Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

For	calen	dar year 2023 or tax year beginning			, and ending	g		
Na	me of	foundation					A Employer identification	number
	HA	RLES H. HOOD FOUND	ATION				04-3507847	
		nd street (or P.O. box number if mail is not delive			Roo	m/suite	B Telephone number	
		OYLSTON STREET, 4T					617-279-22	
		own, state or province, country, and ZIP TON, MA 02116	or foreign po	ostal code			C If exemption application is pe	ending, check here
G (Check	all that apply: Initial return		Initial return of a fo	rmer public chari	ty	D 1. Foreign organizations	, check here
		Final return		Amended return			2 Foreign organizations med	ating the 85% test
_		Address char		Name change			2. Foreign organizations med check here and attach cor	nputation
H (empt private foundation	Al a sa		E If private foundation stat	
		ction 4947(a)(1) nonexempt charitable to arket value of all assets at end of year		Other taxable private foundang method: X Cash	Accrual		under section 507(b)(1)	•
		Part II, col. (c), line 16)		ther (specify)	Acciual		F If the foundation is in a (under section 507(b)(1)	
(1	\$	72,008,150.	Part I, colun	nn (d), must be on cash basi	s.)			(D), CHOCK HOLD
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (c) necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net invest income	ment	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive	d	281,358.			N/A	(cacif bacic offly)
	2	Check if the foundation is not required to						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities		1,391,087.	1,391,	087.		STATEMENT 1
	5a	Gross rents						
	1	Net rental income or (loss)		1 660 066				
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line Gross sales price for all assets on line 6a $\frac{6,170}{}$,	10	1,660,066.				
Revenue	b	assets on line 6a O, I/O, Capital gain net income (from Part IV, line 2)	/16.		1,660,	066		
Ą	7 8	Net short-term capital gain			1,000,	000.		
	9	Income modifications					6,033.	
	1 -	Gross sales less returns and allowances					3,70001	
	1	Less: Cost of goods sold						
	C	Gross profit or (loss)						
	11	Other income		6,600.		0.		STATEMENT 2
	12	Total. Add lines 1 through 11		3,339,111.	3,051,		6,033.	^
	13	Compensation of officers, directors, trustees, e		0.		0.		0.
	14	Other employee salaries and wages Pension plans, employee benefits						
y.	100	Legal fees STI	ит 3	6,096.		0.		6,096.
Su	b	Accounting fees STI	MT 4	30,089.		0.		30,089.
X	C	Other professional fees STI	MT 5	101,646.	88,	323.		13,323.
Administrative Expense	17			4,142.		0.		0.
ž.	18	Interest STI	ит 6	56,398.	35,	359.		1,039.
<u> </u>	19	Depreciation and depletion						
<u>=</u>	20	Occupancy		15 002				15 000
Ā	21	Travel, conferences, and meetings		15,803.		0.		15,803.
bue	22	Printing and publications Other expenses STI	ит 7	332,834.		0.		332,834.
ţ	24	Total operating and administrative	·	332,034.				332,034.
Operating	ļ-'	expenses. Add lines 13 through 23		547,008.	123,	682.		399,184.
Č	25	Contributions, gifts, grants paid		2,150,250.				2,150,250.
	26	Total expenses and disbursements.						
		Add lines 24 and 25		2,697,258.	123,	682.		2,549,434.
	l	Subtract line 26 from line 12:		(41 050				
		Excess of revenue over expenses and disburse		641,853.	2,927,	171		
	1	Net investment income (if negative, enter Adjusted net income (if negative, enter -0-			4,341,	보 / ㅗ •	6,033.	
	, ,	Aujustou not income (in negative, enter -0-	/				0,000.	

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
_		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	383,193.	204,648.	204,648.
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			-
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
	R	Inventories for sale or use			
Assets	۵	Prepaid expenses and deferred charges			
Ass	100	Investments - U.S. and state government obligations			
	IVa h	Investments - corporate stock STMT 8	34 837 751	35,440,583.	35,440,583.
	0	Investments corporate bonds STMT Q	13,292,160	13,614,650.	13,614,650.
	44	Investments - corporate bonds STMT 9	13,232,100	13,014,030.	13,014,030.
	11	Investments - land, buildings, and equipment: basis			
	40	Less: accumulated depreciation			
	12	Investments - mortgage loans	14,795,058.	18,742,212.	18,742,212.
		Investments - other STMT 10	14,793,030.	10,742,212.	10,742,212.
	14	Land, buildings, and equipment: basis			
	45	Less: accumulated depreciation Other assets (describe STATEMENT 11)	3,369,961.	4,006,057.	4,006,057.
			3,309,901.	4,000,037.	4,000,057.
	16	Total assets (to be completed by all filers - see the	66 670 100	70 000 150	72 000 150
		instructions. Also, see page 1, item I)	66,678,123.	72,008,150.	72,008,150.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilitie		Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
		Tabal PakiPitas (add Pass 47 thursels 00)	0.	0.	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
	24	Net assets without donor restrictions			
Fund Balan	25	Net assets with donor restrictions			
2		Foundations that do not follow FASB ASC 958, check here			
ß		and complete lines 26 through 30.	E0 200 7EE	EO 200 7EE	
ō		Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund		¥ ·	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	7,377,368.	12,707,395.	
et	29	Total net assets or fund balances	66,678,123.	72,008,150.	
~			66 670 100	70 000 150	
	30	Total liabilities and net assets/fund balances	66,678,123.	72,008,150.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_	Total	not accord or fund halanoog at haginning of year. Part II. column (a) line (20	1 1	
		net assets or fund balances at beginning of year - Part II, column (a), line 2 t agree with end-of-year figure reported on prior year's return)			66,678,123.
					641,853.
		ramount from Part I, line 27a rincreases not included in line 2 (itemize) UNREALIZED GAIN	 T		5,298,086.
				3	72,618,062.
		ines 1, 2, and 3 pases not included in line 2 (itemize) LOSS ON ALTERNATI	TART TARTER TARE	15 5	609,912.
		· · · · · · ·			72,008,150.
0	rutal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	iuiiiii (D), iiile 29	6	Form 990-PF (2023)
					1 UIIII 3 3 3 1 1 (2023)

Part IV Capital Gains	and Losses for Tax on In	vestment Income			
	the kind(s) of property sold (for exa arehouse; or common stock, 200 she		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE	D SECURITIES				
b					
C					
d					
е	(0.5.)	T			
(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 6,170,716.		4,510,6	50.		1,660,066.
<u>b</u>					
С					
d					
Commission and the constraint and audit		the ferredetion on 10/01/00			
Complete only for assets snowir	ng gain in column (h) and owned by			(I) Gains (Col. (h) gain ol. (k), but not less thai	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from col. ((h))
_a					1,660,066.
b					
С					
<u>d</u>					
e					
2 Capital gain net income or (net ca	upital loss) { If gain, also ente If (loss), enter -0		} 2		1,660,066.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):			
If gain, also enter in Part I, line 8, Part I, line 8	column (c). See instructions. If (los	s), enter -0- in	} 3	N/A	
Part V Excise Tax Bas	sed on Investment Incom	ne (Section 4940(a), 4	940(b), or 4948 -	- see instructio	ns)
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here and enter '	'N/A" on line 1.		
Date of ruling or determination	letter: (at	tach copy of letter if necessar	y - see instructions)	1	40,692.
	enter 1.39% (0.0139) of line 27b. Ex				
4% (0.04) of Part I, line 12, col	. (b)			J _	
2 Tax under section 511 (domest	ic section 4947(a)(1) trusts and tax	able foundations only; others, e	enter -0-)	2	0.
				. 3	40,692.
	tic section 4947(a)(1) trusts and tax		enter -0-)		0.
	me. Subtract line 4 from line 3. If ze	ero or less, enter -0-		5	40,692.
6 Credits/Payments:		1 1	40.005	,	
	nd 2022 overpayment credited to 20		42,027		
	tax withheld at source		(
	tension of time to file (Form 8868)).	
	y withheld	· · · · · · · · · · · · · · · · · · ·).	40 007
7 Total credits and payments. Ad			•		42,027.
	ment of estimated tax. Check here				<u> </u>
	and 8 is more than line 7, enter amo				1 225
	than the total of lines 5 and 8, enter	tile amount overpaid1	335 n-4		1,335.
11 Enter the amount of line 10 to b	oe: Credited to 2024 estimated tax		,335. Refunde	d 11	000 DE

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Pa	rt VI-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		Yes	
	any politica	al campaign?	1a		Х
b	Did it spen	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answ	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
		by the foundation in connection with the activities.			
C	Did the fou	indation file Form 1120-POL for this year?	1c		X
d	Enter the a	mount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the	foundation. \$ (2) On foundation managers. \$ O .			
е	Enter the re	eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.	\$			
2	Has the fou	undation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," att	ach a detailed description of the activities.			
3	Has the fou	undation 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		X
4a	Did the fou	indation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," ha	s it filed a tax return on Form 990-T for this year?	4b	Х	
		a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," att	ach the statement required by General Instruction T.			
6	Are the req	uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By langu	age 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 t	he governing instrument?	6	X	
7	Did the fou	indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the s	tates to which the foundation reports or with which it is registered. See instructions.			
	MA				
b		er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each sta	te as required by General Instruction G? If "No," attach explanation	8b	X	
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2023	or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
		rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11		e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512	2(b)(13)? If "Yes," attach schedule. See instructions STMT 12	11	X	
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	,	ach statement. See instructions	12		X
13		indation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
		dress HTTPS://HRIA.ORG/TMF/HOOD/			
14		are in care of AAFCPAS, INC. Telephone no. 508-36		<u> 100</u>	
	Located at	50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 01	<u>581</u>		
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter t	he amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time	e during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	,	or other financial account in a foreign country?	16		X
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign cou	intry			

Fait VI-D	Statements negaring Activities for Which Form 4720 May be nequired			
File Forn	1 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) Enga	e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	igsqcut	_X_
(2) Borro	w money from, lend money to, or otherwise extend credit to (or accept it from)			
a disc	ualified person?	1a(2)		_X_
(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
(4) Pay c	ompensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
(5) Trans	fer any income or assets to a disqualified person (or make any of either available			
for th	e benefit or use of a disqualified person)?	1a(5)		_X_
	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			
termi	ation of government service, if terminating within 90 days.)	1a(6)		_X_
b If any ans	ver 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		_X_
c Organizati	ons relying on a current notice regarding disaster assistance, check here			
d Did the fo	indation 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 2023?	1d		_X_
2 Taxes on f	ailure 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)):			
	of tax year 2023, did the foundation have any undistributed income (Part XII, lines			
6d and 6e	for tax year(s) beginning before 2023?	2a		_X_
If "Yes," lis	t the years , , , , , ,			
b Are there	my years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation (f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement	- see instructions.) N/A	2b		
c If the prov	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	, <u> </u>			
3a Did the fo	indation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the	year?	3a	X	
b If "Yes," di	tit have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of holding	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	C, to determine if the foundation had excess business holdings in 2023.)	3b	igsqcut	_X_
4a Did the fo	indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not be	en removed from jeopardy before the first day of the tax year beginning in 2023?	4b	<u> </u>	X
	F	orm 99 0)-PF	(2023)

Form 990-PF (2023) CHARLES H. HOOD FOUNDATION			04-3507	847	F	Page 6
Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		Vaa	Na
5a During the year, did the foundation pay or incur any amount to:	40.457.330			5 (4)	Yes	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section(2) Influence the outcome of any specific public election (see section 4955); or				5a(1)		X
		• •		5a(2)		Х
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes'	 D			5a(2)		X
(4) Provide a grant to an organization other than a charitable, etc., organization				34(3)		- 21
4945(d)(4)(A)? See instructions				5a(4)	х	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f	nr		54(1)		
the prevention of cruelty to children or animals?				5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b		Х
c Organizations relying on a current notice regarding disaster assistance, check h						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?				5d	Х	
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 p	* '					
a personal benefit contract?				6a		<u> </u>
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.						7.7
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a		<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						Х
Part VII Information About Officers, Directors, Truste	es Foundation Mai	nagers Highly		8		Λ
Paid Employees, and Contractors	.cs, i candation ivial	lagers, riiginy				
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit pla and deferred	to ns	(е) Ехр	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	a	ccount, allowar	otner
		,				
SEE STATEMENT 13		0.	0	•		0.
				+		
				+		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none.	enter "NONE."				
	(b) Title, and average	_	(d) Contributions t employee benefit pla		(е) Ехр	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	"" a	ccount, allowar	
NONE			, and the second			
				\perp		
Total number of other employees paid over \$50,000				1		0

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Paid Employees, and Contractors (continued)	on Managers, Hignly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		 `
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	256,489.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	1 2 2 7 2 2 2 2
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
		+
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments	_	
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1 MULBERRY BIOTHERAPEUTICS INC WELLESLEY, MA		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
2 PLAKOUS THERAPEUTICS - WINSTOM-SALEM, NC		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
All other program-related investments. See instructions.		
3		
		405 000
SEE STATEMENT 14		425,000.
Total Add lines 1 through 3		925 000

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;

1c (attach detailed explanation) <u>1e</u>

foreign organizations, check here and do not complete this part.) Minimum investment return from Part IX, line 6

Tax on investment income for 2023 from Part V, line 5 Income tax for 2023. (This does not include the tax from Part V.)

a Average monthly fair market value of securities

b Average of monthly cash balances

d Total (add lines 1a, b, and c)

Acquisition indebtedness applicable to line 1 assets

Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)

Net value of noncharitable-use assets. Subtract line 4 from line 3

Add lines 2a and 2b

Distributable amount before adjustments. Subtract line 2c from line 1

Recoveries of amounts treated as qualifying distributions Add lines 3 and 4

Deduction from distributable amount (see instructions)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1

Fair market value of all other assets (see instructions)

Part IX

2

3

C

23) CHARLES H. HOOD FOUNDATION	04	-35078 4 7 Page 8
Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undation	ns, see instructions.)
value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
nthly fair market value of securities	1a	53,138,962
nonthly cash balances	1b	401,650
value of all other assets (see instructions)	1c	13,979,158
nes 1a, b, and c)	1d	67,519,770
aimed for blockage or other factors reported on lines 1a and		
etailed explanation) <u>1e</u> <u>0 .</u>		
ndebtedness applicable to line 1 assets	2	0 .
2 from line 1d	3	67,519,770
d held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,012,797
noncharitable-use assets. Subtract line 4 from line 3	5	66,506,973
vestment return. Enter 5% (0.05) of line 5	6	3,325,349
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certa	in
foreign organizations, check here and do not complete this part.)		
vestment return from Part IX, line 6	1	3,325,349
tment income for 2023 from Part V, line 5		
for 2023. (This does not include the tax from Part V.)		
and 2b	2c	40,692
amount before adjustments. Subtract line 2c from line 1	3	3,284,657
of amounts treated as qualifying distributions	4	156,033
and 4	5	3,440,690
om distributable amount (see instructions)	6	0 .
e amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	3,440,690
Qualifying Distributions (see instructions)		
id (including administrative expenses) to accomplish charitable, etc., purposes:		

Part XI Qualifying Distributions (see instructions)

Reduction claimed for blockage or other factors reported on lines 1a and

Minimum investment return. Enter 5% (0.05) of line 5

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,549,434.
	Program-related investments - total from Part VIII-B	1b	925,000.
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:		
а	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 XII, line 4	4	3,474,434.
			000 DE

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,	33.743	round prior to 2022		
line 7				3,440,690.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			3,301,908.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2023 from				
Part XI, line 4: \$ 3,474,434.				
a Applied to 2022, but not more than line 2a			3,301,908.	
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.			450 506
d Applied to 2023 distributable amount			<u> </u>	172,526.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2023 (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	0.			
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 2022. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				2 060 164
be distributed in 2024				3,268,164.
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 2018	0.			
not applied on line 5 or line 7	U •			
9 Excess distributions carryover to 2024.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9: a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				
323581 12-20-23				Form 990-PF (2023)

