





For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019

Name of foundation JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH		A Employer identification number 06-6034840	
Number and street (or P O box number if mail is not delivered to street address) 333 CEDAR STREET		Room/suite	B Telephone number (see instructions) (203) 785-4612
City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06510		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		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) ▶ \$ 73,598,642		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	17,905,232			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	1,256,920	1,256,920		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	655,853			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		655,853		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 80,237	156		
	12 Total. Add lines 1 through 11	19,898,242	1,912,929		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	190,141	0		190,141
	15 Pension plans, employee benefits	135,948	0		135,948
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	 323,628	247,479		76,149
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 33,309	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	9,300	0		9,300
	21 Travel, conferences, and meetings	12,538	0		12,538
	22 Printing and publications				
	23 Other expenses (attach schedule)	 37,345	0		37,345
	24 Total operating and administrative expenses. Add lines 13 through 23	742,209	247,479		461,421
	25 Contributions, gifts, grants paid	3,072,759			3,072,759
	26 Total expenses and disbursements. Add lines 24 and 25	3,814,968	247,479		3,534,180
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	16,083,274			
	b Net investment income (if negative, enter -0-)		1,665,450		
c Adjusted net income (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	57,477	587,634	587,634
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	23,873,318	23,121,472	23,121,472
	c Investments—corporate bonds (attach schedule)	4,229,757	4,289,720	4,289,720
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	14,886,506	15,071,101	15,071,101
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	13,039,391	30,528,715	30,528,715	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	56,086,449	73,598,642	73,598,642	
Liabilities	17 Accounts payable and accrued expenses	89,294	88,495	
	18 Grants payable			
	19 Deferred revenue		331,800	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	413,105	421,742	
	23 Total liabilities (add lines 17 through 22)	502,399	842,037	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted	55,114,050	72,286,605	
	26 Permanently restricted	470,000	470,000	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	55,584,050	72,756,605	
31 Total liabilities and net assets/fund balances (see instructions) .	56,086,449	73,598,642		

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	55,584,050
2 Enter amount from Part I, line 27a	2	16,083,274
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,089,281
4 Add lines 1, 2, and 3	4	72,756,605
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	72,756,605

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SALE/MATURITY OF INVESTMENTS			
b ALTERNATIVE INVESTMENTS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			348,776
b			307,077
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			348,776
b			307,077
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	655,853
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	4,180,789	42,821,484	0 097633
2016	4,583,976	38,589,010	0 118790
2015	4,558,363	38,184,890	0 119376
2014	4,422,466	41,922,168	0 105492
2013	4,413,735	38,687,157	0 114088

2 Total of line 1, column (d)	2	0 555379
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 111076
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	40,950,807
5 Multiply line 4 by line 3	5	4,548,652
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	16,655
7 Add lines 5 and 6	7	4,565,307
8 Enter qualifying distributions from Part XII, line 4	8	3,534,180

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	33,309
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	33,309
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	33,309
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	1,364
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	34,673
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 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b	No
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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
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? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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) <input type="checkbox"/> 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 2018 or the taxable year beginning in 2018? See the 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? Website address ► JCCFUND.ORG	13	Yes	
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 Form 1041 —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 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. 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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b	
	Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>
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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	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 2018?	4b	No

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

		Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

1 List all officers, directors, trustees, foundation managers and their compensation. 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.

1	Expenses

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 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	41,316,708
b	Average of monthly cash balances.	1b	203,442
c	Fair market value of all other assets (see instructions).	1c	54,273
d	Total (add lines 1a, b, and c).	1d	41,574,423
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	41,574,423
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	623,616
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	40,950,807
6	Minimum investment return. Enter 5% of line 5.	6	2,047,540

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	2,047,540
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	33,309
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	33,309
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,014,231
4	Recoveries of amounts treated as qualifying distributions.	4	98,983
5	Add lines 3 and 4.	5	2,113,214
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	2,113,214

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	3,534,180
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	3,534,180
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,534,180

