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.

Part II Balance Sheets Attached schedules and amounts in the description			Beginning of year		End of year		
	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 ▶					
ţ		Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
⋖		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	0 110 064	0.560.064	0.560.064		
		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	72 460 702	70 060 541	70 060 541		
_		instructions. Also, see page 1, item I)	73,468,723.	78,962,541.	78,962,541.		
		Accounts payable and accrued expenses					
		Grants payable					
Liabilities		Deferred revenue					
ij		Loans from officers, directors, trustees, and other disqualified persons					
Lia	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
_	20	Foundations that follow FASB ASC 958, check here					
s		and complete lines 24, 25, 29, and 30.					
ces	24	Net assets without donor restrictions					
alaı		Net assets with donor restrictions					
Q B		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.			
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
\ss(28	Retained earnings, accumulated income, endowment, or other funds	14,167,968.	19,661,786.			
Net Assets or	29	Total net assets or fund balances	73,468,723.	78,962,541.			
Ž							
_	30	Total liabilities and net assets/fund balances	73,468,723.	78,962,541.			
P	art	III Analysis of Changes in Net Assets or Fund B	alances				
=	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20	1 1			
				1	73,468,723.		
	•				3,803,336.		
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) UNREALIZED (GAINS	3	1,690,482.		
		lines 1, 2, and 3			78,962,541.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		78,962,541.		
		, , , , , , , , , , , , , , , , , , , ,	,,,	1 - 1	Form 990-PF (2021)		

Part IV Capital Gains a	and Losses for Tax on In	vestment In	come				
·					(c) Date	acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation		lay, yr.)	(mo., day, yr.)
1a PUBLICLY TRADEI							
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							
e							
2 Capital gain net income or (net cap			5,213,285.				
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	nd (6):					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8							
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)						
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-)							0.
3 Add lines 1 and 2							91,050.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)							0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-							91,050.
6 Credits/Payments:							
a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 81,220.							
b Exempt foreign organizations - tax 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 underpayn	nent of estimated tax. Check here	X if Form 2220	is attached				439.
	nd 8 is more than 7, enter amount o				9		1,035.
	han the total of lines 5 and 8, enter				▶ 10		
11 Enter the amount of line 10 to be			*********	Refunded	▶ 11		

1,	During the tay year did the foundation attempt to influence any national lates or level legislation or did it participate or intervene in		Yes	No
16	During 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
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 1b		X
L		10		Λ
	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.	4.		v
	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. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ U •			
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.			
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		X
	ı Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there 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 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	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	X	
88	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA			
t	olf 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	X	$oxed{oxed}$
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 14	11	X	
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTPS://HRIA.ORG/TMF/HOOD/			
14	The books are in care of ► AAFCPAS Telephone no. ► 508 – 36		100	
	Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01	581		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	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 >			
	Fo	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
			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			
 1a During the year, did the foundation (either directly or indirectly): Engage in the sale or exchange, or leasing of property with a disqualified person? Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Furnish goods, services, or facilities to (or accept them from) a disqualified person? Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? 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.) 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 			
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
· · · · <u>——————————————————————————————</u>			
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			
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.			
•			
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			
			X
	4a		Х
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 Control O	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	st complete this part. Foreigr	foun	dations,	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.
	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)	Г	4	1,225,334.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		Г	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	(j)(5) private operating foundation	ns and	l 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 91,05	0.		
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		Г	3	3,932,132.
4	Recoveries of amounts treated as qualifying distributions			4	1,021.
5	Add lines 3 and 4		г	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	Program-related investments - total from Part VIII-B		L	1b	450,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc., purposes	L	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)		L	3a	
b	Cash distribution test (attach the required schedule)		[3b	
1	Qualifying distributions Add lines 1s through 3h Enter here and on Part XII line A		Г	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,	,			
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.			2 006 455	
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	0.			
(Election required - see instructions)	0.			40 276
d Applied to 2021 distributable amount	0.		¥	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		0		
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line			0.	
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				3,892,877.
be distributed in 2022				3,092,077.
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 of	or determination letter that if	t is a private operating			
foundation, and the ruling is effective fo	or 2021, enter the date of th	e 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 addets
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:	
CHARLENE MANCUSI, DI					.G
2 BOYLSTON STREET, 4					
b The form in which applications should					
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.	

