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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 07-01-2013 , and ending 06-30-2014

|                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH                                                                                                                                                                                                                                    |                                                                                                                      | A Employer identification number<br>06-6034840                                                                                                                               |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>333 CEDAR STREET                                                                                                                                                                                                           |                                                                                                                      | B Telephone number (see instructions)<br>(203) 785-4612                                                                                                                      |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>NEW HAVEN, CT 065208000                                                                                                                                                                                                            |                                                                                                                      | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                      | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 57,069,906                                                                                                                                                                                                               | J Accounting method<br><input type="checkbox"/> Other (specify) _____<br>(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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                             | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc , received (attach schedule)                            | 1,779,769                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities. . . . .                                           | 726,054                            | 726,054                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                    | 3,054,658                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . .                                    |                                    | 3,054,658                 |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Less Cost of goods sold . . . . .                                                         |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | c Gross profit or (loss) (attach schedule) . . . . .                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                 | 50,000                             | 0                         |                         |                                                             |
|                                                                                                                                                                     | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                           | 5,610,481                          | 3,780,712                 |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                       | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                              | 149,267                            | 0                         |                         | 149,267                                                     |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                               | 112,587                            | 0                         |                         | 112,587                                                     |
|                                                                                                                                                                     | 16a Legal fees (attach schedule). . . . .                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule). . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                       | 297,289                            | 232,366                   |                         | 64,923                                                      |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions)                                               | 104,490                            | 3,946                     |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                      | 9,300                              | 0                         |                         | 9,300                                                       |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                              | 114,932                            | 0                         |                         | 110,745                                                     |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                      | 11,475                             | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 23 Other expenses (attach schedule). . . . .                                                | 9,286                              | 0                         |                         | 9,286                                                       |
|                                                                                                                                                                     | 24 <b>Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . . | 808,626                            | 236,312                   |                         | 456,108                                                     |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                              | 3,993,071                          |                           |                         | 3,993,071                                                   |
|                                                                                                                                                                     | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                             | 4,801,697                          | 236,312                   |                         | 4,449,179                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a <b>Excess of revenue over expenses and disbursements</b>                                  | 808,784                            |                           |                         |                                                             |
|                                                                                                                                                                     | b <b>Net investment income</b> (if negative, enter -0-)                                     |                                    | 3,544,400                 |                         |                                                             |
|                                                                                                                                                                     | c <b>Adjusted net income</b> (if negative, enter -0-)                                       |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |     | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )               | Beginning of year | End of year    |                       |
|-----------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |     |                                                                                                                                   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .                                                                                               | 374,191           | 402,882        | 402,882               |
|                             | 2   | Savings and temporary cash investments . . . . .                                                                                  |                   |                |                       |
|                             | 3   | Accounts receivable ▶ 21,166                                                                                                      |                   |                |                       |
|                             |     | Less allowance for doubtful accounts ▶                                                                                            |                   | 21,166         | 21,166                |
|                             | 4   | Pledges receivable ▶                                                                                                              |                   |                |                       |
|                             |     | Less allowance for doubtful accounts ▶                                                                                            |                   |                |                       |
|                             | 5   | Grants receivable . . . . .                                                                                                       |                   |                |                       |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                   |                |                       |
|                             | 7   | Other notes and loans receivable (attach schedule) ▶                                                                              |                   |                |                       |
|                             |     | Less allowance for doubtful accounts ▶                                                                                            |                   |                |                       |
|                             | 8   | Inventories for sale or use . . . . .                                                                                             |                   |                |                       |
|                             | 9   | Prepaid expenses and deferred charges . . . . .                                                                                   |                   |                |                       |
|                             | 10a | Investments—U S and state government obligations (attach schedule)                                                                |                   |                |                       |
|                             | b   | Investments—corporate stock (attach schedule) . . . . .                                                                           | 13,705,862        | 18,757,418     | 18,757,418            |
|                             | c   | Investments—corporate bonds (attach schedule). . . . .                                                                            | 9,482,745         | 5,422,397      | 5,422,397             |
|                             | 11  | Investments—land, buildings, and equipment basis ▶                                                                                |                   |                |                       |
| Liabilities                 |     | Less accumulated depreciation (attach schedule) ▶                                                                                 |                   |                |                       |
|                             | 12  | Investments—mortgage loans . . . . .                                                                                              |                   |                |                       |
|                             | 13  | Investments—other (attach schedule) . . . . .                                                                                     | 17,847,141        | 19,780,631     | 19,780,631            |
|                             | 14  | Land, buildings, and equipment basis ▶                                                                                            |                   |                |                       |
|                             |     | Less accumulated depreciation (attach schedule) ▶                                                                                 |                   |                |                       |
|                             | 15  | Other assets (describe ▶)                                                                                                         | 11,660,959        | 12,685,412     | 12,685,412            |
|                             | 16  | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)                                        | 53,070,898        | 57,069,906     | 57,069,906            |
|                             | 17  | Accounts payable and accrued expenses . . . . .                                                                                   | 157,017           | 92,261         |                       |
|                             | 18  | Grants payable . . . . .                                                                                                          |                   |                |                       |
|                             | 19  | Deferred revenue . . . . .                                                                                                        | 1,335,725         | 1,570,600      |                       |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons                                                          |                   |                |                       |
|                             | 21  | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                   |                |                       |
|                             | 22  | Other liabilities (describe ▶)                                                                                                    | 288,059           | 367,541        |                       |
|                             | 23  | Total liabilities (add lines 17 through 22) . . . . .                                                                             | 1,780,801         | 2,030,402      |                       |
| Net Assets or Fund Balances |     | Foundations that follow SFAS 117, check here ▶                                                                                    |                   |                |                       |
|                             |     | and complete lines 24 through 26 and lines 30 and 31.                                                                             |                   |                |                       |
|                             | 24  | Unrestricted . . . . .                                                                                                            |                   |                |                       |
|                             | 25  | Temporarily restricted . . . . .                                                                                                  | 50,840,097        | 54,589,504     |                       |
|                             | 26  | Permanently restricted . . . . .                                                                                                  | 450,000           | 450,000        |                       |
|                             |     | Foundations that do not follow SFAS 117, check here ▶                                                                             |                   |                |                       |
|                             |     | and complete lines 27 through 31.                                                                                                 |                   |                |                       |
|                             | 27  | Capital stock, trust principal, or current funds . . . . .                                                                        |                   |                |                       |
|                             | 28  | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    |                   |                |                       |
|                             | 29  | Retained earnings, accumulated income, endowment, or other funds                                                                  |                   |                |                       |
|                             | 30  | Total net assets or fund balances (see page 17 of the instructions) . . . . .                                                     | 51,290,097        | 55,039,504     |                       |
|                             | 31  | Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .                                        | 53,070,898        | 57,069,906     |                       |