Pá	art XIII Private Operating Fo	oundations (see inst	tructions and Part VI-A	A, question 9)	N/A	<u> </u>
1 8	a If the foundation has received a ruling or	determination letter that if	t is a private operating			
	foundation, and the ruling is effective for	2023, enter the date of the	e ruling			
t	Check box to indicate whether the found				4942(j)(3) or 49	42(j)(5)
2 8	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
	investment return from Part IX for					
	each year listed					
t	85% (0.85) of line 2a					
	Qualifying distributions from Part XI,					
	line 4, for each year listed					
(Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					
,	• 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:					
â	a "Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
H	"Endowment" alternative test - enter					
•	2/3 of minimum investment return					
	shown in Part IX, line 6, for each year					
,	listed					
,						
	(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				
D	(4) Gross investment income	rmation (Complete	this part only if	the foundation k	ad \$5 000 or mor	o in accote
Г	at any time during the			the loundation i	iau \$5,000 or inor	e III assets
_						
	Information Regarding Foundation	_	00/ -f the tetalti-	h		
č	 List any managers of the foundation who year (but only if they have contributed m 			butions received by the r	oundation before the close	or any tax
NΤΩ	NE	οι σ επαιτ φο,σσος): (σσο σσο	(u)(L).)			
		our 100/ or more of the	atack of a corporation (a	ur an aqually large partice	of the ownership of a per	tnorohin or
L	 List any managers of the foundation who other entity) of which the foundation has 			or an equally large portion	i of the ownership of a par	thership of
NΤΩ	NE	a 1070 or grouter meered.	•			
		0	Ashalamakia ata Bara			
2	Information Regarding Contribution		• • • •	-	and a second control Paths discoun	
	Check here if the foundation the foundation makes gifts, grants, etc.,	only makes contributions	•	•		uests for funds. If
	The name, address, and telephone numb					
	ARLENE MANCUSI, DI				SIGHRIA.ORG	
	BOYLSTON STREET, 4					
	The form in which applications should b		•			
	PLICATION FORMS AVA	TITARTE VI. M	ww.TMFGRANT	S.OKG/HOOD		
	Any submission deadlines:	7E0DED				
	NUALLY MARCH AND O					
	Any restrictions or limitations on awards			kinds of institutions, or o	ther factors:	
ΚĽ	STRICTED TO PEDIATE	KIC KESEARCH				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient	**	
a Paid during the year				
FOUNDATION FOR THE NATIONAL		PC	SPECIAL GRANT SUPPORT	
INSTITUTES OF HEALTH			FOR THE PEDIATRIC	
11400 ROCKVILLE PIKE, SUITE 600			MEDICAL DEVICE PUBLIC	
NORTH BETHESDA, MD 20852			PRIVATE PARTNERSHIP (DESIGN PHASE)	15,000
DEMIL TODARI DELGOVEGO MEDICAL GENERE		D.C.	GDEGIAL GDANE GUDDODE	
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE		PC	SPECIAL GRANT SUPPORT FOR THE ENDOWED CHAIR	
BOSTON, MA 02215			FOR DR. STEVEN	
2021011, 121 02220			FREEDMAN, IN HONOR OF	
			JUDY HOOD	100,000
HARVARD MEDICAL SCHOOL		PC	CHARLES AWARD IN	
P.O. BOX 415649		1	PEDIATRIC HEALTH	
BOSTON, MA 02241			[CHARLES H. HOOD	
			ALUMNI RECOGNITION FOR	
			LEADERSHIP, EXCELLENCE	100,000.
TRUSTEES OF DARTMOUTH COLLEGE		PC	MAJOR GRANT -	
OFFICE OF SPONSORED PROJECTS, 11 ROPE			DECREASING HARMS AND	
FERRY ROAD HANOVER, NH 03755			IMPROVING CHILD	
			HEALTH: AN	
			INTERVENTION TO REDUCE	70,250.
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH RESEARCH	
SCHOOL			AWARD - THE ROLE OF	
C/O BANK OF AMERICA, 222 BROADWAY ST			MARCO IN PEDIATRIC	22 522
NEW YORK, NY 10038 Total SEE CC	NTINUATION SHEE	 ጥ(ያ)	CANCER 3a	82,500. 2,150,250.
b Approved for future payment	NIINOAIION DINEE	1.1.0.7	Sa Sa	2,130,230
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
C/O BANK OF AMERICA MERRILL LYNCH			AWARD - SUPPORTING	
100 WEST 33RD STREET NEW YORK, NY			REFUGEE MENTAL HEALTH	
10001			THROUGH TRANSLATION OF	
			EVALUATIVE INSTRUMENTS	100,000
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
BANK OF AMERICA, N.A PO BOX 414876			AWARD - TACKLING	
BOSTON, MA 02241			PULMONARY HYPOPLASIA	
			WITH GENETIC,	
			EPIGENETIC AND STEM	100,000.
BOSTON COLLEGE		PC	CHILD HEALTH RESEARCH	
140 COMMONWEALTH AVE (129 LAKE ST,			AWARD - IMPROVING	
440) CHESTNUT HILL, MA 02467			CHILDHOOD TUBERCULOSIS	
			TREATMENT OUTCOMES AND	
	<u></u>		POST-TB LUNG	100,000.
Total SEE CC	NTINUATION SHEE	T(S)	3b	1,070,000.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise mulcated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
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	1,391,087.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			4		
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	1,660,066.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					6,033.
b OTHER INVESTMENT INCOME					567.
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		3,051,153.	6,600.
13 Total. Add line 12, columns (b), (d), and (e)				13	3,057,753.
(See worksheet in line 13 instructions to verify calculations.)					

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
11A	EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.
11B	SETTLEMENT PROCEEDS ON INVESTMENTS

Page 13

CHARLES H. HOOD FOUNDATION Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								Yes	No
•	(/(/	,							
	s from the reporting founda						10(1)		Х
	n accete								X
b Other tra	er assets						Ta(2)		21
	s of assets to a noncharital	ale evemnt organizat	ion				1b(1)		Х
	chases of assets from a nor								X
	tal of facilities, equipment, o								X
	nbursement arrangements								Х
									Х
` '	ormance of services or mer								Х
	of facilities, equipment, mai								X
	swer to any of the above is '							ets,	
or service	es given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market valu	ue in any transaction	or sharing arranger	ment, show in		
column ((d) the value of the goods, o	other assets, or serv	ices received.		4				
(a) Line no.	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transaction	ns, and sharing arra	ıngemen	its
			N/A						
					· ·				
2a Is the fou	undation directly or indirect	ly affiliated with or i	related to one	or more tay-exempt organ					
	n 501(c) (other than section						Yes	X	No
	complete the following sche								
2 , c	(a) Name of org			(b) Type of organization		(c) Description of re	elationship		
	N/A			, ,			•		
Und	der penalties of perjury, I declare	that I have examined thi	s return, includin	g accompanying schedules and	statements, and to the be	est of my knowledge	May the IRS of	iscuss t	his
Sign and	belief, it is true, correct, and cor	ripiete. Deciaration of pr	cparci (otrici tria	in taxpayor) is based on all lillori	PRESIDEN	Tand	return with the shown below?	See ins	er str.
Here					TREASURE	R	_ X Yes		No
Sig	nature of officer or trustee		T -	Date	Title	<u> </u>			
	Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if	PTIN		
Paid	TOWER DED.		T0176=	DIDING: ~	11,00,00	self- employed	D00540	F 0 1	
Preparer			HOYCE	RIPIANZI, C	11/06/24	I	P00548		
Use Only	THIN SHAIN	PAS, INC.				Firm's EIN 04	-72/T/8	U	
OSE OHIN		MA CUTATOMO	M GMDE.	EM					
	1	WASHINGTO TBOROUGH,				Phone no. 50	8-366 D	1 0 0	
	NED MED	T DOLOGH,	HW OT	J 0 T		Trilone 110. 30	Form 99 0		

Recipient's Name and Address	NO.	1	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC.						
1173 MAIN STREET						
BOLTON, MA 01740			150,000.	04/17/20	150,000.	06/10/22

Purpose of Grant

TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee

PRI REPORT - 8/16/2023

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

149 MEDICAL DISSOLVED IN 2023. PRIOR TO THIS, THE TRUSTEES MET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTENDED BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Recipient's Name and Address	NO.	2	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC.						
C/O ARSENAL LAB SPACE, 201 DEXT	TER AVE					
WATERTOWN, MA 02472			100,000.	02/23/16	100,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 5/26/2023, 6/12/2023,	NONE, SEE BELOW
12/12/2023, 6/12/2024	

Results of Verification

THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Recipient's Name and Address	NO.	3	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC.						
155 BROOKLINE STREET, SUITE 005						
CAMBRIDGE, MA 02139			250,000.	12/21/20	250,000.	07/21/23

Purpose of Grant

TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee

PRI REPORTS - 7/21/2023, 8/23/2023,

6/24/2024

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC.				
DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH				
LEBANON, NH 03766	250,000.	05/10/21	250,000.	08/23/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS	NONE, SEE BELOW
-2/22/2023,8/23/2023,9/7/2023,3/5/2024,	
5/18/2024.6/6/2024.7/3/2024.7/26/2024.9	

Results of Verification

THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC.				
DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH				
LEBANON, NH 03766	25,000.	07/10/23	25,000.	09/13/24

Purpose of Grant

TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS	NONE, SEE BELOW
-2/22/2023,8/23/2023,9/7/2023,3/5/2024,	
5/18/2024.6/6/2024.7/3/2024.7/26/2024.9	

Results of Verification

THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO. 6	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC.					
63 BAKER STREET					
BELMONT, MA 02478		150,000.	07/15/20	150,000.	07/16/21

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

 Date of Reports by Grantee
 Diversions by Grantee

 PRI REPORTS - 8/14/2023, 10/30/2023,
 NONE, SEE BELOW

 1/8/2024, 9/24/2024
 NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address NO . 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC.				
63 BAKER STREET				
BELMONT, MA 02478	100,000.	11/15/22	100,000.	08/14/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

 Date of Reports by Grantee
 Diversions by Grantee

 PRI REPORTS - 8/14/2023, 10/30/2023,
 NONE, SEE BELOW

 1/8/2024, 9/24/2024
 NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	8	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC.						
120 BEDFORD ROAD						
WOBURN, MA 01801			250,000.	06/26/17	250,000.	08/02/21

Purpose of Grant

THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/5/2023, 8/24/2023,	NONE, SEE BELOW
6/3/2024, 10/1/2024	

Results of Verification

THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR
BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES
KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE
OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO. 9	Grant Amount	Date of Grant	Amount Expended	Verification Date
DECK THERAPEUTICS, INC.					
8 HARVARD LANE					
HASTINGS ON HUDSON, NY 10706		200,000.	10/12/22	200,000.	05/02/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF SEMI-SYNTHETIC OMEGA-3 COMPOUNDS THAT BLOCK MULTIPLE CELL-DEATH PATHWAYS INDUCED BY HYPOXIC-ISCHEMIC INJURY IN NEONATES.

 Date of Reports by Grantee
 Diversions by Grantee

 PRI REPORTS - 3/1/2023, 6/20/2023,
 NONE, SEE BELOW

 7/24/2023, 10/19/2023, 5/2/2023

Results of Verification

THE TRUSTEES MEET WITH DECK THERAPEUTICS, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	10	Grant Amount	Date of Grant	Amount Expended	Verification Date
INKSPACE IMAGING, INC.						
5635 W LAS POSITAS BLVD, S	STE. 403/404					
PLEASANTON, CA 94588			250,000.	10/20/22	250,000.	08/12/24

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF FLEXIBLE, LIGHTWEIGHT, LOW COST MRI COILS DESIGNED SPECIFICALLY FOR PEDIATRIC PATIENTS, WHILE ALSO IMPROVING IMAGE RESOLUTION AND REDUCING MRI FAILURE RATES.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 6/5/2023, 8/12/2024	NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH INKSPACE IMAGING, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address NO. 11	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC.				
2222 HEALTH SCIENCES RD				
VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22

Purpose of Grant

TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2023, 7/3/2023,	NONE, SEE BELOW
9/12/2023, 10/2023, 6/4/2024, 6/5/2024	

Results of Verification

THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	12	Grant Amount	Date of Grant	Amount Expended	Verification Date
MULBERRY BIOTHERAPEUTICS INC.						
40 WALNUT STREET, SUITE 301						
WELLESLEY, MA 02481			250,000.	12/26/23	0.	06/11/24
D of Owent		-	-			

Purpose of Grant

TO SUPPORT PRECLINICAL WORK RELATING TO THE DEVELOPMENT OF A BACTERIA-MEDIATED THERAPY FOR NEUROFIBROMATOSIS TYPE 2.

Date of Reports by Grantee

PRI REPORT - 6/11/2024

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH MULBERRY BIOTHERAPEUTICS INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

04 - 3507847

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	13	Grant Amount	Date of Grant	Amount Expended	Verification Date
NICOLETTE, INC						
100 W. BROADWAY, SUITE 3000						
LONG BEACH, CA 90802			200,000.	12/23/21	200,000.	06/17/24

Purpose of Grant

TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 7/26/2023, 4/10/2024,	NONE, SEE BELOW
6/17/2024	

Results of Verification

THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	14	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			7,000.	07/27/17	7,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2023, 4/27/2023,	NONE, SEE BELOW
5/25/2023, 8/3/2023, 11/08/2023,	
5/31/2024	

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

04 - 3507847

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	15	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	12/30/15	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2023, 4/27/2023,	NONE, SEE BELOW
5/25/2023, 8/3/2023, 11/08/2023,	
5/31/2024	

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	16	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	07/27/16	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2023, 4/27/2023,	NONE, SEE BELOW
5/25/2023, 8/3/2023, 11/08/2023,	
5/31/2024	

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	17	Grant Amount	Date of Grant	Amount Expended	Verification Date
NOVONATE, INC.						
395 OYSTER POINT BLVD, SUITE 501						
SOUTH SAN FRANCISCO, CA 94080			150,000.	08/03/22	150,000.	07/27/23

Purpose of Grant

TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC BY DEVELOPING MEDICAL DEVICES FOR PATIENTS IN THE NEONATAL INTENSIVE CARE UNIT.

Date of Reports by Grantee

PRI REPORTS - 7/25/2023, 7/27/2023

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

NOVONATE WAS ACQUIRED IN 2023 AND THE \$150,000 WAS REPAID TO THE FOUNDATION. PRIOR TO THIS, THE TRUSTEES MET WITH NOVONATE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEWED THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address NO. 18	Grant Amount	Date of Grant	Amount Expended	Verification Date
NURTURE GENOMICS				
CAMBRIDGE INNOVATION CENTER, ONE BROADWAY, KENDALL				
SQUARE				
CAMBRIDGE, MA 02142	250,000.	12/26/23	11,974.	06/23/24

Purpose of Grant

TO SUPPORT THE PRE-COMMERCIAL AND PILOT DEVELOPMENT OF A SCREENING AND TELEHEALTH PLATFORM TO PROVIDE GENETIC INSIGHTS THAT HELP PARENTS AND THEIR MEDICAL PROVIDERS BETTER UNDERSTAND RISKS FROM CHILDBIRTH INTO ADOLESCENCE.

Date of Reports by Grantee

PRI REPORT - 6/23/2024

NONE, SEE BELOW

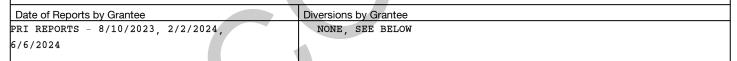
Results of Verification

THE TRUSTEES MEET WITH NURTURE GENOMICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	19	Grant Amount	Date of Grant	Amount Expended	Verification Date
PLAKOUS THERAPEUTICS						
755 HIGHLAND OAKS DR, SUITE 103						
WINSTON-SALEM, NC 27103			250,000.	07/03/23	250,000.	02/02/24

Purpose of Grant

TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A BIOLOGIC TO TREAT BABIES DIAGNOSED OR AT RISK OF DEVELOPING NECROTIZING ENTEROCOLITIS (NEC).



Results of Verification

THE TRUSTEES MEET WITH PLAKOUS THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO.	20	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC						
2 MAIN STREET						
BIDDEFORD, ME 04005			250,000.	07/02/18	250,000.	09/10/20

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 3/1/2023, 6/22/2023,	NONE, SEE BELOW
7/10/2023, 9/1/2023, 11/1/2023,	
6/17/2024, 9/24/2024	

Results of Verification

THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Recipient's Name and Address	NO.	21	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC						
2 MAIN STREET						
BIDDEFORD, ME 04005			50,000.	12/20/23	50,000.	09/24/24

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 3/1/2023, 6/22/2023,	NONE, SEE BELOW
7/10/2023, 9/1/2023, 11/1/2023,	
6/17/2024, 9/24/2024	

Results of Verification

THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Recipient's Name and Address	NO.	22	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC.						
150 CHESTNUT STREET, SUITE C						
PROVIDENCE, RI 02903			99,997.	07/25/22	99,997.	05/30/23

Purpose of Grant

TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.