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				2,113,214
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	2,550,265			
b From 2014.	2,379,987			
c From 2015.	2,607,340			
d From 2016.	2,619,448			
e From 2017.	2,023,389			
f Total of lines 3a through e.	12,180,429			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 3,534,180				
a Applied to 2017, 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 2018 distributable amount.				2,113,214
e Remaining amount distributed out of corpus	1,420,966			
5 Excess distributions carryover applied to 2018 (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	13,601,395			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	2,550,265			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	11,051,130			
10 Analysis of line 9				
a Excess from 2014.	2,379,987			
b Excess from 2015.	2,607,340			
c Excess from 2016.	2,619,448			
d Excess from 2017.	2,023,389			
e Excess from 2018.	1,420,966			

Part XIV Private 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 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see 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 <input type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
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 <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	1,256,920	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	655,853	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MANAGEMENT FEES _____			01	60,000	
b PASSIVE ACTIVITY _____			14	156	
c DEFERRED EXCISE TAX BENEFIT _____			14	20,081	
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		1,993,010	

[illegible]

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN D CHILDS	CHAIRMAN 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DR BRONWEN A CHILDS	TREASURER 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DR RICHARD S CHILDS JR	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
ALEXANDER GARSIDE	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
ELISABETH CHILDS GILL	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DUNE LAWRENCE	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
AVICE MEEHAN	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
JON ROTOLO	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DR JOAN A STEITZ	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
PETER SALOVEY	MEMBER EX-OFFICIO 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DR JAMES E CHILDS	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
DR JOHN W CHILDS	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 NEW HAVEN, CT 065208000				
HENDON PINGEON	DIRECTOR 1 00	0	0	0
333 CEDAR STREET SHM L300 MC 0191 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)				
a <i>Paid during the year</i>				
AARON HOSIOS HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVE BOSTON, MA 02115	N/A		GENETICS AND COMPLEX DISEASE	54,000
ABERNATHY EMMA STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		GENETICS	54,917
ADAM YOKOM UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		CALIFORNIA INSTITUTE OF QUANTITATIVE BIOSCIENCES	54,000
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
ALLEN GREGORY UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		CELLULAR AND MOLECULAR PHARMACOLOGY	54,500
ANDREW WEEMS UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLV DALLAS, TX 75390	N/A		LYDA HILL DEPARTMENT OF BIOINFORMATICS	55,000
ANGELIKA HARBAUER BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02215	N/A		NEUROBIOLOGY	83
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
BAI LING UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		PHYSIOLOGY	54,500
BAKER CHRISTA PRINCETON UNIVERSITY PRINCETON PRINCETON, NJ 08544	N/A		MOLECULAR BIOLOGY AND NEUROSCIENCE	55,000
BAKER STEVEN STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		NEUROLOGY AND NEUROLOGICAL SCIENCES	54,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
BENHAM-PYLE BLAIR STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 E 50TH STREET KANSAS CITY, MO 64110	N/A		SANCHEZ LABORATORY	54,375
BURGER MEGAN MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	N/A		INTEGRATIVE CANCER RESEARCH	60,375
CASTEL PAU UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		CANCER BIOLOGY	54,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
CHEN JIN UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		CELLULAR AND MOLECULAR PHARMACOLOGY	55,875
CORAL ZHOU UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELL BIOLOGY	45,333
DAO HAI PRINCETON UNIVERSITY PRINCETON PRINCETON, NJ 08544	N/A		CHEMISTRY	54,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
DAVID BOOTH UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELL BIOLOGY	26,500
DELATTE BENJAMIN LA JOLLA INSTITUTE FOR ALLERGY IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92093	N/A		DIVISION OF SIGNALING AND GENE EXPRESSION	28,500
DHIVYA KUMAR UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		BIOCHEMISTRY AND BIOPHYSICS	54,000
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