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 | 51,290,097 |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 808,784    |
| 3 | Other increases not included in line 2 (itemize) ▶                                                                                                                 | 3 | 2,940,623  |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 55,039,504 |
| 5 | Decreases not included in line 2 (itemize) ▶                                                                                                                       | 5 | 0          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 55,039,504 |

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<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
| 1 a                                                                                                                               | SALE/MATURITY OF INVESTMENTS |                                              |                                      |                                  |
| b                                                                                                                                 | ALTERNATIVE INVESTMENTS      |                                              | P                                    |                                  |
| c                                                                                                                                 |                              |                                              |                                      |                                  |
| d                                                                                                                                 |                              |                                              |                                      |                                  |
| e                                                                                                                                 |                              |                                              |                                      |                                  |

|                       |                                            |                                                 |                                              |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
| a                     |                                            |                                                 | 1,570,004                                    |
| b                     |                                            |                                                 | 1,484,654                                    |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

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<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
| a                        |                                      |                                               | 1,570,004                                                                                    |
| b                        |                                      |                                               | 1,484,654                                                                                    |
| c                        |                                      |                                               |                                                                                              |
| d                        |                                      |                                               |                                                                                              |
| e                        |                                      |                                               |                                                                                              |

|   |                                                                                                                                                                                                              |                                                                                     |   |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|-----------|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                                | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 | 3,054,658 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . |                                                                                     | 3 |           |