Date of Reports by Grantee

PRI REPORTS - 2/15/2023, 5/30/2023,

12/22/2023, 5/30/2024, 9/3/2024

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Recipient's Name and Address	NO. 23	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC.					
150 CHESTNUT STREET, SUITE C					
PROVIDENCE, RI 02903		100,000.	09/11/23	100,000.	05/30/24

Purpose of Grant

TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.

Date of Reports by Grantee

PRI REPORTS - 2/15/2023, 5/30/2023,

12/22/2023, 5/30/2024, 9/3/2024

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	24	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS						
2450 HOLCOMBE BLVD., SUITE X						
HOUSTON, TX 77021			250,000.	04/08/19	250,000.	05/18/21

Purpose of Grant

FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 3/2/2023, 5/25/2023,	NONE, SEE BELOW
6/29/2023, 3/6/2024, 4/11/2024,	
6/12/2024	

Results of Verification

THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 25	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC.					
166 MAIN STREET					
BURLINGTON, VT 05401		150,000.	05/17/18	150,000.	02/11/19

Purpose of Grant

FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/20/2023, 5/16/2023,	NONE, SEE BELOW
6/2/2023, 7/5/2023, 9/28/2023,	
11/1/2023, 2/1/2024, 6/4/	

Results of Verification

THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS.

TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MASSACHUSETTS INSTITUTE OF TECHNOLOGY PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE OF STREET BOSTON, MA 02110 AIRWAY NEURONS IN CHILDHOOD ASTHMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DEVELOPING A STREET BOSTON, MA 02110 BROADLY APPLICABLE THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF 82,500. YALE SCHOOL OF MEDICINE PC CHILD HEALTH RESEARCH PO BOX 208239 AWARD - NEURAL MARKERS NEW HAVEN, CT 06520 OF CHRONIC, PERSISTENT PEDIATRIC IRRITABILITY 82,500. BRIGHAM AND WOMEN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - SPATIAL STREET BOSTON, MA 02110 MAPPING OF MALIGNANT SUBPOPULATIONS ENABLING NEURON-GLIOMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DISSECTING STREET BOSTON, MA 02110 IMMUNE-STROMAL INTERACTIONS TO DISCOVER NOVEL 82,500. BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE AND STREET BOSTON, MA 02110 MECHANISM OF MAKORIN RING FINGER PROTEIN 3 IN CHILDREN WITH 40,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 1295 BOYLSTON AWARD -STREET, 4TH FL. BOSTON, MA 02215 MACHINE-LEARNING PREDICTION MODEL FOR PERSONALIZED URINARY 40,000. BROWN UNIVERSITY CHILD HEALTH RESEARCH CASHIER OFFICE, BOX 1997, AWARD - DEVELOPMENT OF 69 BROWN STREET, 2ND FLOOR A HIGH EFFICACY PROVIDENCE, RI 02912 NON-CAPSID NOROVIRUS VACCINE 40,000. CHILD HEALTH RESEARCH HARVARD MEDICAL SCHOOL PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DECIPHERING STREET BOSTON, MA 02110 MECHANISMS LINKING CHILDHOOD VIRAL INFECTION AND ASTHMA 40,000. WORCESTER POLYTECHNIC INSTITUTE CHILD HEALTH RESEARCH PC C/O TD BANK, 370 MAIN ST AWARD - ROLE OF WORCESTER, MA 01608 HETEROTRIMERIC G PROTEINS IN CILIA ASSEMBLY AND 40,000. 1,782,500. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor YALE UNIVERSITY CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF C/O BANK OF AMERICA MERRILL LYNCH 100 WEST 33RD STREET NEW YORK, NY PEDIATRIC MALIGNANCIES 10001 USING DEVELOPMENTAL MAPPING AND MACHINE 40,000. YALE UNIVERSITY CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA MERRILL LYNCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH 100 WEST 33RD STREET NEW YORK, NY 10001 THROUGH TRANSLATION OF EVALUATIVE INSTRUMENTS 100,000. MASSACHUSETTS GENERAL HOSPITAL PC CHILD HEALTH RESEARCH BANK OF AMERICA, N.A PO BOX 414876 AWARD - TACKLING BOSTON, MA 02241 PULMONARY HYPOPLASIA WITH GENETIC, 100,000. EPIGENETIC AND STEM BOSTON COLLEGE CHILD HEALTH RESEARCH AWARD - IMPROVING 140 COMMONWEALTH AVE (129 LAKE ST, 440) CHESTNUT HILL, MA 02467 CHILDHOOD TUBERCULOSIS TREATMENT OUTCOMES AND POST-TB LUNG 100,000. BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - IDENTIFYING STREET BOSTON, MA 02110 EEG-BASED BIOMARKERS OF LANGUAGE GROWTH IN PRESCHOOL-AGED 100,000. BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - CHARACTERIZING STREET BOSTON, MA 02110 THE ROLE OF TWO SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION 100,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - POSTNATAL STREET BOSTON, MA 02110 EXPOSURE TO HYPEROXIA CAUSES MALADAPTATION OF THE PREMATURE 100,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - ROLE OF STREET BOSTON, MA 02110 XENOBIOTIC PATHWAYS TO MODULATE INTESTINAL EPITHELIAL METABOLISM 100,000. BRIGHAM AND WOMEN'S HOSPITAL PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE OF STREET BOSTON, MA 02110 MESENCHYMAL STEM CELLS TO ENHANCE IMMUNE FUNCTION IN A MODEL OF 100,000. DARTMOUTH-HITCHCOCK CLINIC CHILD HEALTH RESEARCH PC RESEARCH OPERATIONS, 1 MEDICAL CENTER AWARD - EVALUATING DRIVE LEBANON, NH 03756 MECHANISMS OF ENVIRONMENTAL CHEMICAL

Total from continuation sheets

EXPOSURE WITH

130,000.

Part XIV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ASSACHUSETTS EYE AND EAR INFIRMARY	Of Substantial Continuator	PC	CHILD HEALTH RESEARCH	
C/O BANK OF AMERICA, 100 FEDERAL			AWARD - ADVANCING THE	
TREET BOSTON, MA 02110			RETINOIC ACID	
TREET BOSTON, MA 02110			SIGNALING ACTIVATOR AS	
			A NOVEL THERAPEUTIC IN	100,00
ASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	100,00
C/O BANK OF AMERICA, 100 FEDERAL			AWARD - DECIPHERING	
STREET BOSTON, MA 02110			THE MECHANISM	
JINDEL BOSION, IMI UZIII			UNDERLYING SHORT- AND	
			LONG-TERM AIRWAY	100,00
			LONG-TERM AIRWAY	100,00
		4		
			1	
			+	
Total from continuation sheets	1			

Part XIV Supplementary Information **Grants and Contributions Approved for Future Payment (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - IDENTIFYING STREET BOSTON, MA 02110 EEG-BASED BIOMARKERS OF LANGUAGE GROWTH IN PRESCHOOL-AGED 100,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - CHARACTERIZING STREET BOSTON, MA 02110 THE ROLE OF TWO SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION 100,000. BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - POSTNATAL STREET BOSTON, MA 02110 EXPOSURE TO HYPEROXIA CAUSES MALADAPTATION OF THE PREMATURE 100,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - ROLE OF STREET BOSTON, MA 02110 XENOBIOTIC PATHWAYS TO MODULATE INTESTINAL EPITHELIAL METABOLISM 100,000. BRIGHAM AND WOMEN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE OF STREET BOSTON, MA 02110 MESENCHYMAL STEM CELLS TO ENHANCE IMMUNE FUNCTION IN A MODEL OF 100,000. DARTMOUTH-HITCHCOCK CLINIC PC CHILD HEALTH RESEARCH RESEARCH OPERATIONS, 1 MEDICAL CENTER AWARD - EVALUATING DRIVE LEBANON, NH 03756 MECHANISMS OF ENVIRONMENTAL CHEMICAL EXPOSURE WITH 70,000. MASSACHUSETTS EYE AND EAR INFIRMARY CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - ADVANCING THE STREET BOSTON, MA 02110 RETINOIC ACID SIGNALING ACTIVATOR AS A NOVEL THERAPEUTIC IN 100,000. MASSACHUSETTS GENERAL HOSPITAL PC CHILD HEALTH RESEARCH AWARD - DECIPHERING C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110 THE MECHANISM UNDERLYING SHORT- AND LONG-TERM AIRWAY 100,000.

Total from continuation sheets

770,000.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHARLES AWARD IN PEDIATRIC HEALTH [CHARLES H. HOOD ALUMNI RECOGNITION

FOR LEADERSHIP, EXCELLENCE AND SERVICE] - DETECTING PEDIATRIC GROWTH

DISORDERS USING AI

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN

INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND

POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL

DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO

DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING

FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

cappionicitally information	Part XIV Supplementary Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR

PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD

VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN

CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING

DEVELOPMENTAL MAPPING AND MACHINE LEARNING

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH THROUGH

TRANSLATION OF EVALUATIVE INSTRUMENTS AND THROUGH A PREVENTIVE MENTAL

HEALTH INTERVENTION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH

GENETIC, EPIGENETIC AND STEM CELL APPROACHES.

NAME OF RECIPIENT - BOSTON COLLEGE

CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS

TREATMENT OUTCOMES AND POST-TB LUNG FUNCTIONING AND QUALITY OF LIFE IN

RURAL SOUTH AFRICA

Part XIV	Supplementary	Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF

LANGUAGE GROWTH IN PRESCHOOL-AGED CHILDREN WITH DOWN SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO

SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION OF ATTENTION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES

MALADAPTATION OF THE PREMATURE INTESTINE

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE

INTESTINAL EPITHELIAL METABOLISM, AS POSSIBLE TARGETS FOR OBESITY AND

DIABETES

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE OF MESENCHYMAL STEM CELLS TO

ENHANCE IMMUNE FUNCTION IN A MODEL OF NEONATAL INFECTION

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - EVALUATING MECHANISMS OF ENVIRONMENTAL

CHEMICAL EXPOSURE WITH DEVELOPING ZEBRAFISH URINARY SYSTEM

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR INFIRMARY

CHILD HEALTH RESEARCH AWARD - ADVANCING THE RETINOIC ACID SIGNALING

Part XIV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
ACTIVATOR AS A NOVEL THERAPEUTIC IN MOUSE MODELS OF RETINAL
DEGENERATION
NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL
CHILD HEALTH RESEARCH AWARD - DECIPHERING THE MECHANISM UNDERLYING
SHORT- AND LONG-TERM AIRWAY HYPERRESPONSIVENESS FOLLOWING EARLY-LIFE
RSV INFECTION

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH THROUGH

TRANSLATION OF EVALUATIVE INSTRUMENTS AND THROUGH A PREVENTIVE MENTAL

HEALTH INTERVENTION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH

GENETIC, EPIGENETIC AND STEM CELL APPROACHES.

NAME OF RECIPIENT - BOSTON COLLEGE

CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS

TREATMENT OUTCOMES AND POST-TB LUNG FUNCTIONING AND QUALITY OF LIFE IN

RURAL SOUTH AFRICA

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF

LANGUAGE GROWTH IN PRESCHOOL-AGED CHILDREN WITH DOWN SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO

SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION OF ATTENTION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES

MALADAPTATION OF THE PREMATURE INTESTINE

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		
DIVIDEND INCOME INTEREST INCOME	1,379,677		0. 1,379,677 0. 11,410		
TO PART I, LINE 4	1,391,087	•	1,391,087	1,391,087.	
FORM 990-PF		OTHER I	NCOME	S	STATEMENT 2
DESCRIPTION		:		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURNED GRANT FUNI			6,033. 567.	0.	
OTHER INVESTMENT II					
TOTAL TO FORM 990-1	PF, PART I,	LINE 11	6,600.	0.	
	PF, PART I,	LINE 11	6,600.	0.	
	PF, PART I,	LINE 11			STATEMENT 3
TOTAL TO FORM 990-1	PF, PART I,		FEES (B) NET INVEST-		(D)
TOTAL TO FORM 990-1	PF, PART I,	LEGAL (A) EXPENSES	FEES (B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
FORM 990-PF DESCRIPTION		LEGAL (A) EXPENSES PER BOOKS	FEES (B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOTAL TO FORM 990-1 FORM 990-PF DESCRIPTION LEGAL EXPENSES		LEGAL (A) EXPENSES PER BOOKS 6,096.	FEES (B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 6,096.
TOTAL TO FORM 990-1 FORM 990-PF DESCRIPTION LEGAL EXPENSES		LEGAL (A) EXPENSES PER BOOKS 6,096.	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 6,096.
FORM 990-PF DESCRIPTION LEGAL EXPENSES TO FM 990-PF, PG 1		LEGAL (A) EXPENSES PER BOOKS 6,096.	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 6,096
TOTAL TO FORM 990-I FORM 990-PF DESCRIPTION LEGAL EXPENSES TO FM 990-PF, PG 1		LEGAL (A) EXPENSES PER BOOKS 6,096. 6,096. ACCOUNTI	(B) NET INVEST- MENT INCOME 0. 0. (B) NG FEES	(C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 6,096 6,096 CHARITABLE (D) CHARITABLE

FORM 990-PF	OTHER PROFES	SIONAL FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	26,646. 75,000.	· ·		13,323.
TO FORM 990-PF, PG 1, LN 16C	101,646.	88,323.		13,323.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOR 2023 MA FORM PC FILING FEE FOREIGN TAXES	20,000. 1,039. 35,359.	0. 0. 35,359.		0. 1,039. 0.
TO FORM 990-PF, PG 1, LN 18	56,398.	35,359.		1,039.
FORM 990-PF	OTHER E	XPENSES		TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS	5,795. 256,489.	0.		5,795. 256,489.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS MARKETING HONORARIA EVENT EXPENSE	24,633. 19,386. 18,650. 7,881.	0. 0. 0.		24,633. 19,386. 18,650. 7,881.
TO FORM 990-PF, PG 1, LN 23	332,834.	0.		332,834.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES FOREIGN SECURITIES		25,644,572. 9,796,011.	25,644,572. 9,796,011.
TOTAL TO FORM 990-PF, PART II, I	LINE 10B	35,440,583.	35,440,583.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		13,614,650.	13,614,650.
TOTAL TO FORM 990-PF, PART II, I	LINE 10C	13,614,650.	13,614,650.
FORM 990-PF C	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	4,763,054. 13,979,158.	4,763,054. 13,979,158.
TOTAL TO FORM 990-PF, PART II, I	LINE 13	18,742,212.	18,742,212.
FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	3,369,961.	4,006,057.	4,006,057.

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES
PART VI-A, LINE 11

STATEMENT 12

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116



FORM 990-PF		OF OFFICERS, DI		STAT	EMENT 13
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION		EXPENSE
NEIL SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	PRESIDENT AND 1.00		0.	0.
JOHN O. PARKER, JR 2 BOYLSTON STREET, BOSTON, MA 02116	R. , 4TH FLOOR	VICE PRESIDENT	F AND CLERK 0.	0.	0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, BOSTON, MA 02116		TRUSTEE 1.00	0.	0.	0.
BARBARA BULA 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
BRENDON BULA 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
ELIZABETH HOOD 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
CLAY SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON	N 990-PF, PAGE 6,	PART VII	0.	0.	0.