DINA FADDAH THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92093	N/A		GENETICS	3,659
EAPEN VINAY HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	N/A		CELL BIOLOGY	54,500
ERIC DANG UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		BIOPHYSICS AND BIOCHEMISTRY	54,000
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
ERICA MOEHLE URNOV UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELL BIOLOGY	19,301
ERICKSON PRISCILLA UNIVERSITY OF VIRGINIA 1215 LEE STREET CHARLOTTESVILLE, VA 22903	N/A		BIOLOGY	54,458
FENG CHEN UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		REGENERATION MEDICINE AND SURGERY	17,667
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
GOODMAN DANIEL UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		HORMONE RESEARCH	54,500
HENRY WHITNEY WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 455 MAIN STREET CAMBRIDGE, MA 02142	N/A		BIOMEDICAL RESEARCH	54,333
JEN QUICK-CLEVELAND UNIVERSITY OF CALIF - SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	N/A		MOLECULAR CELL AND DEVELOPMENTAL BIOLOGY	54,000
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
JIANG WENYAN COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	N/A		SYSTEMS BIOLOGY	54,500
JOHNSON ZACHARY THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		MEMBRANE BIOLOGY AND BIOPHYSICS	28,500
JON PACZKOWSKI PRINCETON UNIVERSITY PRINCETON PRINCETON, NJ 08544	N/A		MOLECULAR BIOLOGY	4,417
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
JOSHUA GRUBER STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		GENETICS	27,500
JUSTUS KEBSCHULL STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		BIOLOGY	49,667
KALOYAN TSANOV MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	N/A		CANCER BIOLOGY AND GENETICS	45,333
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
KASTNER DAVID UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		PSYCHIATRY	55,000
LEE CHIA-HSUEH THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		MOLECULAR BIOLOGY AND BIOPHYSICS	55,000
LEINWAND SARAH UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELL BIOLOGY	54,792
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
LIU NIAN STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		CHEMICAL AND SYSTEMS BIOLOGY	55,000
LOPEZ CHISTOPHER VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	N/A		MICROBIOLOGY AND IMMUNOLOGY	54,333
MACLARY EMILY UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	N/A		BIOLOGY	54,375
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
MARTINEZ NICOLE MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	N/A		MOLECULAR BIOPHYSICS AND BIOCHEMISTRY	54,750
MAYA KASOWSKI STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		PATHOLOGY	29,000
MEG YOUNGER THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		NEUROGENETICS AND BEHAVIOR	26,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
MEISEL JOSHUA MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	N/A		MOLECULAR BIOLOGY	55,000
MIAO YUXUAN THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		MAMMALIAN CELL BIOLOGY AND DEVELOPMENT	56,000
MICHEL BECUWE HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVE BOSTON, MA 02115	N/A		GENETICS AND COMPLEX DISEASE	26,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
MITCHELL PATRICK UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		CELLULAR AND MOLECULAR BIOLOGY	55,000
NAINA KURUP HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02115	N/A		CHEMISTRY AND CHEMICAL BIOLOGY	36,667
NELSON JAMES BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	N/A		THERAPEUTIC SCIENCES	28,250
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
OSTERHOUT JESSICA HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02115	N/A		MOLECULAR AND CELL BIOLOGY	55,000
PRERNA MALANEY UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	N/A		LEUKEMIA	45,333
QING FENG MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02142	N/A		BIOLOGY	51,667
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
ROARKE KAMBER STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	N/A		GENETICS	54,000
RUI DONG UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		CELLULAR AND MOLECULAR PHARMACOLOGY	54,000
SATORU MIURA UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		PHYSIOLOGY	26,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
SCHROEDER COURTNEY FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE SEATTLE, WA 98109	N/A		BASIC SCIENCES	55,000
SEMLOW DANIEL HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	N/A		BIOLOGICAL CHEMISTRY AND MOLECULAR PHARMACOLOGY	29,500
SHEN KONING UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELLULAR BIOLOGY	54,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
SIQI LIU THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		MAMMALIAN CELL BIOLOGY AND DEVELOPMENT	27,000
SORRELLS TREVOR THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10021	N/A		NEUROSCIENCE AND BEHAVIOR	55,000
SU XIAOFENG (ALLEN) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	N/A		KOCH H INSTITUTE	54,250
Total ► 3a				3,072,759