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 page 18 of the instructions before making any entries

|                                                                      |                                          |                                              |                                                           |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2012                                                                 | 4,201,335                                | 38,869,237                                   | 0 108089                                                  |
| 2011                                                                 | 3,645,498                                | 37,276,642                                   | 0 097796                                                  |
| 2010                                                                 | 3,328,909                                | 36,712,861                                   | 0 090674                                                  |
| 2009                                                                 | 3,542,844                                | 33,738,086                                   | 0 105010                                                  |
| 2008                                                                 | 3,463,661                                | 37,485,289                                   | 0 092401                                                  |

|   |                                                                                                                                                                                                                              |   |            |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 | Total of line 1, column (d). . . . .                                                                                                                                                                                         | 2 | 0 493970   |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years . . . .                                        | 3 | 0 098794   |
| 4 | Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. . . . .                                                                                                                                        | 4 | 38,687,157 |
| 5 | Multiply line 4 by line 3. . . . .                                                                                                                                                                                           | 5 | 3,822,059  |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                                                          | 6 | 35,444     |
| 7 | Add lines 5 and 6. . . . .                                                                                                                                                                                                   | 7 | 3,857,503  |
| 8 | Enter qualifying distributions from Part XII, line 4. . . . .<br>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<br>the Part VI instructions | 8 | 4,449,179  |

| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)                                             |                                                                     |    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|--------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1                                         |                                                                     | 1  | 35,444 |
| Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)                                                                     |                                                                     |    |        |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |                                                                     |    |        |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                |                                                                     |    |        |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                             |                                                                     | 2  | 0      |
| 3 Add lines 1 and 2. . . . .                                                                                                                                           |                                                                     | 3  | 35,444 |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                           |                                                                     | 4  | 0      |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .                                                                     |                                                                     | 5  | 35,444 |
| 6 Credits/Payments                                                                                                                                                     |                                                                     |    |        |
| a                                                                                                                                                                      | 2013 estimated tax payments and 2012 overpayment credited to 2013   | 6a | 20,543 |
| b                                                                                                                                                                      | Exempt foreign organizations—tax withheld at source . . . . .       | 6b |        |
| c                                                                                                                                                                      | Tax paid with application for extension of time to file (Form 8868) | 6c | 14,954 |
| d                                                                                                                                                                      | Backup withholding erroneously withheld . . . . .                   | 6d |        |
| 7 Total credits and payments Add lines 6a through 6d. . . . .                                                                                                          |                                                                     | 7  | 35,497 |
| 8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                          |                                                                     | 8  | 53     |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                              |                                                                     | 9  | 0      |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                  |                                                                     | 10 |        |
| 11 Enter the amount of line 10 to be Credited to 2014 estimated tax  Refunded                                                                                          |                                                                     | 11 |        |

| Part VII-A Statements Regarding Activities                                                                                                                                                                                                                                                                                                                                                  |  |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|-----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                                                           |  | 1a | No  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .                                                                                                                                                                                                                           |  | 1b | No  |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.                                                                                                                                                                                               |  |    |     |
| c Did the foundation file Form 1120-POL for this year?. . . . .                                                                                                                                                                                                                                                                                                                             |  | 1c | No  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation  \$ 0 (2) On foundation managers  \$ 0                                                                                                                                                                                                                            |  |    |     |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$ 0                                                                                                                                                                                                                                                |  |    |     |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .                                                                                                                                                                                                                                                                                 |  | 2  | No  |
| If "Yes," attach a detailed description of the activities.                                                                                                                                                                                                                                                                                                                                  |  |    |     |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                      |  | 3  | No  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .                                                                                                                                                                                                                                                                                     |  | 4a | No  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?. . . . .                                                                                                                                                                                                                                                                                                                 |  | 4b |     |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .                                                                                                                                                                                                                                                                                  |  | 5  | No  |
| If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                                                                                                                                                                           |  |    |     |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"><li>By language in the governing instrument, or</li><li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .</li></ul> |  | 6  | Yes |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.                                                                                                                                                                                                                                                        |  | 7  | Yes |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions)  CT                                                                                                                                                                                                                                                                                   |  |    |     |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .                                                                                                                                                                             |  | 8b | Yes |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .                                                                                                                            |  | 9  | No  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.                                                                                                                                                                                                                                                      |  | 10 | No  |