FORM 990-PF OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 14
DESCRIPTION	AMOUNT
NURTURE GENOMICS - CAMBRIDGE, MA SIMPLE AGREEMENT FOR FUTURE EQUITY	250,000.
DESCRIPTION	AMOUNT
ARGUS COGNITIVE, INC LEBANON, NH SIMPLE AGREEMENT FOR FUTURE EQUITY	25,000.
DESCRIPTION	AMOUNT
SMOLTAP, INC PROVIDENCE, RI SERIES SEED PREFERRED STOCK INVESTMENT	100,000.
DESCRIPTION	AMOUNT
PRAPELA, LLC - BIDDEFORD, ME CONVERTIBLE PROMISSORY NOTE	50,000.
TOTAL TO FORM 990-PF, PART VIII-B, LINE 3	425,000.
TOTAL TO FORM 990-PF, PART VIII-B, LINE 3	425,0

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

CARRIOVER DATA TO 2024		
Name CHARLES H. HOOD FOUNDATION	Employer Identification	on Number 1 7
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN I	IMITED	140,451.
FEDERAL CONTRIBUTION - 50% CASH		90.
MA NET OPERATING LOSS		140,451.
	<u> </u>	

	and Entity: INV	ESTMENT IN LII	MITED POST - 201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2020 B 2021	10,850. 80 625.										
D 2023	23,913.										
E F G											
H											
J K L											
M N											
O P Q											
R S T											
T U V											
w	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
A											
B C D											
D E F											
G H											
J K											
L M											
N O P											
Q R											
S T U											
v w											

	and Entity: COI	NTRIBUTION - 50	% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi	Original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 202 B 202 C 202 D	2 36.										
E F G H											
J K L											
N O P Q											
R S T U											
V W Detai		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C	C										
D E F G											
H J K											
L M N O P											
Q R S T											
U V W											

	e and Entity: NOI	L MA	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Yea Orig	ur Original gi- Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 200 B 200 C 200 D 200 E F	20 10,850. 21 80,625. 22 23,913.										
G H											
J K L						4					
N O P Q											
R S T U											
V W	E Amount ail S Used for e B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C	e B C										
D E F											
G H J											
K L M N O											
P Q R S											
T U V W											

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fil	e any o	f the form	S	
listed b	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ntracts.	An exten	sion	
reques	t for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the electr	onic filir	ng of Forn	ก	
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.					
Caution	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 845	53-TE ar	nd Form 8	879-TE for p	ayment
instruct	tions.						
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMIC	Cs, and tr	usts	
must u	se Form 7004 to request an extension of time to file income	e tax retur	ns.				
Part I -	Identification						
Type o	r Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpay	er identific	cation numb	er (TIN)
Print							
	CHARLES H. HOOD FOUNDATION 04-3507847						7
File by the due date t		ee instruct	ions.				
filing your return. Se	2 BOYLSTON STREET 4TH FLOO	R					
instruction		reign addı	ress, see instructions.				
	BOSTON, MA 02116	J					
Enter th	ne Return Code for the return that this application is for (file	a separat	e application for each return)				04
Applica	ation Is For	Return	Application Is For				Return
• •		Code					Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)				09
	720 (individual)	03	Form 5227				10
Form 9	•	04	Form 6069				11
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870						12	
Form 990-T (trust other than above) 06 Form 5330 (individual)							13
Form 990-T (corporation) 07 Form 5330 (other than individual)							14
Form 1041-A 08							
After	you enter your Return Code, complete either Part II or Part	t III. Part II	I, including signature, is applicable or	nly for a	n extensio	on of	
	file Form 5330.			•			
• If this	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.				
	Plan Name						
F	Plan Number						
F	Plan Year Ending (MM/DD/YYYY)						
Part II -	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)				
	books are in the care of AAFCPAS, INC.						
		REET -	WESTBOROUGH, MA 0	1581			
Tele	phone No. 508-366-9100		Fax No.				
• If the	e organization does not have an office or place of business	in the Uni	ted States, check this box				
	is is for a Group Return, enter the organization's four-digit (heck this
box	If it is for part of the group, check this box	_	ch a list with the names and TINs of				
1	request an automatic 6-month extension of time until No	OVEMBI	ER 15 , 20 24 , to file	the exe	mpt orga	nization retu	rn for
tl	he organization named above. The extension is for the orga	anization's	return for:				
Σ	calendar year 20 23 or						
	tax year beginning	, 20	, and ending			, 20)
	· · · · · · · · · · · · · · · · · · ·						
2 lf	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	inal ret	urn		
	Change in accounting period						
3a II	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
	ny nonrefundable credits. See instructions.		•	3a	\$		0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and		T .		
	estimated tax payments made. Include any prior year overp	•		3b	s	22	,027.
_	Balance due. Subtract line 3b from line 3a. Include your pa						
	using EETPS (Electronic Federal Tax Payment System). See	•		30			0.

EXTENDED TO NOVEMBER 15, 2023 Return of Private Foundation

Form **990-PF**

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2022**Open to Public Inspection

Ford	aler	ndar year 2022 or tax year beginning	•	, and ending		•
Nan	ne of	foundation			A Employer identification	number
		RLES H. HOOD FOUNDATION			04-3507847	
		and street (or P.O. box number if mail is not delivered to street	Room/suite	B Telephone number		
		OYLSTON STREET, 4TH FLO			617-279-22	30
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		TON, MA 02116				
G	neck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
ш С	hook	Address change type of organization: X Section 501(c)(3) ex	Name change			
	_	ction 4947(a)(1) nonexempt charitable trust		tion	E If private foundation state under section 507(b)(1)	
L Fa		. , , , , ,	ng method: X Cash	Accrual	, , , ,	. ,
		· —	her (specify)	/ toordar	F If the foundation is in a (under section 507(b)(1)	
`	\$	66,678,123. (Part I, colum		S.)		(-),
Pa	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,029,761.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	4 00 - 000			
	4	Dividends and interest from securities	1,335,080.	1,335,080.		STATEMENT 1
		Gross rents				
		Net rental income or (loss)	612,940.			
ne	6a	Net gain or (loss) from sale of assets not on line 10	012,940.	<u> </u>		
Revenue	7	assets on line 6a 3, 103, 933. Capital gain net income (from Part IV, line 2)		612,940.		
Re	8	Net short-term capital gain		012,540.		
	9	Income modifications			31,917.	
	10a	Gross sales less returns and allowances			32,722.1	
		Less: Cost of goods sold				
		Gross profit or (loss)				
	11	Other income	37,260.	0.		STATEMENT 2
	12	Total. Add lines 1 through 11	3,015,041.	1,948,020.	31,917.	
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
Ś		Pension plans, employee benefits	20 210	0		20 210
nse		Legal fees STMT 3	30,210. 26,003.	0.		30,210.
xbe	D	Accounting fees STMT 4 Other professional fees STMT 5	103,585.	89,292.		14,293.
ē			103,303.	05,252.		14,200
Operating and Administrative Expense	18	Interest Taxes STMT 6	83,679.	25,400.		500.
istr	19	Depreciation and depletion	00,010			
ni Li	20	Occupancy				
Ad	21	Travel, conferences, and meetings	23,125.	0.		23,125.
and	22					
ng	23	Printing and publications Other expenses STMT 7	398,201.	0.		398,201.
rati	24	Total operating and administrative				
Эре		expenses. Add lines 13 through 23	664,803.	114,692.		492,332.
		Contributions, gifts, grants paid	2,662,000.			2,662,000.
	26	Total expenses and disbursements.	2 226 002	114 600		2 154 222
	07	Add lines 24 and 25	3,326,803.	114,692.		3,154,332.
		Subtract line 26 from line 12:	-311,762.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	311,702•	1,833,328.		
		Adjusted net income (if negative enter -0-)		_,555,525	31,917.	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

	_	Balance Sheets Attached schedules and amounts in the description	ed schedules and amounts in the description Beginning of year End of year				
P	<u>art</u>	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	.,	. ,			
		Savings and temporary cash investments	679,672.	383,193.	383,193.		
		Accounts receivable	0.0,0.20	300,200	333,233		
	ľ	Less: allowance for doubtful accounts					
	١,						
	4	Pledges receivable					
	_	Less; allowance for doubtful accounts					
		Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
ţ		Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
⋖		Investments - U.S. and state government obligations					
	b	Investments - corporate stock STMT 9	45,446,070.		34,837,751.		
	C	Investments - corporate bonds STMT 10	17,200,112.	13,292,160.	13,292,160.		
		Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - mortgage loans Investments - other STMT 11	13,066,723.	14,795,058.	14,795,058.		
		Land buildings and aguinment basis					
		Less: accumulated depreciation					
	15	Less: accumulated depreciation Other assets (describe STATEMENT 12)	2,569,964.	3,369,961.	3,369,961.		
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	78,962,541.	66,678,123.	66,678,123.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
S		Deferred revenue					
Liabilities	l	Loans from officers, directors, trustees, and other disqualified persons					
abi	21	Mortgages and other notes payable					
⋍		Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow FASB ASC 958, check here					
es		and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions					
a	25	Net assets with donor restrictions					
Fund Balanc		Foundations that do not follow FASB ASC 958, check here					
<u>ٿ</u>		and complete lines 26 through 30.					
ō	26	Capital stock, trust principal, or current funds	59,300,755.	59,300,755.			
		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
SS	28	Retained earnings, accumulated income, endowment, or other funds	19,661,786.	7,377,368.			
Net Assets	29	Total net assets or fund balances	78,962,541.	66,678,123.			
ž							
	30	Total liabilities and net assets/fund balances	78,962,541.	66,678,123.			
	art		alances				
	arı	Analysis of Onlinges in Net Assets of Fund B	ulalices				
		net assets or fund balances at beginning of year - Part II, column (a), line			HO 040 - ::		
	•				78,962,541.		
		r amount from Part I, line 27a			-311,762.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	78,650,779.		
		eases not included in line 2 (itemize)		ATEMENT 8 5	11,972,656.		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	66,678,123.		
					Form 990-PF (2022)		

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a PUBLICLY TRADED SECURITIES b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (or allowable) 2, 816, 232. 2, 570, 993. 245, 239. b 367, 701. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis over col. (i), if any as of 12/31/69 (iii) FMV as of 12/31/69 (iii) Adjusted basis over col. (ii), if any as of 12/31/69 (iii) Adjusted basis over col. (iii) as of 12/31/69 (iii) Adjust
b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (o
C d e
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e (e) Gross sales price (f) Depreciation allowed (or allowable) a 2,816,232
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale ((e) plus (f) minus (g)) a 2,816,232. 2,570,993. 245,239. b 367,701. 367,701. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any a (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 2 (a) 2 (b) 2 (c) 2 (c) 3 (c)
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c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245,239 b 245,239 c d e 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245, 239. b 2 Capital gain net income or (net capital loss) (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 245, 239. 367, 701. 2 612,940.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245,239. b 2 Capital gain net income or (net capital loss) (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 245,239. 245,239. 25612,940. A lif gain, also enter in Part I, line 7 lif (loss), enter -0- in Part I, line 7 lif (loss), enter -0- in Part I, line 7 lif (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c).
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) FMV as of 12/31/69 (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col. (i) over col. (j), if any 245,239 b 367,701 c d e If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 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
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b c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 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 1 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): 1 4 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 5 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 5 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1 6 If gain, also enter in Part I, line 8, column (c). See instructions.
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2 Capital gain net income or (net capital loss)
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
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
Part I, line 8 N/A
Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.
Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 25,483.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations,
enter 4% (0.04) 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 25,483.
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-
6 Credits/Payments:
a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 47,510.
b Exempt foreign organizations - tax withheld at source 6b 0 •
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 47,510.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0 •
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 22,027.

Г	Statements negaring Activities			
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	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		X
(I 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. \$			
6	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		Х
	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		Х
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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:			
	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	Х	
7		7	Х	
88	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA —			
t	of 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	Х	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		Х
10		10		Х
	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 STMT 13	11	Х	
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTPS://HRIA.ORG/TMF/HOOD/			<u> </u>
14	The books are in care of AAFCPAS, INC. Telephone no. 508-36	6-9	100	
	Located at 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 01			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	. —
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		m 99 0)-PF	(2022)

Fait VI-D Statements negarating Activities for Which Form 4720 May be negaried			
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?	1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(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)?	1a(5)		X
(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.)	1a(6)		Х
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		Х
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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 2022?	1d		Х
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 2022, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2022?	2a		Х
If "Yes," list the years,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	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.			
<u> </u>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a	Х	
b If "Yes," did it have excess business holdings in 2022 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 Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b		Х
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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 2022?	4b		Х

Page 6

Part VI-B Statements Regarding Activities for which i	rorm 4/20 May Be i	Required (contin	uea)				
5a During the year, did the foundation pay or incur any amount to:				5a(1)	Yes	No X	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?				5a(2)		X	
(3) Provide a grant to an individual for travel, study, or other similar purposes				5a(3)		Х	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				F=/4\	v		
4945(d)(4)(A)? See instructions				5a(4)	X		
(5) Provide for any purpose other than religious, charitable, scientific, literary,				Eo/E\		х	
the prevention of cruelty to children or animals?				5a(5)		\vdash^{Δ}	
		-		5b		x	
section 53.4945 or in a current notice regarding disaster assistance? See instructions c Organizations relying on a current notice regarding disaster assistance, check here							
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi							
expenditure responsibility for the grant?				5d	Х		
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?				6a		х	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		Х	
If "Yes" to 6b, file Form 8870.							
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?			7a		Х	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remuneration o	r					
excess parachute payment(s) during the year?				8		Х	
Part VII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	/				
Paid Employees, and Contractors							
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) 0		1 Even	2000	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plar and deferred	is a	(e) Expens account, oth		
(-)	to position	`enter'-0-)'	compensation	_	allowai	nces	
SEE STATEMENT 14		0.	0			0.	
DEE STATEMENT 14		••		+		<u> </u>	
				+			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plar and deferred	is a	e) Exp	ense	
	devoted to position	(C) Compensation	and deferred compensation	u u	allowai	nces	
NONE							
				_			
				_			
Tabal number of other employees said area #FO 000	<u> </u>	1		\vdash		0	
Total number of other employees paid over \$50,000				I		U	

Part VII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	199,378.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
	7	
	7	
	7	
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic		Evnances
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	Expenses
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 INKSPACE IMAGING, INC PLEASANTON, CA		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
DECK THERAPEUTICS, INC HUDSON, NY		
SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY		
		200,000.
All other program-related investments. See instructions.		
3		
SEE STATEMENT 15		349,997.
Total Add lines 1 through 3		799,997.

Р	Minimum Investment Return (All domestic foundation	ons must com	plete this part. Foreign for	oundation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out char	itable, etc., purp	oses:		
а	Average monthly fair market value of securities			1a	55,574,961.
	Average of monthly cash balances			1b	377,542.
C	Fair market value of all other assets (see instructions)			1c	12,208,432.
d	Total (add lines 1a, b, and c)			1d	68,160,935.
	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	68,160,935.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greate	er amount, see ir	nstructions)	4	1,022,414.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	67,138,521.
6	Minimum investment return. Enter 5% (0.05) of line 5			6	3,356,926.
P	Distributable Amount (see instructions) (Section 4942) foreign organizations, check here and do not complete this	, , , , , , , , , , , , , , , , , , , ,	rivate operating foundations	and certain	
1	Minimum investment return from Part IX, line 6			1	3,356,926.
2a	Tax on investment income for 2022 from Part V, line 5	2a	25,483.		
b		2b			
C	Add lines 2a and 2b			2c	25,483.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,331,443.
4	Recoveries of amounts treated as qualifying distributions			4	31,917.
5	Add lines 3 and 4			5	3,363,360.
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 XII, line 1		7	3,363,360.
P	Part XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc.,	purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	3,154,332.
b	b Program-related investments - total from Part VIII-B				799,997.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out cha	ritable, etc., purp	ooses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4				4	3,954,329.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
Distributable amount for 2022 from Part X, line 7				3,363,360.
2 Undistributed income, if any, as of the end of 2022:				3,303,3001
a Enter amount for 2021 only			3,892,877.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		0.		
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 3,954,329.				
a Applied to 2021, but not more than line 2a			3,892,877.	
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.			64 450
d Applied to 2022 distributable amount	0.4			61,452.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (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	0.			
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 2021. Subtract line			0	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				3,301,908.
be distributed in 2023				3,301,300.
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 2017	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

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Part XIII Private Operating F	oundations (see inst	tructions and Part VI-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that i	t is a private operating			
foundation, and the ruling is effective fo	r 2022, enter the date of th	e ruling			
b Check box to indicate whether the found	dation is a private operatinç	g foundation described in	section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
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			4		
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)		4			
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, 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 XIV Supplementary Info	rmation (Complet	e this part only i	f the foundation	had \$5,000 or mo	ore in assets
at any time during t				40,000 0	
Information Regarding Foundation		,			
a List any managers of the foundation wh	•	nan 2% of the total contr	ibutions received by the t	foundation before the clos	se of any tax
year (but only if they have contributed n			ibations received by the	oundudon boloro the olor	oo or arry tax
NONE	, ,				
b List any managers of the foundation wh	o own 10% or more of the	stock of a cornoration (or an equally large portion	n of the ownership of a na	artnershin or
other entity) of which the foundation ha			or air equally large portio	ir or the ownership or a pe	artificially of
NONE	· ·				
2 Information Regarding Contribut	ion Grant Gift Loan (Scholarship etc. Dr	ograme:		
	n only makes contributions	• • •	-	not accent uncolicited re	augete for funde If
the foundation makes gifts, grants, etc.,	•	•	•	•	quests for fullus. If
a The name, address, and telephone num			, , ,	* *	
CHARLENE MANCUSI, DI					G
2 BOYLSTON STREET, 4				ODIGIIKIN•OK	•
b The form in which applications should the APPLICATION FORMS AV					
c Any submission deadlines:	TITUADUU AI V	····· · IHI GIAII	10 · ORG/ HOOD		
ANNUALLY MARCH AND C	CTOBER				
d Any restrictions or limitations on award			kinds of institutions, or o	ther factors:	
RESTRICTED TO PEDIAT	RIC RESEARCE	Ŧ			