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)				
a <i>Paid during the year</i>				
SWIECICKI JEAN-MARIE MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	N/A		GENETICS	55,000
THOMAS GRAHAM UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		PHYSIOLOGY	54,000
VARIOUS FELLOW AND SYMPOSIUM GRANTS JANE COFFIN MEMORIAL FUND CEDAR STREET, CT 06510	N/A		RESEARCH	3,799
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
WANG BOYUAN MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	N/A		BIOLOGY	15,250
WEIXIN TANG HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02115	N/A		CHEMISTRY AND CHEMICAL BIOLOGY	54,750
WHITELEY AARON HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	N/A		MICROBIOLOGY AND IMMUNOLOGY	54,500
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
XUDONG WU HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	N/A		CELL BIOLOGY	4,500
YAO ZEPENG UNIVERSITY OF CALIF - BERKELEY 2195 HEARST AVE RM130 BERKELEY, CA 94720	N/A		MOLECULAR AND CELL BIOLOGY	54,250
ZIV NAOMI UNIVERSITY OF CALIF - SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	N/A		MICROBIOLOGY AND IMMUNOLOGY	56,750
Total ▶ 3a				3,072,759

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)				
a <i>Paid during the year</i>				
JAICHUL LIMYALE UNIVERSITY NEW HAVEN, CT 06510			MOLECULAR BIOPHYSICS AND BIOCHEMISTRY	15,250
Total ► 3a				3,072,759

TY 2018 Investments Corporate Bonds Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	4,289,720	4,289,720

TY 2018 Investments Corporate Stock Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SHORT TERM	1,913,479	1,913,479
EQUITY	21,207,993	21,207,993

TY 2018 Investments - Other Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PRIVATE EQUITY	FMV	15,048,167	15,048,167
HEDGE FUNDS	FMV	22,934	22,934

TY 2018 Other Assets Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CHARITABLE REMAINDER UNITRUST	12,989,548	30,474,442	30,474,442
ACCRUED INTEREST	49,843	54,273	54,273

TY 2018 Other Expenses Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	37,345	0		37,345

TY 2018 Other Income Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MANAGEMENT FEES	60,000		60,000
PASSIVE ACTIVITY	156	156	156
DEFERRED EXCISE TAX BENEFIT	20,081		20,081

TY 2018 Other Increases Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Description	Amount
UNREALIZED LOSS	407,342
CHANGE IN CHARITABLE REMAINDER UNITRUST	681,939

TY 2018 Other Liabilities Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAXES PAYABLE	413,105	421,742

TY 2018 Other Professional Fees Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	61,149	0		61,149
INVESTMENT FEES	232,479	232,479		0
ACCOUNTING	30,000	15,000		15,000

TY 2018 Taxes Schedule

Name: JANE COFFIN CHILDS MEMORIAL FUND FOR
MEDICAL RESEARCH

EIN: 06-6034840

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENT EXCISE TAX	33,309	0		0
PAYROLL TAXES	0	0		0
DEFERRED TAXES	0	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information	OMB No 1545-0047 2018
	Name of the organization JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH	Employer identification number 06-6034840

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH	Employer identification number 06-6034840
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOWARD HUGHS MEDICAL INSTITUTE	\$ 471,800	Person <input checked="" type="checkbox"/>
	4000 JONES BRIDGE ROAD		Payroll <input type="checkbox"/>
	CHEVY CHASE, MD 208156789		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	MERCK & CO INC	\$ 326,800	Person <input checked="" type="checkbox"/>
	126 EAST LINCOLN AVE PO BOX 2000		Payroll <input type="checkbox"/>
	RAHWAY, NY 07065		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	SIMONS FOUNDATION	\$ 168,800	Person <input checked="" type="checkbox"/>
	160 FIFTH AVENUE 7TH FLOOR		Payroll <input type="checkbox"/>
	NEW YORK, NY 10010		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	JOHN W CHILDS	\$ 16,902,956	Person <input checked="" type="checkbox"/>
	165 SAGO PALM RD		Payroll <input type="checkbox"/>
	VERO BEACH, FL 32963		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

06-6034840

(See instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization JANE COFFIN CHILDS MEMORIAL FUND FOR MEDICAL RESEARCH	Employer identification number 06-6034840
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	