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 |     | No |
| 12                           | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)  | 12 |     | No |
| 13                           | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13 | Yes |    |
| Website address ▶JCCFUND.ORG |                                                                                                                                                                                           |    |     |    |
| 14                           | The books are in care of ▶KIM ROBERTS Telephone no ▶(203) 785-4612                                                                                                                        |    |     |    |
|                              | Located at ▶333 CEDAR STREET NEW HAVEN CT ZIP +4 ▶065208000                                                                                                                               |    |     |    |
| 15                           | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/>                                            |    |     |    |
|                              | and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶                                                                                               | 15 |     |    |
| 16                           | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
|                              | See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶                                                           |    |     |    |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 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? ( <b>Exception.</b> 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 <b>any</b> 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)? . . . 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 2013? . . . . .                                                                                                                                                                                                                                                                                                                  | 1c |     | No |
| 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                       |    |     |    |
| 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .                                                                                                                                                                                     | 2b |     |    |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                           |    |     |    |
| b                                                                                       | If "Yes," did it have excess business holdings in 2013 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> ) . . . . . | 3b |     |    |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                    | 4a |     | No |
| 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 2013?                                                                                                                                                                                                                                                                                  | 4b |     | No |

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)? (see instructions).

Yes 

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes 

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

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).

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

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes 

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address      | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

2

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

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 (see instructions). 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                                                                                                                                                                                                                                                      |          |
| 2                                                                                                                                                                                                                                                      |          |
| 3                                                                                                                                                                                                                                                      |          |
| 4                                                                                                                                                                                                                                                      |          |

Part IX-B

Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 2                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See page 24 of the instructions.                                          |        |
| 3                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3. . . . .                                                                            | 0      |

Part X

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

|   |                                                                                                                    |    |            |
|---|--------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |    |            |
| a | Average monthly fair market value of securities. . . . .                                                           | 1a | 38,835,353 |
| b | Average of monthly cash balances. . . . .                                                                          | 1b | 374,648    |
| c | Fair market value of all other assets (see instructions). . . . .                                                  | 1c | 66,301     |
| d | Total (add lines 1a, b, and c). . . . .                                                                            | 1d | 39,276,302 |
| 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  | 39,276,302 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | 4  | 589,145    |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                | 5  | 38,687,157 |
| 6 | Minimum investment return. Enter 5% of line 5. . . . .                                                             | 6  | 1,934,358  |

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  | 1,934,358 |
| 2a | Tax on investment income for 2013 from Part VI, line 5. . . . .                                           | 2a | 35,444    |
| b  | Income tax for 2013 (This does not include the tax from Part VI ). . . . .                                | 2b |           |
| c  | Add lines 2a and 2b. . . . .                                                                              | 2c | 35,444    |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                             | 3  | 1,898,914 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                        | 4  | 0         |
| 5  | Add lines 3 and 4. . . . .                                                                                | 5  | 1,898,914 |
| 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  | 1,898,914 |

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 | 4,449,179 |
| 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  | 4,449,179 |
| 5                                                                                                                                                                                            | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . . | 5  | 35,444    |
| 6                                                                                                                                                                                            | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .                                                                                      | 6  | 4,413,735 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |                                                                                                                                                              |    |           |

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7                                                                                                                                |               |                            |             | 1,898,914   |
| 2 Undistributed income, if any, as of the end of 2013                                                                                                                               |               |                            |             |             |
| a Enter amount for 2012 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2013                                                                                                                                   |               |                            |             |             |
| a From 2008. . . . .                                                                                                                                                                | 1,603,695     |                            |             |             |
| b From 2009. . . . .                                                                                                                                                                | 1,867,190     |                            |             |             |
| c From 2010. . . . .                                                                                                                                                                | 1,530,184     |                            |             |             |
| d From 2011. . . . .                                                                                                                                                                | 1,809,280     |                            |             |             |
| e From 2012. . . . .                                                                                                                                                                | 2,270,988     |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              | 9,081,337     |                            |             |             |
| 4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 4,449,179                                                                                                            |               |                            |             |             |
| a Applied to 2012, 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 2013 distributable amount. . . . .                                                                                                                                     |               |                            |             | 1,898,914   |
| e Remaining amount distributed out of corpus                                                                                                                                        | 2,550,265     |                            |             |             |
| 5 Excess distributions carryover applied to 2013<br>(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                                                                                                                                   | 11,631,602    |                            |             |             |
| 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 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .                                                               |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .                                  | 0             |                            |             |             |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . .                                                                                  | 1,603,695     |                            |             |             |
| 9 Excess distributions carryover to 2014.<br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                          | 10,027,907    |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2009. . . .                                                                                                                                                           | 1,867,190     |                            |             |             |
| b Excess from 2010. . . .                                                                                                                                                           | 1,530,184     |                            |             |             |
| c Excess from 2011. . . .                                                                                                                                                           | 1,809,280     |                            |             |             |
| d Excess from 2012. . . .                                                                                                                                                           | 2,270,988     |                            |             |             |
| e Excess from 2013. . . .                                                                                                                                                           | 2,550,265     |                            |             |             |

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. . . . .