Form 990-PF (2022) CHARLES H. HOOD FOUNDATION

Part XIVI Supplementary Information (continued)

Part XIV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Ye		Payment	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
a Paid during the year				
BOSTON MEDICAL CENTER		PC	MAJOR GRANT - BEYOND	
660 HARRISON AVENUE, 2ND FLOOR			WATCHING AND WAITING:	
BOSTON, MA 02118			A NOVEL COLLABORATION	
			TO PREVENT AND REDUCE	
			THE BURDEN OF MENTAL	225,000.
TRUSTEES OF DARTMOUTH COLLEGE		PC	MAJOR GRANT -	
OFFICE OF SPONSORED PROJECTS, 11 ROPE		l rc	DECREASING HARMS AND	
FERRY ROAD HANOVER, NH 03755-1421			IMPROVING CHILD	
TERRI ROLD MINOVER, MI 03/33 1421			HEALTH: AN	
		A	INTERVENTION TO REDUCE	379,750.
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - DYSREGULATED T	
BOSTON, MA 02241-4413			AND B CELL	
			INTERACTIONS IN	82 FAA
			EARLY-ONSET	82,500.
DANA-FARBER CANCER INSTITUTE		PC	CHILD HEALTH RESEARCH	
450 BROOKLINE AVE, BP437			AWARD - MACHINE	
BOSTON, MA 02215-5450			LEARNING-BASED RISK	
,			PREDICTION FOR	
			CHILDREN WITH	82,500.
WALE GOVERN OF MEDICANE		D.G.	CHILD HEALTH DEGENDAN	
YALE SCHOOL OF MEDICINE		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873 NEW HAVEN, CT 06508-1873			AWARD - DYSREGULATED RNA MODIFICATIONS IN	
NEW INVENT, OF COSCO 1075			THE CONTEXT OF HUMAN	
			DEVELOPMENT	82,500.
Total SEE CON	TINUATION SHEE	T(S)	3a	2,662,000.
b Approved for future payment				
HARVARD MEDICAL SCHOOL		PC	CHARLES AWARD [CHARLES	
25 SHATTUCK ST			H. HOOD ALUMNI	
BOSTON, MA 02115			RECOGNITION FOR	
,			LEADERSHIP, EXCELLENCE	
			AND SERVICE] -	100,000.
MDMGMDDG OF DARWOWN GOTTON		D.G.	WA TOD, GD3377	
TRUSTEES OF DARTMOUTH COLLEGE		PC	MAJOR GRANT - DECREASING HARMS AND	
OFFICE OF SPONSORED PROJECTS, 11 ROPE			IMPROVING CHILD	
FERRY ROAD HANOVER, NH 03755-1421			HEALTH: AN	
			INTERVENTION TO REDUCE	70,250.
				-
INTUEDCINY OF MACCACHICEMMC MEDICAL		PC	CHILD HEALTH RESEARCH	
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL			AWARD - THE ROLE OF	
C/O BANK OF AMERICA, 222 BROADWAY ST			MARCO IN PEDIATRIC	
NEW YORK, NY 10038			CANCER	82,500.
	TINUATION SHEE	T(S)		905,250.
				orm QQN_DF (2022)

Part XV-A **Analysis of Income-Producing Activities**

CHARLES H. HOOD FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)		
Enter gross amounts amous otherwise maleated.		(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue:		Amount	sion	Amount	function income		
a	code						
h							
·							
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	1,335,080.			
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	612,940.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a RETURNED GRANT FUNDS					31,917. 5,343.		
b OTHER INVESTMENT INCOME					5,343.		
c							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		1,948,020.	37,260.		
13 Total. Add line 12, columns (b), (d), and (e)				13	1,985,280.		
(See worksheet in line 13 instructions to verify calculations.)							

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								
	EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.								
11B	SETTLEMENT PROCEEDS ON INVESTMENTS								

Page 13

CHARLES H. HOOD FOUNDATION Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in sect	ion 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a Transfers from the reporting foundation to a noncharitable exempt organization of:										
	(1) Cash							1a(1)		X
								1a(2)		X
(2) Other assets b Other transactions:										
(1) Sales of assets to a noncharitable exempt organization								1b(1)		X
	(2) Purch	hases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
								1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
					ons			1b(6)		X
					ployees			1c		X
		-		-	• •	-	narket value of the goods, of		ets,	
		is given by the reporting id i) the value of the goods, (ed less than fair market valu	ie in any transaction	or sharing arrangement, sh	ow III		
		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and si			
ω, <u>ω</u>	10 110.	(b)/illiount illivolvou	(o) Numo or	N/A	o oxompt or gamzation	(a) Description	i oi transiers, transactions, and si	iai ii iy ai i	angeme	1113
				11/11						
										
				5070	or more tax-exempt organi			٦.,	v	٦.,
		501(c) (other than section	. , . , ,	tion 527?				_ Yes	LA	No
D	ii yes, co	omplete the following sche (a) Name of org			(b) Type of organization	<u> </u>	(c) Description of relationsh	in		
		N/A	amzation		(b) Type of organization		(6) Description of relationsh	ıμ		
		14/11								
					ing accompanying schedules and			the IRS c	liscuss t	his
Sig		belief, it is true, correct, and co	implete. Declaration of pi	eparer (other th	an taxpayer) is based on all infor	PRESIDEN	return	n with the	prepare	er
He	re					TREASURE		∐ Yes		No
	Sigr	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
							self- employed			
Pai		JOYCE RIPIA		JOYCE	RIPIANZI, C	10/24/23		548		
	eparer	Firm's name AAFC	PAS, INC.				Firm's EIN 04-257	T.18	U	
US	e Only	Firmle address FO		T (mp	TIM.					
		Firm's address 50					E00 36	<i>c</i> ^	1 0 0	
		l MES.	TBOROUGH,	MA UI	201		Phone no. 508-36			(0000)
							FOI	m 990	,-PF ((2022)

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	9	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC.						
1173 MAIN STREET						
BOLTON, MA 01740			150,000.	04/17/20	150,000.	06/10/22

Purpose of Grant

TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 2/17/2022, 4/6/2022,	NONE, SEE BELOW
6/10/2022,8/25/2022, 9/22/2022,	
8/16/2023	

Results of Verification

THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO .	4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC.					
C/O ARSENAL LAB SPACE, 201 DEXTER AVE					
WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 6/14/2022, 12/1/2022,	NONE, SEE BELOW
5/26/2023, 6/12/2023	

Results of Verification

THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	10	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC.						
155 BROOKLINE STREET, SUITE 005						
CAMBRIDGE, MA 02139			250,000.	12/21/20	250,000.	07/21/23

Purpose of Grant

TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT 6/11/2022, 8/29/2022,	NONE, SEE BELOW
7/21/2023, 8/23/2023	

Results of Verification

THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO . 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC.				
DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH				
LEBANON, NH 03766	250,000.	05/10/21	250,000.	08/23/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 6/24/2022, 9/29/2022,	NONE, SEE BELOW
11/30/2022, 8/23/2023	

Results of Verification

THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	11	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC.						
63 BAKER STREET						
BELMONT, MA 02478			150,000.	07/15/20	150,000.	07/16/21

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2022, 5/16/2022,	NONE, SEE BELOW
6/22/2022, 12/11/2022, 8/14/2023	

Results of Verification

THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	19	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC.						
63 BAKER STREET						
BELMONT, MA 02478			100,000.	11/15/22	100,000.	08/14/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/27/2022, 5/16/2022,	NONE, SEE BELOW
6/22/2022, 12/11/2022, 8/14/2023	

Results of Verification

THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address N	ю.	2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC.						
120 BEDFORD ROAD						
WOBURN, MA 01801			250,000.	06/26/17	250,000.	08/02/21

Purpose of Grant

THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 6/13/2022, 9/13/2022,	NONE, SEE BELOW
1/5/2023, 8/24/2023	

Results of Verification

THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR
BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES
KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE
OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	17	Grant Amount	Date of Grant	Amount Expended	Verification Date
DECK THERAPEUTICS, INC.						
8 HARVARD LANE						
HASTINGS ON HUDSON, NY 10706			200,000.	10/12/22	51,666.	03/29/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF SEMI-SYNTHETIC OMEGA-3 COMPOUNDS THAT BLOCK MULTIPLE CELL-DEATH PATHWAYS INDUCED BY HYPOXIC-ISCHEMIC INJURY IN NEONATES.

Date of Reports by Grantee

PRI REPORTS - 10/2022, 3/29/2023

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH DECK THERAPEUTICS, INC. MANAGEMENT ON A REGULAR
BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES
KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE
OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	18	Grant Amount	Date of Grant	Amount Expended	Verification Date
INKSPACE IMAGING, INC.						
5635 W LAS POSITAS BLVD, STE.	403/404					
PLEASANTON, CA 94588			250,000.	10/20/22	64,848.	06/05/23

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF FLEXIBLE, LIGHTWEIGHT, LOW COST MRI COILS DESIGNED SPECIFICALLY FOR PEDIATRIC PATIENTS, WHILE ALSO IMPROVING IMAGE RESOLUTION AND REDUCING MRI FAILURE RATES.

Date of Reports by Grantee

PRI REPORT - 12/23/2022, 6/5/2023

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH INKSPACE IMAGING, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 12	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC.				
2222 HEALTH SCIENCES RD				
VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22

Purpose of Grant

TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 2/10/2022, 8/26/2022,	NONE, SEE BELOW
12/19/2022, 7/3/2023	

Results of Verification

THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	14	Grant Amount	Date of Grant	Amount Expended	Verification Date
NICOLETTE, INC						
100 W. BROADWAY, SUITE 3000						
LONG BEACH, CA 90802			200,000.	12/23/21	194,650.	07/26/23

Purpose of Grant

TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 1/3/2022, 5/2/2022,	NONE, SEE BELOW
7/26/2023	

Results of Verification

THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	12/30/15	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee

PRI REPORTS -4/28/2023, 5/25/2023

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BAS1S,
ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND
FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY
OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED
NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO . 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.				
1700 THE STRAND, SUITE 1200				
GALVESTON, TX 77555	7,000.	07/27/17	7,000.	12/15/17
Purpose of Grant				

TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.

Date of Reports by Grantee

PRI REPORTS - 4/28/2023, 5/25/2023

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	07/27/16	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 4/28/2023, 5/25/2023	NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BAS1S,
ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND
FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY
OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED
NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	16	Grant Amount	Date of Grant	Amount Expended	Verification Date
NOVONATE, INC.						
395 OYSTER POINT BLVD, SUITE 501						
SOUTH SAN FRANCISCO, CA 94080			150,000.	08/03/22	123,600.	07/27/23

Purpose of Grant

TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC BY DEVELOPING MEDICAL DEVICES FOR PATIENTS IN THE NEONATAL INTENSIVE CARE UNIT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 8/9/2022, 8/12/2022,	NONE, SEE BELOW
7/25/2023, 7/27/2023	

Results of Verification

THE TRUSTEES MEET WITH NOVONATE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	7	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC						
2 MAIN STREET						
BIDDEFORD, ME 04005			250,000.	07/02/18	250,000.	09/10/20

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 5/6/2022, 3/1/2023,	NONE, SEE BELOW
6/22/2023, 7/10/2023	

Results of Verification

THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS.
TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

04 - 3507847

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	15	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC.						
150 CHESTNUT STREET, SUITE C						
PROVIDENCE, RI 02903			99,997.	07/25/22	99,997.	05/30/23

Purpose of Grant

TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.

Date of Reports by Grantee

PRI REPORT - 8/30/2022, 2/15/2023,

5/30/2023

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	8	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS						
2450 HOLCOMBE BLVD., SUITE X						
HOUSTON, TX 77021			250,000.	04/08/19	250,000.	05/18/21

Purpose of Grant

FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/17/22, 5/11/22,	NONE, SEE BELOW
9/30/2022, 3/2/2023, 5/25/2023,	
6/29/2023	

Results of Verification

THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

04 - 3507847

CHARLES H. HOOD FOUNDATION

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	6	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC.						
166 MAIN STREET						
BURLINGTON, VT 05401			150,000.	05/17/18	150,000.	02/11/19

Purpose of Grant

FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 5/4/22, 7/31/22,	NONE, SEE BELOW
11/15/22, 2/20/23, 5/16/23, 6/2/23,	
7/5/23	

Results of Verification

THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS.
TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS
FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CHILD HEALTH RESEARCH MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX AWARD - ILLUMINATING 414876 BOSTON, MA 02241-4876 THE FUNCTION OF POLYCYSTINS AS CILIARY MECHANOTRANSDUCERS IN 82,500. HARVARD UNIVERSITY PC CHILD HEALTH RESEARCH AWARD - MATURATION OF P.O. BOX 415649 BOSTON, MA 02241?5649 THE UTERUS DURING PUBERTY 82,500. YALE SCHOOL OF MEDICINE CHILD HEALTH RESEARCH PC AWARD - IDENTIFYING P.O. BOX 1873 NEW HAVEN, CT 06508-1873 THE CELL OF ORIGIN IN INTESTINAL CYSTIC FIBROSIS DISEASE 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL CHILD HEALTH RESEARCH PC AWARD - UNDERSTANDING SCHOOL 55 LAKE AVENUE NORTH NEONATAL INDUCTION OF WORCESTER, MA 01655 PROALLERGIC T FOLLICULAR HELPER 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL PC CHILD HEALTH RESEARCH SCHOOL AWARD - THE ROLE OF C/O BANK OF AMERICA, 222 BROADWAY ST MARCO IN PEDIATRIC NEW YORK, NY 10038 CANCER 82,500. MASSACHUSETTS INSTITUTE OF TECHNOLOGY PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE OF STREET BOSTON, MA 02110 AIRWAY NEURONS IN CHILDHOOD ASTHMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - DEVELOPING A STREET BOSTON, MA 02110 BROADLY APPLICABLE THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF 82,500. CHILD HEALTH RESEARCH YALE SCHOOL OF MEDICINE PC PO BOX 208239 AWARD - NEURAL MARKERS NEW HAVEN, CT 06520-8239 OF CHRONIC, PERSISTENT PEDIATRIC IRRITABILITY 82,500. CHILD HEALTH RESEARCH BRIGHAM AND WOMEN'S HOSPITAL PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - SPATIAL STREET BOSTON, MA 02110 MAPPING OF MALIGNANT SUBPOPULATIONS ENABLING NEURON-GLIOMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DISSECTING STREET BOSTON, MA 02110 TMMUNE-STROMAL INTERACTIONS TO DISCOVER NOVEL 82,500. Total from continuation sheets 1,809,750.

