any

N/A FOREIGN US

5 Address (including country)

**1100, 635 - 8TH AVE SW
 CALGARY, ALBERTA T2P 3M3 CANADA**

6 Country code of country of incorporation or organization

CA

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
	06/30/2008	BA ENERGY STK	273,429.	273,429.	
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.00 % (b) After 0.01 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 368

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047
2008
Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)
**JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH**

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
06-6034840

B Exempt under section
 501(c)(3))
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
333 CEDAR STREET SHM L300 MC 0191
City or town, state, and ZIP code
NEW HAVEN, CT 06520-8000

E Unrelated business activity codes
(See instructions for Block E on page 9.)
523000

C Book value of all assets at end of year
33698349.

F Group exemption number (See instructions for Block F.) **▶**
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **▶ OTHER INVESTMENT INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ KIM ROBERTS** Telephone number **▶ (203) 785-4612**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-781.	-781.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	-781.	-781.

Part II	Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	1,795.
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	1,475.
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	3,270.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,051.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-4,051.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-4,051.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** _____

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36** _____ 0.

37 Proxy tax. See instructions **37** _____

38 Alternative minimum tax **38** _____

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** _____ 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** _____

b Other credits (see instructions) **40b** _____

c General business credit. Attach Form 3800 **40c** _____

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** _____

e Total credits. Add lines 40a through 40d **40e** _____

41 Subtract line 40e from line 39 **41** _____ 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42** _____

43 Total tax. Add lines 41 and 42 **43** _____ 0.

44a Payments: A 2007 overpayment credited to 2008 **44a** _____ 201.

b 2008 estimated tax payments **44b** _____

c Tax deposited with Form 8868 **44c** _____

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d** _____

e Backup withholding (see instructions) **44e** _____

f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f** _____

45 Total payments. Add lines 44a through 44f **45** _____ 201.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46** _____

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** _____

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** _____ 201.

49 Enter the amount of line 48 you want: Credited to 2009 estimated tax **201.** Refunded **49** _____ 0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **THE CAYMAN ISLANDS** Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. _____ Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$** _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here Signature of officer: *[Signature]* Date: 12/4/10 Title: **TREASURER**

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

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: 2/1/2010 Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: **WHITTLESEY & HADLEY, P.C.**
147 CHARTER OAK AVE.
HARTFORD, CT 06106-5100

EIN: **06-0903326**
 Phone no.: **(860)522-3111**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1 Name of controlled organization		2 Employer identification number	Exempt Controlled Organizations			6 Deductions directly connected with income in column 5
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals				0.	0.	
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.