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

|    |                                                                                                                                                           |          |               |          |          |           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                       | Tax year | Prior 3 years |          |          | (e) Total |
|    |                                                                                                                                                           | (a) 2013 | (b) 2012      | (c) 2011 | (d) 2010 |           |
|    |                                                                                                                                                           |          |               |          |          |           |
| 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 XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

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

2

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

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

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

KIM ROBERTS  
333 CEDAR STREET  
NEW HAVEN, CT 06520  
(203) 785-4612

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

FEBRUARY 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<br>See Additional Data Table |                                                                                                           |                                |                                  |           |
| Total . . . . .                                     |                                                                                                           |                                | 3a                               | 3,993,071 |
| b Approved for future payment                       |                                                                                                           |                                |                                  |           |
| Total . . . . .                                     |                                                                                                           |                                | 3b                               | 0         |

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2013)



Form 990PF Part VIII Line 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 |
|----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| DR JAMES E CHILDS                                              | CHAIRMAN<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| DR BRONWEN A CHILDS                                            | TREASURER<br>1 00                                         | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| JOHN D CHILDS                                                  | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| JOHN W CHILDS                                                  | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| DR RICHARD S CHILDS JR                                         | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| ELISABETH CHILDS GILL                                          | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| ALEXANDER GARSIDE                                              | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| BRETT D HELLERMAN                                              | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| DUNE LAWRENCE                                                  | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| PETER SALOVEY                                                  | MEMBER EX-OFFICIO<br>1 00                                 | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| GARDNER MUNDY                                                  | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| HENDON C PINGEON                                               | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |
| DR JOAN A STEITZ                                               | DIRECTOR<br>1 00                                          | 0                                         | 0                                                                     | 0                                     |
| 333 CEDAR STREET SHM L300 MC<br>0191<br>NEW HAVEN,CT 065208000 |                                                           |                                           |                                                                       |                                       |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                  |           |
| CLAUDIA JANDA C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 3,294     |
| WEN HUI LIEN C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 4,970     |
| ALEXANDER KATSOV C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 25,000    |
| MANSI SRIVASTAVA C/O WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CEN CAMBRIDGE,MA 021421479                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 25,000    |
| SEBASTIAN DEINDL C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 12,500    |
| TEPPEI YAMAGUCHI C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                     | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 25,500    |
| LOUISA LIBERMAN C/O DUKE UNIVERSITY 2200 W MAIN ST DURHAM,NC 27705                                                     | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 8,500     |
| MARION SILIES C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 25,000    |
| BENJAMIN MATTHEWS C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                           | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| THOMAS SCHAUS C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| CHANHEE KANG C/O BRIGHAM AND WOMENS HOSPITAL RES FINANCE PO BOX 3829 BOSTON,MA 022413829                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 53,500    |
| LACRAMIOARA BINTU C/O CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA,CA 91125                      | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,167    |
| XIN LI C/O UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER,MA 01655                          | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 21,055    |
| MARGARET STRATTON C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                    | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| XIN LU C/O MD ANDERSON MEDICAL CENTER 1515 HOLCOMBE BLVD HOUSTON,TX 77030                                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| DAVID SHECHNER C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| HAO WU C/O CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON,MA 02115                                                         | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| MATTHEW CABEEN C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 54,500    |
| JAI YU C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| KRISTIN GLEITSMAN C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                           | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 23,167    |