Supplementary Information Part XIV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CHILD HEALTH RESEARCH BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE AND STREET BOSTON, MA 02110 MECHANISM OF MAKORIN RING FINGER PROTEIN 3 IN CHILDREN WITH 160,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 1295 BOYLSTON AWARD -STREET, 4TH FL. BOSTON, MA MACHINE-LEARNING 02215-5724 PREDICTION MODEL FOR PERSONALIZED URINARY 160,000. BROWN UNIVERSITY PC CHILD HEALTH RESEARCH CASHIER OFFICE, BOX 1997, 69 BROWN AWARD - DEVELOPMENT OF STREET, 2ND FLOOR PROVIDENCE, RI A HIGH EFFICACY 02912 NON-CAPSID NOROVIRUS VACCINE 160,000. HARVARD MEDICAL SCHOOL CHILD HEALTH RESEARCH AWARD - DECIPHERING C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110 MECHANISMS LINKING CHILDHOOD VIRAL INFECTION AND ASTHMA 160,000. WORCESTER POLYTECHNIC INSTITUTE CHILD HEALTH RESEARCH PC C/O TD BANK, 370 MAIN ST AWARD - ROLE OF WORCESTER, MA 01608 HETEROTRIMERIC G PROTEINS IN CILIA ASSEMBLY AND 160,000. YALE UNIVERSITY CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA MERRILL LYNCH 100 AWARD - DIAGNOSIS OF WEST 33RD STREET NEW YORK, NY 10001 PEDIATRIC MALIGNANCIES USING DEVELOPMENTAL MAPPING AND MACHINE 160,000. RHODE ISLAND HOSPITAL SUPPLEMENTAL FUNDING ASSISTANCE DUE TO LIFESPAN OFFICE OF RESEARCH, GRANTS & CONTRACTS 167 POINT STREET, BOX 42, COVID IMPACTS, FOR CO PROVIDENCE, RI 02903-4771 PRIOR CHILD HEALTH RESEARCH AWARD -24,750. Total from continuation sheets

Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient MASSACHUSETTS INSTITUTE OF TECHNOLOGY PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE OF STREET BOSTON, MA 02110 AIRWAY NEURONS IN CHILDHOOD ASTHMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DEVELOPING A STREET BOSTON, MA 02110 BROADLY APPLICABLE THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF 82,500. YALE SCHOOL OF MEDICINE PC CHILD HEALTH RESEARCH PO BOX 208239 AWARD - NEURAL MARKERS NEW HAVEN, CT 06520-8239 OF CHRONIC, PERSISTENT PEDIATRIC IRRITABILITY 82,500. BRIGHAM AND WOMEN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - SPATIAL STREET BOSTON, MA 02110 MAPPING OF MALIGNANT SUBPOPULATIONS ENABLING NEURON-GLIOMA 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DISSECTING STREET BOSTON, MA 02110 IMMUNE-STROMAL INTERACTIONS TO DISCOVER NOVEL 82,500. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - THE ROLE AND STREET BOSTON, MA 02110 MECHANISM OF MAKORIN RING FINGER PROTEIN 3 TN CHILDREN WITH 40,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH C/O BANK OF AMERICA, 1295 BOYLSTON AWARD -STREET, 4TH FL. BOSTON, MA MACHINE-LEARNING 02215-5724 PREDICTION MODEL FOR PERSONALIZED URINARY 40,000. BROWN UNIVERSITY PC CHILD HEALTH RESEARCH AWARD - DEVELOPMENT OF CASHIER OFFICE, BOX 1997, 69 BROWN STREET, 2ND FLOOR PROVIDENCE, RI A HIGH EFFICACY 02912 NON-CAPSID NOROVIRUS VACCINE 40,000. HARVARD MEDICAL SCHOOL CHILD HEALTH RESEARCH PC C/O BANK OF AMERICA, 100 FEDERAL AWARD - DECIPHERING STREET BOSTON, MA 02110 MECHANISMS LINKING CHILDHOOD VIRAL INFECTION AND ASTHMA 40,000. WORCESTER POLYTECHNIC INSTITUTE CHILD HEALTH RESEARCH PC C/O TD BANK, 370 MAIN ST AWARD - ROLE OF WORCESTER, MA 01608 HETEROTRIMERIC G PROTEINS IN CILIA ASSEMBLY AND 40,000.

Total from continuation sheets

652,500.

Part XIV Supplementary Information **Grants and Contributions Approved for Future Payment (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager Foundation Amount status of Name and address (home or business) or substantial contributor recipient YALE UNIVERSITY PC CHILD HEALTH RESEARCH C/O BANK OF AMERICA MERRILL LYNCH 100 AWARD - DIAGNOSIS OF WEST 33RD STREET NEW YORK, NY 10001 PEDIATRIC MALIGNANCIES USING DEVELOPMENTAL MAPPING AND MACHINE 40,000. Total from continuation sheets

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO

PREVENT AND REDUCE THE BURDEN OF MENTAL ILLNESS IN HIGH-RISK,

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN

INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND

POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

223655 04-01-22

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL

DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO

DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING

FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR

PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD

VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN

CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS

NAME OF RECIPIENT - YALE UNIVERSITY

223655 04-01-22

Part XIV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING
DEVELOPMENTAL MAPPING AND MACHINE LEARNING
NAME OF RECIPIENT - RHODE ISLAND HOSPITAL
SUPPLEMENTAL FUNDING ASSISTANCE DUE TO COVID IMPACTS, FOR PRIOR CHILD
HEALTH RESEARCH AWARD - EVALUATION OF POST-TUBERCULOSIS LUNG FUNCTION
IN ADOLESCENTS

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHARLES AWARD [CHARLES H. HOOD ALUMNI RECOGNITION FOR LEADERSHIP,

EXCELLENCE AND SERVICE] - PRESENTED TO DR. ISAAC KOHANE, MD, PHD AT

FOUNDATION'S 85TH ANNIVERSARY EVENT

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN

INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND

POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL

DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO

DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING

FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

223651 04-01-22

Part XIV Supplementary Information
3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution
CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR
PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN
NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL
CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD
VIRAL INFECTION AND ASTHMA DEVELOPMENT
NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE
CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN
CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS
NAME OF RECIPIENT - YALE UNIVERSITY
CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING
DEVELOPMENTAL MAPPING AND MACHINE LEARNING

FORM 990-PF DIVIDENT	DS AND INTER	EST FROM SECU	RITIES S	TATEMENT 1
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
DIVIDEND INCOME 1,702,748 INTEREST INCOME 3		1. 1,335,047 0. 33	. 1,335,047.	
TO PART I, LINE 4 1,702,783	367,70	1,335,080	1,335,080.	
FORM 990-PF	OTHER I	NCOME	S	TATEMENT 2
DESCRIPTION			(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURNED GRANT FUNDS OTHER INVESTMENT INCOME	_	31,917. 5,343.	0.	
TOTAL TO FORM 990-PF, PART I	, LINE 11	37,260.	0.	
FORM 990-PF	LEGAL	FEES	S	TATEMENT 3
FORM 990-PF DESCRIPTION	LEGAL (A) EXPENSES PER BOOKS	FEES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	TATEMENT 3 (D) CHARITABLE PURPOSES
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION LEGAL EXPENSES	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 30,210.
DESCRIPTION LEGAL EXPENSES TO FM 990-PF, PG 1, LN 16A	(A) EXPENSES PER BOOKS 30,210.	(B) NET INVEST- MENT INCOME 0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 30,210.
DESCRIPTION LEGAL EXPENSES TO FM 990-PF, PG 1, LN 16A FORM 990-PF	(A) EXPENSES PER BOOKS 30,210. 30,210. ACCOUNTING	(B) NET INVEST- MENT INCOME 0. 0. ING FEES (B) NET INVEST-	(C) ADJUSTED NET INCOME (C) ADJUSTED	(D) CHARITABLE PURPOSES 30,210. 30,210. TATEMENT 4 (D) CHARITABLE

FORM 990-PF (OTHER PROFES	SIONAL FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	28,585. 75,000.	14,292. 75,000.		14,293.
TO FORM 990-PF, PG 1, LN 16C	103,585.	89,292.		14,293.
FORM 990-PF	TAX	ES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOR 2022 MA FORM PC FILING FEE FOR 2021 FOREIGN TAXES	57,779. 500. 25,400.	0. 0. 25,400.		0. 500. 0.
TO FORM 990-PF, PG 1, LN 18	83,679.	25,400.		500.
FORM 990-PF	OTHER E	XPENSES	S'	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS	539. 3,968. 199,378.			539. 3,968. 199,378.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS MARKETING HONORARIA SCIENTIFIC ADVISORS EVENT EXPENSE OFFICERS' INSURANCE	18,132. 14,214. 13,025. 35,190. 112,808. 947.	0. 0. 0. 0.		18,132. 14,214. 13,025. 35,190. 112,808. 947.
TO FORM 990-PF, PG 1, LN 23	398,201.	0.		398,201.

FORM 990-PF OTHER DECREASES IN	NET ASSETS OR	FUND BALANCES	STATEMENT 8
DESCRIPTION			AMOUNT
UNREALIZED LOSSES LOSS ON ALTERNATIVE INVESTMENTS			11,863,391. 109,265.
TOTAL TO FORM 990-PF, PART III, LI	NE 5		11,972,656.
FORM 990-PF CO	RPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES FOREIGN SECURITIES		25,060,411. 9,777,340.	25,060,411. 9,777,340.
TOTAL TO FORM 990-PF, PART II, LIN	E 10B	34,837,751.	34,837,751.
FORM 990-PF CO	RPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		13,292,160.	13,292,160.
TOTAL TO FORM 990-PF, PART II, LIN	E 10C	13,292,160.	13,292,160.
FORM 990-PF OTH	ER INVESTMENTS	3	STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	2,586,626. 12,208,432.	2,586,626. 12,208,432.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	14,795,058.	14,795,058.

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	2,569,964.	3,369,961.	3,369,961.
TO FORM 990-PF, PART II, LINE 15	2,569,964.	3,369,961.	3,369,961.



FORM 990-PF	SCHEDULE OF CONTROLLED ENTITIES	STATEMENT	13
	PART VI-A, LINE 11		

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116

FORM 990-PF		T OF OFFICERS, DED D FOUNDATION MANA		STATI	EMENT 14
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
NEIL SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	PRESIDENT AND	TREASURER 0.	0.	0.
JOHN O. PARKER, JE 2 BOYLSTON STREET, BOSTON, MA 02116		VICE PRESIDENT	r AND CLERK 0.	0.	0.
ROBERT C. BOUTWELD 2 BOYLSTON STREET, BOSTON, MA 02116		TRUSTEE 1.00	0.	0.	0.
BARBARA BULA 2 BOYLSTON STREET BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
BRENDON BULA 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
ELIZABETH HOOD 2 BOYLSTON STREET, BOSTON, MA 02116	, 4TH FLOOR	TRUSTEE 1.00	0.	0.	0.

CHARLES H. HOOD FOUNDATION			04-3	507847
CLAY SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VII	0.	0.	0.



FORM 990-PF OTH	ER PROGRAM-RELATED INVESTMENTS	STATEMENT 15
DESCRIPTION		AMOUNT
SMOLTAP - PROVIDENCE, SERIES SEED PREFERRED		99,997.
DESCRIPTION		AMOUNT
NOVONATE - SOUTH SAN F SAFE - SIMPLE AGREEMEN		150,000.
DESCRIPTION		AMOUNT
BIOROSA TECHNOLOGIES - UNSECURED CONVERTIBLE		100,000.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

CARRIOVER DATA TO 2025		
Name CHARLES H. HOOD FOUNDATION	Employer Identification Number 04-3507847	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN	LIMITED 11	5,388.
FEDERAL CONTRIBUTION - 50% CASH		87.
MA NET OPERATING LOSS		.5,388.
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Гуре а	nd Entity: INVE	STMENT IN LI	MITED POST-20)17 NO	DETAIL (CARRYOVER SCH	EDULE				
ection 3 ear Origi-	Original Carryover Amount	Total Amount	Section 382 Carryover Amount Used for		Amount Used for	Amoun Used fo					
ated 2020	10,850.	Used								+	
2021	10,850. 80,625. 23,913.										
2022	23,913.										
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
уре	B — —										-
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ao. CI		D FOUNDATION								FEIN:	04-35078
ype and	Entity: CONT	RIBUTION - 5			DETAIL C	ARRYOVER SCH	EDULE				
rear Origi- ated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amour Used fo						
2021 2022	51. 36.										
						4					
E etail S	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail S ype B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used 1
, C											-

212571 04-01-22

varrie. Ch	IAKLES H. HOC	DD FOUNDATION	V.							FEIN:	04-35078
Type and	Entity: NOL	MA			DETAIL C	ARRYOVER SCH	EDULE				
Year	Original Carryover	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used fo							
2020	10,850.	USEU									1
2021	Amount 10,850. 80,625. 23,913.										
2022	23,913.										
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail S	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
Type B C											l
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212571 04-01-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print CHARLES H. HOOD FOUNDATION 04 - 3507847File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 2 BOYLSTON STREET, 4TH FLOOR return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02116 BOSTON, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 AAFCPAS, INC. The books are in the care of ► 50 WASHINGTON STREET - WESTBOROUGH, MA 01581 Telephone No. ► 508-366-9100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form **8868** (Rev. 1-2022)

instructions.

EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

Form **990-PF**

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2021**Open to Public Inspection

For calendar year 2021 or tax year beginning , and ending Name of foundation A Employer identification number CHARLES H. HOOD FOUNDATION 04 - 3507847Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2 BOYLSTON STREET, 4TH FLOOR 617-279-2230 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 02116 BOSTON, MA G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 78,962,541. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,409,322 1,409,322. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 5,213,285 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 17,741,571. 7 Capital gain net income (from Part IV, line 2) 5,213,285. 8 Net short-term capital gain 1,021 Income modifications Gross sales less returns and allowances **b** Less: Cost of goods sold c Gross profit or (loss) 73,725. 72,704 STATEMENT 11 Other income 6,696,332 6,695,311. 1,021 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 6,919. 0. 6,919. Expenses **16a** Legal fees **STMT** 20,722. 20,722 b Accounting fees STMT 6 0. 17,959. 110,918. 92,959. c Other professional fees STMT 7 17 Interest 123,306. 52,006. 0. 18 Depreciation and depletion 20 Occupancy 6,671. 0. 6,671. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 9 259,460. 259,460. 0. 24 Total operating and administrative 527,996 144,965. 311,731. expenses. Add lines 13 through 23 2,365,000. 2,365,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,892,996 144,965 2,676,731. Add lines 24 and 25 27 Subtract line 26 from line 12: 3,803,336 **a** Excess of revenue over expenses and disbursements 6,550,346. **b Net investment income** (if negative, enter -0-) 1,021. C Adjusted net income (if negative, enter -0-)

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u>, </u>
	ai t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	388,809.	679,672.	679,672.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 10	51,980,735.	45,446,070.	45,446,070.
	C	Investments - corporate bonds STMT 11	15,513,323.	17,200,112.	17,200,112.
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 12	3,465,892.	13,066,723.	13,066,723.
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe STATEMENT 13)	2,119,964.	2,569,964.	2,569,964.
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	73,468,723.	78,962,541.	78,962,541.
		Accounts payable and accrued expenses			
		Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	l	-	0	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
a		Net assets without donor restrictions			
Ba	20	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here ► X			
Fund Balan		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
ts c		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or		Retained earnings, accumulated income, endowment, or other funds	14,167,968.	19,661,786.	
Ţ	29	Total net assets or fund balances	73,468,723.	78,962,541.	
Š	-"		,	, ,	
	30	Total liabilities and net assets/fund balances	73,468,723.	78,962,541.	
	art		•		
	arı	Analysis of Onlinges in Net Assets of Fund B			
		net assets or fund balances at beginning of year - Part II, column (a), line $$	29		
	•				73,468,723.
2	Ente	r amount from Part I, line 27a r increases not included in line 2 (itemize) UNREALIZED	~	2	3,803,336.
			GAINS		1,690,482.
		lines 1, 2, and 3			78,962,541.
		eases not included in line 2 (itemize)	June (b) For CO	5	78,962,541.
6	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	78,962,541. Form 990-PF (2021)
					FUIIII 33U-FF (2U2)