| MEGHA GHILDIYAL C/O CARNEIGE INSTITUTE 1530 P STREET NW WASHINGTON,DC 20005                                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JESSE LIPP C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                    | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| MINH T LE C/O IMMUNE DISEASE INSTITUTE 3 BLACKFAN CIRCLE BOSTON,MA 02115                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| MICHAEL MOORE C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| PAMELA CHANG C/O YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065083209                                                    | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| MARTIN HAESEMEYER C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                             | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| PERI KURSHAN C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| RAC ROBERTS-GAILBRAITH C/O UNIVERSITY OF ILLINOIS 901 WEST ILLINOIS STREET URBANA,IL 61801                             | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| KRISTAN STEFFEN C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                      | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| WILLIAM S CHILDERS C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                          | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                  |           |
| KASSANDRA ORI-MCKENNEY C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,417    |
| BRYAN DICKINSON C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,333    |
| COLLEEN BRADY C/O MASSACHUSETTS GENERAL HOSPITAL RESEARCH FINANCE 175 CAMBRIDGE ST BOSTON,MA 02114                     | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| WILLIAM GIBSON C/O CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA,CA 91125                         | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| EUSEBIO MANCHADO C/O MEMORIAL SLOAN-KETTERING INST 1275 YORK AVENUE NEWYORK,NY 10065                                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| TATJANA TRCEK-PULISIC C/O NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEWYORK,NY 10012                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| LIANG GE C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                             | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| NICHOLAS BROWN C/O ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105                         | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| BRYCE CAREY C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEWYORK,NY 10021                                  | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| LUKE CHAO C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| HILLA WEIDBERG C/O MIT 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139                                                         | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| XIAO PENG C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                     | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| LINGYIN LI C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JONATHAN FREIDMAN C/O UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVE DAVIS,CA 95616                                      | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| XI CHEN C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                                  | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| MATTHEW SIEBER C/O CARNEIGE INSTITUTE 1530 P STREET NW WASHINGTON,DC 20005                                             | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| VASILENA GOCHEVA C/O MIT 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139                                                       | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JOSEPH DAVIS C/O THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA,CA 92037                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| SIYUAN WANG C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| NADJA MAKKI C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 32,750    |
| RONI NOWARSKI C/O YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065083209                                                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| RENATA BATISTA-BRITO C/O YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065083209                                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,083    |
| GUSTAVO MARTINEZ C/O LA JOLLA INSTITUTE FOR ALLERGY IMMUN 9420 ATHENA CIRCLE LA JOLLA,CA 92037                         | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 26,500    |
| EFRAT SHEMA-YAACOBY C/O MASSACHUSETTS GENERAL HOSPITAL RESEARCH FINANCE 175 CAMBRIDGE ST BOSTON,MA 02114               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| ADAM FREUND C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                                 | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JINSUK KANG C/O LA JOLLA INSTITUTE FOR ALLERGY IMMUN 9420 ATHENA CIRCLE LA JOLLA,CA 92037                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| WILLIAM PASTOR C/O UNIVERSITY OF CALIFORNIA LOS ANGELES 757 WESTWOOD PLAZA LOS ANGELES,CA 90095                        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| TOM COHEN C/O WASHINGTON UNIVERSITY ST LOUIS 1 BROOKINGS DR ST LOUIS,MO 63130                                          | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JOSEPH CASTELLANO C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                           | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| AVNISH KAPOOR C/O MD ANDERSON MEDICAL CENTER 1515 HOLCOMBE BLVD HOUSTON,TX 77030                                       | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                  |           |
| EUNYONG PARK C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,167    |
| MARISSA SAUNDERS C/O UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY,UT 84112                                  | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,500    |
| XING LIU C/O CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA,CA 91125                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| MANASI BHATE C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                  | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| ALEJANDRO BURGA C/O UNIVERSITY OF CALIFORNIA LOS ANGELES 757 WESTWOOD PLAZA LOS ANGELES,CA 90095                       | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,667    |
| MANUEL LEONETTI C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| CHRISTINA WOO C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,167    |
| TINA HAN C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                      | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JEFFREY RASMUSSEN C/O UNIVERSITY OF CALIFORNIA LOS ANGELES 757 WESTWOOD PLAZA LOS ANGELES,CA 90095                     | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 52,000    |
| CHRISTINE HAGAN C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                          | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JEFFREY FARRELL C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                               | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 47,333    |
| ATHMA PAI C/O MIT 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139                                                              | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,167    |
| INNES DRINNENBERG C/O FRED HUTCHINSON CRC 1100 FAIRVIEW AVE N PO BOX 19024 SEATTLE,WA 981091024                        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JOSEPH COTRUVO C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                       | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| BREANN BROWN C/O MIT 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139                                                           | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,167    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