Part IV Capital Gains a	and Losses for Tax on In	vestment In	come				· · · · · · · · · · · · · · · · · · ·
•	he kind(s) of property sold (for exar			(b) How acquired	(c) Date	acquired	(d) Date sold
	ehouse; ór common stock, 200 shs			(b) How acquired P - Purchase D - Donation		lay, yr.)	(mo., day, yr.)
1a PUBLICLY TRADEI	SECURITIES						
b							
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper				ain or (loss s (f) minus (
a 17,741,571.		12,	528,28	86.			5,213,285.
b							
С							
d							
е							
Complete only for assets showing	g gain in column (h) and owned by t	the foundation on	12/31/69.		(I) Gains (C	Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col.			òl. (k), but r	not less that (from col. (n -0-) or
a							5,213,285.
b							
С							
d							
е							
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0:			. } 2			5,213,285.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	nd (6):					
If gain, also enter in Part I, line 8, o Part I, line 8	column (c). See instructions. If (loss	s), enter -0- in		. } 3		N/A	
Part V Excise Tax Base	ed on Investment Incon	ne (Section 4	940(a), 4	940(b), or 4948	- see ii	nstructi	ons)
1a Exempt operating foundations d	escribed in section 4940(d)(2), che	eck here	and enter "N	I/A" on line 1.)		
Date of ruling or determination le	etter: (att	tach copy of letter	if necessary	- see instructions)	1		91,050.
b All other domestic foundations e	enter 1.39% (0.0139) of line 27b. Ex	xempt foreign orga	nizations,				
enter 4% (0.04) of Part I, line 12	2, col. (b)						
2 Tax under section 511 (domesti							0.
3 Add lines 1 and 2					3		91,050.
4 Subtitle A (income) tax (domesti	ic section 4947(a)(1) trusts and tax	able foundations o	nly; others, e	nter -0-)	4		0.
5 Tax based on investment incon	ne. Subtract line 4 from line 3. If zei	ro or less, enter -0-			5		91,050.
6 Credits/Payments:							
a 2021 estimated tax payments ar	nd 2020 overpayment credited to 20)21	6a	81,22	0.		
b Exempt foreign organizations - t	ax withheld at source		6b		0.		
	ension of time to file (Form 8868)		6c	9,23	4.		
	withheld		6d		0.		
7 Total credits and payments. Add					7		90,454.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached							439.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed				9		1,035.	
	han the total of lines 5 and 8, enter				▶ 10		
11 Enter the amount of line 10 to be			*********	Refunded	▶ 11		

1a During	the tay year did the foundation ettempt to influence any national state, or legal legislation or did it participate or intervane in		Yes	No
_	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	10	103	X
ally poi	tical campaign? pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 1b		X
		10		Λ
	Iswer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	ted by the foundation in connection with the activities.	4.		v
	foundation file Form 1120-POL for this year?	1c		X
	e amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$			
	e reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	rrs. ▶ \$0 •			
2 Has the	foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes,"	attach a detailed description of the activities.			
	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		X
	foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
b If "Yes,"	has it filed a tax return on Form 990-T for this year?	4b	X	
5 Was the	ere a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
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:			
By lar	nguage in the governing instrument, or			
By sta	ate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
remain	in the governing instrument?	6	X	
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 XIV	7	Х	
8a Enter th	e states to which the foundation reports or with which it is registered. See instructions.			
MA				
b If the ar	iswer 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	Х	
	oundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	21 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		Х
	persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
	ime during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	512(b)(13)? If "Yes," attach schedule. See instructions STMT 14	11	Х	
12 Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	attach statement. See instructions	12		Х
,	foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	-
	address > HTTPS://HRIA.ORG/TMF/HOOD/			
	oks are in care of ► AAFCPAS Telephone no. ► 508 – 36	6-9	100	
	at ▶50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ▶01			
	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\Box}$
and enter the amount of tax-exempt interest received or accrued during the year				
	ime during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		/A Yes	No
	es, or other financial account in a foreign country?	16	. 55	X
	instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
	country			
TOTOTGIT		m 99 ()-PF	(2021)

Part VI-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?	1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(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)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		Х
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.)	1a(6)		Х
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		Х
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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 2021?	1d		Х
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 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2021?	2a		Х
If "Yes," list the years ►,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a	Х	
b If "Yes," did it have excess business holdings in 2021 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 Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.)			X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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 2021?	4b		X

Page 6

Part VI-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); of		-				
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions				5a(4)	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
the prevention of cruelty to children or animals?				5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un						
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		<u></u>	5b		X
\boldsymbol{c} Organizations relying on a current notice regarding disaster assistance, check	here		▶∟			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined				
expenditure responsibility for the grant?				5d	X	
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?				6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?			7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
excess parachute payment(s) during the year?				8		Х
Part VII Information About Officers, Directors, Trust						
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t						
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plar and deferred	is a	(e) Exp ccount,	ense other
(a) Name and address	to position	enter -0-)	and deterred compensation		allowar	nces
SEE STATEMENT 15		0.	0	•		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	1 7-D			
(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 plar and deferred	s a	(e) Exp ccount,	ense other
	devoted to position	(c) compensation	and deterred compensation		allowar	nces
NONE						
Total number of other employees paid over \$50,000						0

Part VII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		, ,
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	186,560.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
		10,000
	┪	
	┥	
	-	
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
	cal information augh as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
37/3	3000, 000.	
1 N/A		
2		
3		
4		
Dest VIII D 0		
Part VIII-B Summary of Program-Related Investments	Transition of the state of the	A
Describe the two largest program-related investments made by the foundation during the tax year on li	nes i and 2.	Amount
1 ARGUS COGNITIVE, INC LEBANON, NH		
CONVERTIBLE PROMISSORY NOTE		050 000
		250,000.
2 NICOLETTE, INC - LONG BEACH, CA		
CONVERTIBLE PROMISSORY NOTE		
		200,000.
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	450,000.
	Fo	rm 990-PF (2021)

P	art IX Minimum Investment Return (All domestic foundations mu	ıst complete this part. Forei	gn four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc., purposes:			
а	Average monthly fair market value of securities			1a	70,817,897.
	Average of monthly cash balances			1b	699,726.
C	Fair market value of all other assets (see instructions)			1c	10,171,342.
d	Total (add lines 1a, b, and c)			1d	81,688,965.
	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	81,688,965.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount	ount, see instructions)		4	1,225,334.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		5	80,463,631.	
6	Minimum investment return. Enter 5% (0.05) of line 5			6	4,023,182.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations, check here ▶ and do not complete this part.)	(j)(5) private operating foundate	ions an	d certain	
1	Minimum investment return from Part IX, line 6			1	4,023,182.
2a	Tax on investment income for 2021 from Part V, line 5	2a 91,0	50.		
b	Income tax for 2021. (This does not include the tax from Part V.)	2b			
C	Add lines 2a and 2b			2c	91,050.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,932,132.
4	Recoveries of amounts treated as qualifying distributions			4	1,021.
5	Add lines 3 and 4			5	3,933,153.
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 X	II, line 1		7	3,933,153.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo				
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	2,676,731.
b	b Program-related investments - total from Part VIII-B				450,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable			2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
1	Qualifying distributions Add lines to through 3h Enter here and on Part XII line 4			4	3 126 731.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,	острис	Tours prior to 2020	2020	2021
line 7				3,933,153.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			3,086,455.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: \blacktriangleright \$ 3,126,731.				
a Applied to 2020, but not more than line 2a			3,086,455.	
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 2021 distributable amount				40,276.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021				
(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	0.	· ·		
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 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				3,892,877.
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 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

123581 12-10-21

Part XIII Private Operating F	oundations (see inst	ructions and Part VI-	A, question 9)	N/A					
1 a If the foundation has received a ruling or determination letter that it is a private operating									
foundation, and the ruling is effective for 2021, enter the date of the ruling									
b Check box to indicate whether the foun				4942(j)(3) or 49	942(j)(5)				
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	.,,,	,,,,,				
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total				
investment return from Part IX for									
each year listed									
b 85% (0.85) of line 2a									
c Qualifying distributions from Part XI,									
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			4						
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)		4							
b "Endowment" alternative test - enter 2/3 of minimum investment return									
shown in Part IX, 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 XIV Supplementary Info	ormation (Complet	e this part only i	f the foundation	had \$5 000 or m	ore in assets				
at any time during			i ine roundation	11dd 40,000 01 111	ore in access				
1 Information Regarding Foundation	on Managers:								
a List any managers of the foundation w			ibutions received by the t	foundation before the clo	se of any tax				
year (but only if they have contributed	more than \$5,000). (See sec	ction 507(d)(2).)							
NONE									
b List any managers of the foundation when the bull of the foundation when the found	no own 10% or more of the	stock of a corporation (or an equally large portio	n of the ownership of a pa	artnership or				
other entity) of which the foundation ha	as a 10% or greater interest.	•							
NONE									
2 Information Regarding Contribut	tion, Grant, Gift, Loan, S	Scholarship, etc., Pr	ograms:						
Check here ► ☐ if the foundation				ot accept unsolicited requ	ests for funds. If				
the foundation makes gifts, grants, etc.									
a The name, address, and telephone nun	nber or email address of the	person to whom applic	ations should be address	ed:					
					.G				
	CHARLENE MANCUSI, DIRECTOR, HRIA, 617-695-9439, CMANCUSI@HRIA.ORG 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116								
b The form in which applications should be submitted and information and materials they should include:									
APPLICATION FORMS AV									
c Any submission deadlines: ANNUALLY MARCH AND (CTOBER								
d Any restrictions or limitations on award		areas charitable fields	kinds of institutions or o	ther factors					
RESTRICTED TO PEDIAT				and luctors.					

BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON, MA 02118 BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 0211872908 BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 0211872908 CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHICAGO, IL 60602 Total SEE CONTINUATION SHEET(S) Approved for future payment BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413	Part XIV Supplementary Information	(continued)			
Show any relationship to any foundation manager of salus of contribution (salus of contribution) a Paid during the year BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 021182308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 021182308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER PC CHILD HEALTH RESEARCH MARD - NISHING BUICIDES IN BLACK CHILDREN WITH ADMD: THE ROLE OF BE WITHIN REACH 134 NORTH LABALLE, SUITE 1130 CURES WITHIN REACH 134 NORTH LABALLE PC HILD HEALTH RESEARCH ANABD - DYSREGULATED T AND B CELL INTERACTIONS IN BARLY - NOSET 82, BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON MEDICAL CENTER BOSTON MEDICAL	3 Grants and Contributions Paid During the Y		Payment		
Name and address (home or business) a Paid during the year BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON, MA 02118 BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MA 0211872308 BOSTON MEDICAL CENTER PC GRANT FUNDS APPLIED TO PEDIATRIC REPURPOSING PROJECTS BOSTON MA 0211872308 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER PC CHILD HEALTH RESEARCH AWARD DISREBULATED TAND B CELL INTERACTIONS IN BARRY BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON MEDICAL CENTER BOSTON MEDICAL CEN	Recipient		Foundation	Purpose of grant or	
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BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR MATCHING AND WAITING:	P.O. BOX 414413			AWARD - DYSREGULATED T	
BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND WATCHING AND WAITING:	BOSTON, MA 02241-4413			AND B CELL	
BOSTON MEDICAL CENTER 60 HARRISON AVENUE, 2ND FLOOR PC MAJOR GRANT - BEYOND WATCHING AND WAITING:				INTERACTIONS IN	
660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:				EARLY-ONSET	82,500.
660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:	BOSTON MEDICAL CENTER		PC	MAJOR GRANT - BEYOND	
,	•				
TO PREVENT AND REDUCE	,				
THE BURDEN OF MENTAL 225,				THE BURDEN OF MENTAL	225,000.
DANA_WADDED CANCED INCRIME	DANA PADDED CANCED INCOMPRISE		DC.	CUTID UDVIMO DEGENDAT	
DANA-FARBER CANCER INSTITUTE PC CHILD HEALTH RESEARCH 450 BROOKLINE AVE BP437 AWARD - MACHINE			FC		
,	•				
BOSTON, MA 02215-5450 LEARNING-BASED RISK PREDICTION FOR	DODION, MA 02213-3430				
					82,500.
	Total SEE COI	NTINUATION SHEE	T(S)	· · · · · · · · · · · · · · · · · · ·	1,050,000.

Part XV-A **Analysis of Income-Producing Activities**

CHARLES H. HOOD FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouilt	Tunction income
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	1,409,322.	
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					72,704.
8 Gain or (loss) from sales of assets other than inventory			18	5,213,285.	•
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					1,021.
b					·
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		6,622,607.	73,725.
13 Total. Add line 12, columns (b), (d), and (e)					6,696,332.
(See worksheet in line 13 instructions to verify calculations.)					3,030,0021
1000 Workshoot III lillo To liloti deliono to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B

Line No.							tea importa	muy to the accomplishment of	
lacktriangle			t purposes (other tha						
11	EXCESS	FUNDS	RETURNED	FROM	GRANTS	PREVIOUSLY	PAID	OUT.	

Page 13

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

(a) Earn no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, and shaling arrangements 1a (b) Amount involved (c) Name of noncharitable exempt organization 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship N/A (d) Parountal ordinary of indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship N/A (d) Parountal ordinary or indirectly affiliated with, or related to, one or more tax-exempt organization (e) Description of relationship N/A (d) Parountal ordinary or indirectly affiliated with, or related to, one or more tax-exempt organization (e) Description of relationship N/A (d) Parountal involved (e) Name of noncharitable exempt organization (e) Description of relationship N/A (d) Parountal involved (e) Name of noncharitable exempt organization (e) Description of relationship N/A (e) Description of relationship N/A (f) Type of organization (e) Description of relationship N/A (g) Type of organization (e) Description of relationship N/A (h) Type of organization (e) Description of relationship N/A (h) Type of organization (e) Description of relationship	1	Did the or	nanization directly or indire	ectly engage in any o	f the followin	na with any other organization	on described in section	on 501(c)		Yes	Nο
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash. (2) Other assets 5 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets to an anoncharitable exempt organization (3) Rential of tallities, outpinent, or other assets (4) Reinbursement arrangements (5) Loans of the angustanties (5) Loans of the angustanties (5) Loans of the angustanties (5) Salary of Edition, equipment, mailing lists, other assets, or paid employees (6) Performance of services or membership or fundrising solicitations (7) Loans of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the poots, other assets, or services precised. (8) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Karne of noncharitable exempt organization (8) Description of relationship N/A (9) Description of relationship N/A (1) Treas, complete the following schedule. (1) Treas, complete the following schedule. (2) Amount involved (3) Amount involved (4) Name of organization (5) Description of relationship N/A (6) Description of relationship N/A (7) Description of relationship N/A (8) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Description of relationship N/A (9) Descriptio	•							on 50 1(c)			
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in section 501(c) (other than section 501(c)(3)) or in section 527? Yes											
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below? See instr. PRESIDENT AND PR	2a	Is the four	ndation directly or indirectl	ly affiliated with, or re	elated to, one	or more tax-exempt organi	izations described				
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N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which penalties any knowledge. TREASURER TREASURER TREASURER Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if self- employed Self- employed Firm's name AAFCPAS, INC. Firm's EIN O4-2571780 Phone no. 508-366-9100	b	If "Yes," co	omplete the following sche	edule.							
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT AND TREASURER T						(b) Type of organization	1 ((c) Description of relationshi	ip		
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Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed self- employed self- employed Preparer Use Only Firm's name ► AAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 PTREASURER TREASURER Title Treasure Date Check if self- employed self- employed self- employed self- employed PO0548581 PO0548581 Phone no. 508-366-9100	Sig	and be	elief, it is true, correct, and com	plete. Declaration of pre	parer (other tha	n taxpayer) is based on all inforn	nation of which preparer PRESID	has any knowledge. ENT AND return	n with the	e prepar	er etr
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Preparer Use Only Firm's name ►AAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100	Pa	id	JOYCE RIPT	ANZI. CPA	JOYCE	RIPIANZT C		· • I	548	581	
Use Only Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100											
Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100		-	THIT S HAIN F 23231 V	,	-			I I I I I I I I I I I I I I I I I I I	,	20	
WESTBOROUGH, MA 01581 Phone no. 508-366-9100		y	Firm's address ► 50	WASHINGTO	ON STE	EET					
			•					Phone no 508-36	6-9	1 0 0	
			WE;	PIPOMOGH	, ma 0	<u> </u>					(2021)

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			7,000.	07/27/17	7,000.	12/15/17

Purpose of Grant

TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.

 Date of Reports by Grantee
 Diversions by Grantee

 PRI REPORTS - 2/18/2021, 11/18/2021,
 NONE, SEE BELOW

 4/28/2022, 5/5/2022
 NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC.						
120 BEDFORD ROAD						
WOBURN, MA 01801			250,000.	06/26/17	250,000.	08/02/21

Purpose of Grant

THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 8/2/2021, 8/12/2021,	NONE, SEE BELOW
6/13/2022, 9/13/2022	

Results of Verification

THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR
BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES
KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE
OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	12/30/15	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/18/2021, 11/18/2021,	NONE, SEE BELOW
4/28/2022, 5/5/2022	

Results of Verification

THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO .	4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC.					
C/O ARSENAL LAB SPACE, 201 DEXTER AVE					
WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 5/19/2021, 5/25/2021,	NONE, SEE BELOW
6/14/2022	

Results of Verification

THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR
BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES
KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE
OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	07/27/16	150,000.	12/15/17

Purpose of Grant

TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 2/18/2021, 11/18/2021,	NONE, SEE BELOW
4/28/2022, 5/5/2022	

Results of Verification

THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	6	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC.						
166 MAIN STREET						
BURLINGTON, VT 05401			150,000.	05/17/18	150,000.	02/11/19

Purpose of Grant

FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/18/2021, 5/17/2021,	NONE, SEE BELOW
9/1/2021, 12/15/2021, 12/22/2021,	
5/4/20	

Results of Verification

THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS.
TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS
FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	7	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC						
2 MAIN STREET						
BIDDEFORD, ME 04005			250,000.	07/02/18	250,000.	09/10/20

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

Date of Reports by Grantee		Diversions by Grantee
PRI REPORTS - 6/2/2021, 5/6/2022		NONE, SEE BELOW
	1	

Results of Verification

THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	8	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS						
2450 HOLCOMBE BLVD., SUITE X						
HOUSTON, TX 77021			250,000.	04/08/19	250,000.	05/18/21

Purpose of Grant

FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/22/2021, 4/15/2021,	NONE, SEE BELOW
5/18/2021, 7/15/2021, 2/17/2022,	
5/11/20	

Results of Verification

THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	9	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC.						
1173 MAIN STREET						
BOLTON, MA 01740			150,000.	04/17/20	150,000.	06/10/22

Purpose of Grant

TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 06/8/2021, 6/22/2021,	NONE, SEE BELOW
8/31/2021, 9/23/2021, 6/10/2022	

Results of Verification

THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	10	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC.						
155 BROOKLINE STREET, SUITE 005						
CAMBRIDGE, MA 02139			250,000.	12/21/20	70,500.	06/11/22

Purpose of Grant

TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.

 Date of Reports by Grantee
 Diversions by Grantee

 PRI REPORT - 5/24/2021, 7/25/2021,
 NONE, SEE BELOW

 11/14/2021, 6/11/2022
 NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	11	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC.						
63 BAKER STREET						
BELMONT, MA 02478			150,000.	07/15/20	150,000.	07/16/21

Purpose of Grant

TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/4/2021, 6/17/2021,	NONE, SEE BELOW
12/9/2021, 1/27/2022, 5/16/2022,	
6/22/202	

Results of Verification

THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO . 12	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC.				
2222 HEALTH SCIENCES RD				
VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22

Purpose of Grant

TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 5/18/2021, 8/25/2021,	NONE, SEE BELOW
2/10/2022, 8/26/2022	

Results of Verification

THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC.				
DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH	OURT			
LEBANON, NH 03766	250,000.	05/10/21	210,000.	06/24/22

Purpose of Grant

TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 11/2021, 6/24/2022	NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO.	14	Grant Amount	Date of Grant	Amount Expended	Verification Date
NICOLETTE, INC						
100 W. BROADWAY, SUITE 3000						
LONG BEACH, CA 90802			200,000.	12/23/21		05/02/22

Purpose of Grant

TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 1/3/2022, 5/2/2022	NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DANA-FARBER CANCER INSTITUTE PC CHILD HEALTH RESEARCH 450 BROOKLINE AVE, BP437 AWARD - PRECISION BOSTON, MA 02215-5450 MEDICINE FOR PEDIATRIC ACUTE LEUKEMIA 82,500. DANA-FARBER CANCER INSTITUTE CHILD HEALTH RESEARCH PC 450 BROOKLINE AVE, BP437 AWARD - MACHINE BOSTON, MA 02215-5450 EARNING-BASED RISK PREDICTION FOR CHILDREN WITH 82,500. DARTMOUTH-HITCHCOCK CLINIC PC CHILD HEALTH RESEARCH 1 MEDICAL CENTER DRIVE AWARD - COMBINING LEBANON, NH 03756 PARP INHIBITOR WITH STANDARD CHEMOTHERAPY FOR CHILDHOOD ACUTE 82,500. HARVARD UNIVERSITY CHILD HEALTH RESEARCH P.O. BOX 415649 AWARD - DECODING HOW BOSTON, MA 02241?5649 HOST-MICROBIOME COMMUNICATION IMPACTS CHILDHOOD OBESITY 82,500. HARVARD UNIVERSITY PC CHILD HEALTH RESEARCH P.O. BOX 415649 AWARD - MATURATION OF BOSTON, MA 02241?5649 THE UTERUS DURING PUBERTY 82,500. HEALTH RESOURCES IN ACTION PC GRANT FUNDS TO BE HELD 2 BOYLSTON STREET IN ESCROW FOR FUTURE BOSTON, MA 02116 DISTRIBUTION 165,000. CHILD HEALTH RESEARCH MASSACHUSETTS GENERAL HOSPITAL PC C/O BANK OF AMERICA N.A., PO BOX AWARD - MEDS2: 414876 BOSTON, MA 02241-4876 MEDICATION EDUCATION FOR DOSING SAFETY 82,500. MASSACHUSETTS GENERAL HOSPITAL PC CHILD HEALTH RESEARCH AWARD - ILLUMINATING C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876 THE FUNCTION OF POLYCYSTINS AS CILIARY MECHANOTRANSDUCERS IN 82,500. MCLEAN HOSPITAL MAJOR GRANT -PC P.O. BOX 414248 BRAIN/BEHAVIOR BOSTON, MA 02241-4248 MECHANISMS OF IRRITABILITY AND SUICIDE IN CHILDREN 225,000. TUFTS MEDICAL CENTER CHILD HEALTH RESEARCH PC 800 WASHINGTON STREET, TUFTS MC BOX AWARD - SALIVARY 453 BOSTON, MA 02111-1526 TRANSCRIPTOMIC ANALYSIS TO UNDERSTAND SEX-DEPENDENT 82,500.

Total from continuation sheets

1,792,500.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient UNIVERSITY OF CONNECTICUT HEALTH CHILD HEALTH RESEARCH CENTER AWARD - HARNESSING 263 FARMINGTON AVE., MC5335 MICROBIOME FARMINGTON, CT 06030-5335 CONSTITUENTS TO PREVENT RECURRENT 82,500. UNIVERSITY OF MASSACHUSETTS CHILD HEALTH RESEARCH PC 55 LAKE AVENUE NORTH AWARD - THE ROLE OF WORCESTER, MA 01655 CUTANEOUS INTRINSIC IMMUNITY IN NEONATAL ANTIVIRAL DEFENSE 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL PC CHILD HEALTH RESEARCH SCHOOL AWARD - SINGLE-CELL 55 LAKE AVENUE NORTH TRANSCRIPTOMIC AND WORCESTER, MA 01655 GENOMIC ANALYSIS OF нимам атахта 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL CHILD HEALTH RESEARCH PC AWARD - UNDERSTANDING SCHOOL 55 LAKE AVENUE NORTH NEONATAL INDUCTION OF WORCESTER, MA 01655 PROALLERGIC T FOLLICULAR HELPER 82,500. YALE SCHOOL OF MEDICINE CHILD HEALTH RESEARCH PC P.O. BOX 1873 AWARD - DYSREGULATED NEW HAVEN, CT 06508-1873 RNA MODIFICATIONS IN THE CONTEXT OF HUMAN DEVELOPMENT 82,500. CHILD HEALTH RESEARCH YALE SCHOOL OF MEDICINE PC P.O. BOX 1873 AWARD - IDENTIFYING NEW HAVEN, CT 06508-1873 THE CELL OF ORIGIN IN INTESTINAL CYSTIC FIBROSIS DISEASE 82,500. YALE UNIVERSITY CHILD HEALTH RESEARCH P.O. BOX 1873 AWARD - PEDIATRIC NEW HAVEN, CT 06508-1873 OPIOID POISONING: FAMILY, HOME, AND COMMUNITY RISK FACTORS 82,500. YALE UNIVERSITY PC CHILD HEALTH RESEARCH AWARD - UNDERSTANDING P.O. BOX 1873 NEW HAVEN, CT 06508-1873 THE ROLE OF ENVIRONMENTAL KENOBIOTICS IN FOOD 82,500. YALE UNIVERSITY CHILD HEALTH RESEARCH PC P.O. BOX 1873 AWARD - EXPLORING NEW HAVEN, CT 06508-1873 THERAPEUTIC OPPORTUNITIES FOR SEVERE AND EARLY ONSET 82,500. Total from continuation sheets

Supplementary Information Part XIV Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DARTMOUTH-HITCHCOCK CLINIC PC CHILD HEALTH RESEARCH 1 MEDICAL CENTER DRIVE AWARD - COMBINING LEBANON, NH 03756 PARP INHIBITOR WITH STANDARD CHEMOTHERAPY FOR CHILDHOOD ACUTE 82,500. HARVARD UNIVERSITY CHILD HEALTH RESEARCH PC P.O. BOX 415649 AWARD - DECODING HOW BOSTON, MA 02241?5649 HOST-MICROBIOME COMMUNICATION IMPACTS CHILDHOOD OBESITY 82,500. HARVARD UNIVERSITY PC CHILD HEALTH RESEARCH P.O. BOX 415649 AWARD - MATURATION OF BOSTON, MA 02241?5649 THE UTERUS DURING PUBERTY 82,500. MASSACHUSETTS GENERAL HOSPITAL CHILD HEALTH RESEARCH PC AWARD - ILLUMINATING C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876 THE FUNCTION OF OLYCYSTINS AS CILIARY MECHANOTRANSDUCERS IN 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL CHILD HEALTH RESEARCH PC SCHOOL AWARD - UNDERSTANDING 55 LAKE AVENUE NORTH NEONATAL INDUCTION OF WORCESTER, MA 01655 PROALLERGIC T FOLLICULAR HELPER 82,500. PC YALE SCHOOL OF MEDICINE CHILD HEALTH RESEARCH P.O. BOX 1873 AWARD - DYSREGULATED NEW HAVEN, CT 06508-1873 RNA MODIFICATIONS IN THE CONTEXT OF HUMAN DEVELOPMENT 82,500. YALE SCHOOL OF MEDICINE CHILD HEALTH RESEARCH P.O. BOX 1873 AWARD - IDENTIFYING NEW HAVEN, CT 06508-1873 THE CELL OF ORIGIN IN INTESTINAL CYSTIC FIBROSIS DISEASE 82,500. YALE UNIVERSITY PC CHILD HEALTH RESEARCH AWARD - EXPLORING P.O. BOX 1873 NEW HAVEN, CT 06508-1873 THERAPEUTIC OPPORTUNITIES FOR SEVERE AND EARLY ONSET 82,500. Total from continuation sheets 660,000. Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS

AND MACROPHAGE ACTIVATION SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO

PREVENT AND REDUCE THE BURDEN OF MENTAL ILLNESS IN HIGH-RISK,

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD

CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

123655 11-18-21

Part XIV Supplem	entary Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - MCLEAN HOSPITAL

MAJOR GRANT - BRAIN/BEHAVIOR MECHANISMS OF IRRITABILITY AND SUICIDE IN

CHILDREN AND ADOLESCENTS

NAME OF RECIPIENT - TUFTS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO

UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID

EXPOSURE ON THE BRAIN REWARD SIGNALING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO

PREVENT RECURRENT PEDIATRIC METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

INFECTIONS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL

XENOBIOTICS IN FOOD ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR

SEVERE AND EARLY ONSET FSHD

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO

PREVENT AND REDUCE THE BURDEN OF MENTAL ILLNESS IN HIGH-RISK,

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD

CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR

SEVERE AND EARLY ONSET FSHD

123651 11-18-21

Part XIV Supplementary Information	
3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution	

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECUE	RITIES S	TATEMENT
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
DIVIDEND INCOME INTEREST INCOME	1,409,321.		0.	1,409,321.	_	
TO PART I, LINE 4 =	1,409,322.		0.	1,409,322.	1,409,322.	·
FORM 990-PF		OTHER 1	NCOM	E	S	TATEMENT
DESCRIPTION			REV		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM ALTERNAT RETURNED GRANT FUNDS		MENTS		72,704.	72,704.	
TOTAL TO FORM 990-PF	, PART I,	LINE 11		73,725.	72,704.	
			\sim			
FORM 990-PF		LEGAI	FEE	S	S	TATEMENT
			-			
DESCRIPTION		(A) EXPENSES PER BOOKS	NET MEN	(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
DESCRIPTION ————————————————————————————————————		EXPENSES	MEN	INVEST-	ADJUSTED	(D) CHARITABI
		EXPENSES PER BOOKS	MEN	INVEST- T INCOME	ADJUSTED	(D) CHARITABI PURPOSES
LEGAL EXPENSES		EXPENSES PER BOOKS 6,919.	MEN	INVEST- T INCOME 0.	ADJUSTED NET INCOME	(D) CHARITABI PURPOSES 6,919
LEGAL EXPENSES TO FM 990-PF, PG 1,	LN 16A =	EXPENSES PER BOOKS 6,919.	MEN	INVEST- T INCOME 0.	ADJUSTED NET INCOME	(D) CHARITABI PURPOSES 6,919
LEGAL EXPENSES TO FM 990-PF, PG 1, FORM 990-PF	LN 16A =	EXPENSES PER BOOKS 6,919. 6,919. ACCOUNTI	MEN ING F NET MEN	INVEST- T INCOME 0. 0. EES (B) INVEST-	ADJUSTED NET INCOME S (C) ADJUSTED	(D) CHARITABI PURPOSES 6,919 6,919 TATEMENT (D) CHARITABI

FORM 990-PF	OTHER PROFES	SIONAL FEES	S'	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	35,918. 75,000.			17,959.
TO FORM 990-PF, PG 1, LN 160	110,918.	92,959.		17,959.
FORM 990-PF	TAX	ES	S'	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOR 2021 FEDERAL TAX ESTIMATE FOR 2020 990T STATE TAX ESTIMATE FOR 2020 M990-T	70,000. 500.	0.		0.
MA FORM PC FEE FOR 2020 FOREIGN TAXES	500. 52,006.			0.
TO FORM 990-PF, PG 1, LN 18	123,306.	52,006.		0.
FORM 990-PF	OTHER E	XPENSES	S'	ratement 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS PROGRAM RELATED INVESTMENT	539. 3,361. 186,560.			539. 3,361. 186,560.
ADMINISTRATIVE COSTS MARKETING HONORARIA SCIENTIFIC ADVISORS	12,038. 4,745. 19,475. 32,742.			12,038. 4,745. 19,475. 32,742.
TO FORM 990-PF, PG 1, LN 23	259,460.	0.		259,460.
		· 		

FORM 990-PF C	ORPORATE STOCK		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES FOREIGN SECURITIES		32,119,882. 13,326,188.	32,119,882. 13,326,188.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	45,446,070.	45,446,070.
FORM 990-PF C	ORPORATE BONDS		STATEMENT 11
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		17,200,112.	17,200,112.
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	17,200,112.	17,200,112.
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	2,858,596. 10,208,127.	2,858,596. 10,208,127.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	13,066,723.	13,066,723.
FORM 990-PF	OTHER ASSETS		STATEMENT 13
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	2,119,964.	2,569,964.	2,569,964.
TO FORM 990-PF, PART II, LINE 15	2,119,964.	2,569,964.	2,569,964.

FORM 990-PF	STATI	EMENT	14			
NAME OF CONTROLLED	ENTITY			EMPLOY	ER ID N	Ю
CH INNOVATIONS LLC				04-3	507847	_
ADDRESS		EXCESS BUSI	NESS HOLDING	G [] YES	[X] NO)
2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR					
FORM 990-PF I		T OF OFFICERS, DII		STATI	EMENT	15
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
NEIL SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	PRESIDENT AND 1	TREASURER 0.	0.		0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, BOSTON, MA 02116		VICE PRESIDENT 1.00	AND CLERK 0.	0.		0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.
BARBARA BULA 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.
BRENDON BULA 2 BOYLSTON STREET,	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.

TRUSTEE

1.00

0. 0.

0.

BOSTON, MA 02116

BOSTON, MA 02116

2 BOYLSTON STREET, 4TH FLOOR

ELIZABETH HOOD

CHARLES H. HOOD FOUNDATION		04-3507847		
CLAY SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
CHARLENE MARIA MANCUSI 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VII	0.	0.	0.



Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 04 - 3507847CHARLES H. HOOD FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 2 BOYLSTON STREET, 4TH FLOOR return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02116 BOSTON, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 **AAFCPAS** The books are in the care of ► 50 WASHINGTON STREET - WESTBOROUGH, MA 01581 Telephone No. ► 508-366-9100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 90,454. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 81,220. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 9,234. using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

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