Form 990PF Part XV Line 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)                                                                                    |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                  |           |
| RUEI-JIUN HUNG C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                                | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 47,333    |
| EUGENE OH C/O UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE RM130 BERKELEY,CA 947201103                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| ANG LI C/O THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK,NY 10021                                      | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 43,167    |
| KOLE ROYBAL C/O UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 941430897                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| ETHAN GREENBLATT C/O CARNEIGE INSTITUTE 1530 P STREET NW WASHINGTON,DC 20005                                           | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| BETHANY STRUNK C/O UNIVERSITY OF MICHIGAN 500 S STATE STREET ANN ARBOR,MI 48109                                        | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| JESSICA POLKA C/O HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON,MA 02115                                            | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| STEWART EMERSON C/O STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 941444253                                             | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| ELENOE SMITH C/O CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON,MA 02115                                                   | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| QIUCEN ZHANG C/O UNIVERSITY OF ILLINOIS 901 WEST ILLINOIS STREET URBANA,IL 61801                                       | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 51,500    |
| SARAH WACKER C/O HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 022415649                                                  | NONE                                                                                                      |                                | MEDICAL RESEARCH FELLOWSHIP      | 39,667    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 3,993,071 |

|                                                                                                                  |                                                                                                                                                                                                                          |                                     |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b><br><br>▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</b> | OMB No 1545-0047<br><br><b>2013</b> |
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|                                                                                          |                                                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH | <b>Employer identification number</b><br>06-6034840 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                                                         |                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>JANE COFFIN CHILDS MEMORIAL FUND FOR<br>MEDICAL RESEARCH | <b>Employer identification number</b><br><br>06-6034840 |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|

|                    |                                                                                                                  |                                    |                                                                                                                                                                                                        |
|--------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>      | <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed              |                                    |                                                                                                                                                                                                        |
| <b>(a)<br/>No.</b> | <b>(b)<br/>Name, address, and ZIP + 4</b>                                                                        | <b>(c)<br/>Total contributions</b> | <b>(d)<br/>Type of contribution</b>                                                                                                                                                                    |
| <div>1</div>       | <div>GENENTECH</div> <div>1 DNA WAY</div> <div>SOUTH SAN FRANCISCO, CA 940804990</div>                           | <div>\$ 48,160</div>               | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contributions )</div> |
| <div>2</div>       | <div>HOWARD HUGHS MEDICAL INSTITUTE</div> <div>4000 JONES BRIDGE ROAD</div> <div>CHEVY CHASE, MD 208156789</div> | <div>\$ 1,208,692</div>            | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contributions )</div> |
| <div>3</div>       | <div>MERCK &amp; CO INC</div> <div>126 EAST LINCOLN AVE P O BOX 2000</div> <div>RAHWAY, NY 070650900</div>       | <div>\$ 329,433</div>              | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contributions )</div> |
| <div>4</div>       | <div>SIMONS FOUNDATION</div> <div>160 FIFTH AVENUE 7TH FLOOR</div> <div>NEW YORK, NY 10010</div>                 | <div>\$ 53,100</div>               | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contributions )</div> |
| <div>5</div>       | <div>JOHN W CHILDS</div> <div>1000 WINTER STREET</div> <div>WALTHAM, MA 02451</div>                              | <div>\$ 100,000</div>              | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contributions )</div> |
|                    |                                                                                                                  |                                    |                                                                                                                                                                                                        |
|                    |                                                                                                                  |                                    |                                                                                                                                                                                                        |
|                    |                                                                                                                  |                                    |                                                                                                                                                                                                        |
|                    |                                                                                                                  |                                    |                                                                                                                                                                                                        |

|                                                                                         |                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>JANE COFFIN CHILDS MEMORIAL FUND FOR<br>MEDICAL RESEARCH | <b>Employer identification number</b><br><br>06-6034840 |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|

|                           |                                                                                                          |                                                |                      |
|---------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| <b>Part II</b>            | <b>Noncash Property</b> (see instructions) Use duplicate copies of Part II if additional space is needed |                                                |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____                                                                         | \$ _____                                       | _____                |

|                                                                                         |                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>JANE COFFIN CHILDS MEMORIAL FUND FOR<br>MEDICAL RESEARCH | <b>Employer identification number</b><br><br>06-6034840 |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|

Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ▶ \$

Use duplicate copies of Part III if additional space is needed

| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                      | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| —                         | <div></div>                                                                              | <div></div>     | <div></div>                         |
|                           | <div>(e) Transfer of gift</div>                                                          |                 |                                     |
|                           | <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                 |                                     |

| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                      | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| —                         | <div></div>                                                                              | <div></div>     | <div></div>                         |
|                           | <div>(e) Transfer of gift</div>                                                          |                 |                                     |
|                           | <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                 |                                     |

| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                      | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| —                         | <div></div>                                                                              | <div></div>     | <div></div>                         |
|                           | <div>(e) Transfer of gift</div>                                                          |                 |                                     |
|                           | <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                 |                                     |

| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                      | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| —                         | <div></div>                                                                              | <div></div>     | <div></div>                         |
|                           | <div>(e) Transfer of gift</div>                                                          |                 |                                     |
|                           | <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                 |                                     |

**TY 2013 Investments Corporate  
Bonds Schedule**

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

**EIN:** 06-6034840

| Name of Bond | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|--------------|---------------------------|----------------------------------|
| FIXED INCOME | 5,422,397                 | 5,422,397                        |

# TY 2013 Investments Corporate Stock Schedule

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

**EIN:** 06-6034840

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| SHORT TERM    | 2,873,908              | 2,873,908                     |
| EQUITY        | 15,883,510             | 15,883,510                    |

## TY 2013 Investments - Other Schedule

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

**EIN:** 06-6034840

| Category / Item | Listed at Cost or<br>FMV | Book Value | End of Year Fair<br>Market Value |
|-----------------|--------------------------|------------|----------------------------------|
| HEDGE FUNDS     | FMV                      | 19,466,292 | 19,466,292                       |
| PRIVATE EQUITY  | FMV                      | 314,339    | 314,339                          |

**TY 2013 Other Assets Schedule**

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

**EIN:** 06-6034840

| Description                   | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|-------------------------------|-----------------------------------|-----------------------------|------------------------------------|
| CHARITABLE REMAINDER UNITRUST | 11,612,015                        | 12,640,277                  | 12,640,277                         |
| ACCRUED INTEREST              | 48,944                            | 45,135                      | 45,135                             |

## TY 2013 Other Expenses Schedule

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

**EIN:** 06-6034840

| Description    | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|----------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| OFFICE EXPENSE | 9,286                             | 0                        |                     | 9,286                                    |

TY 2013 Other Income Schedule

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

**EIN:** 06-6034840

| Description     | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-----------------|-----------------------------------|--------------------------|---------------------|
| MANAGEMENT FEES | 50,000                            |                          | 50,000              |

## TY 2013 Other Increases Schedule

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

**EIN:** 06-6034840

| Description                             | Amount    |
|-----------------------------------------|-----------|
| UNREALIZED GAIN                         | 1,912,361 |
| CHANGE IN CHARITABLE REMAINDER UNITRUST | 1,028,262 |

## TY 2013 Other Liabilities Schedule

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

**EIN:** 06-6034840

| Description            | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|------------------------|-----------------------------------|-----------------------------|
| DEFERRED TAXES PAYABLE | 287,487                           | 352,587                     |
| EXCISE TAX PAYABLE     | 572                               | 14,954                      |

**TY 2013 Other Professional Fees Schedule**

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

**EIN:** 06-6034840

| Category          | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------|---------|--------------------------|------------------------|---------------------------------------------|
| PROFESSIONAL FEES | 50,743  | 0                        |                        | 50,743                                      |
| INVESTMENT FEES   | 218,186 | 218,186                  |                        | 0                                           |
| ACCOUNTING        | 28,360  | 14,180                   |                        | 14,180                                      |

**TY 2013 Taxes Schedule**

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

**EIN:** 06-6034840

| Category            | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------------|--------|--------------------------|------------------------|---------------------------------------------|
| CURRENT EXCISE TAX  | 35,444 | 0                        |                        | 0                                           |
| DEFERRED EXCISE TAX | 65,100 | 0                        |                        | 0                                           |
| FOREIGN TAXES       | 3,946  | 3,946                    |                        | 0                                           |