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CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHICAGO, IL 60602 Total SEE CONTINUATION SHEET(S) BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR CHARLY-ONSET PC MAJOR GRANT - BEYOND WATCHING AND WAITING:	•				
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CHICAGO, IL 60602 Total SEE CONTINUATION SHEET(S) Description of future payment BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR PROJECTS 100, PROJECTS PROJECTS 100, PROJECTS 100, PROJECTS PROJECTS PROJECTS PROJECTS AND 8 2,365, PC CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET 82,	CURES WITHIN REACH		PC	GRANT FUNDS APPLIED TO	
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b Approved for future payment BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER FC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR PC MAJOR GRANT - BEYOND WATCHING AND WAITING:		I COLOR CITE	 	·	100,000.
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR PC CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET 82, MAJOR GRANT - BEYOND WATCHING AND WAITING:		NTINUATION SHEE	T(S)	▶ 3a	2,365,000.
P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET 82, MAJOR GRANT - BEYOND WATCHING AND WAITING:	• Approved for future payment				
BOSTON, MA 02241-4413 AND B CELL INTERACTIONS IN EARLY-ONSET 82, BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:	BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
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 INCRIMINE	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)
Enter gross amounts unless otherwise indicated.		(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.												
lacktriangle	the foundation's exempt purposes (other than by providing funds for such purposes). EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.											
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 (1) Descriptio	•							on 50 1(c)			
(2) Other seasts 10 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursoment arrangements (5) Causer of tean guarantees (6) Performance of services or membership or fundrating solicitations (5) Reimbursoment arrangements (6) Performance of services or membership or fundrating solicitations (7) Sales of assets from a noncharitable exempt organization (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (1) Inches or any of the above is "res", complete the following schedule. Column (9) Should always show the fair market value of the goods, other assets, or services received. (1) Amount involved (1) Amount involved (1) Amount involved (2) Remain of incharitable exempt organization (3) Description or relationship organization (4) Description of relationship (5) Learn or organization (9) Personal organization (9) Description of relationship (6) Description of relationship (7) Amount involved (8) No Performance organization (9) Personal organization (9) Description of relationship (9) Description of relationship organization (9) Personal organization (9) Description of relationship (9)	•	•	. , . , -	•							
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c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "es; "complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and artering arrangements. Nn/A (d) Description of transfers, transactions, and artering arrangements. Nn/A 2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)) (other		(5) Loans	s or loan guarantees						<u> </u>		
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in section 501(c) (other than section 501(c)(3)) or in section 527? Yes											
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in section 501(c) (other than section 501(c)(3)) or in section 527? Yes											
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				
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 penarer bas and knowledge. PRESIDENT AND PRESIDENT AND TREASURER Title Print/Type preparer's name Preparer's signature Date Check if self- employed Print/Type preparer's name Preparer's signature JOYCE RIPIANZI, CPAJOYCE RIPIANZI, C 11/03/22 P00548581 Firm's name ►AAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100		in section	501(c) (other than section	n 501(c)(3)) or in sec	tion 527?				Yes	X	No
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		
Sign Here 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 TREASURER Title			N/A								
Sign Here 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 TREASURER Title											
Sign Here 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 TREASURER Title											
Sign Here 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 TREASURER Title											
Sign Here 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 TREASURER Title Treasure											
Here Signature of officer or trustee Date TREASURER Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN self- emp		Under	penalties of perjury, I declare t	hat I have examined this	return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	the IPC	igeriee •	this
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 Check if self- employed self-	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
Paid Print/Type preparer's name Preparer's signature Date Title Paid Preparer Use Only Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Date Title Date Check if self-employed self-employed self-employed self-employed P00548581 Print/Type preparer's name PAAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET Phone no. 508-366-9100		re						011011			
Print/Type preparer's name Preparer's signature Date Check if self- employed Self- employed Prim's name ► AAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Print/Type preparer's name Preparer's signature Date Check if self- employed PO0548581 Po0548581 Prim's EIN ► 04-2571780 Phone no. 508-366-9100		Sign	ature of officer or trustee			Date	. /				
Paid Preparer Use Only JOYCE RIPIANZI, CPAJOYCE RIPIANZI, C 11/03/22 P00548581		1 3		me I	Preparer's s			Check if PTIN			
Paid Preparer Use Only Simm's name Double			, , ,			-					
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

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 Suppleme	entary Informatior
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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	EST FROM	SECUR	ITIES S	STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVI	A) ENUE BOOKS	(B) NET INVEST- MENT INCOM		
DIVIDEND INCOME INTEREST INCOME	1,409,321.		0. 1,409	9,321.	1,409,321		
TO PART I, LINE 4 =	1,409,322.		0. 1,409	9,322.	1,409,322	· -	
FORM 990-PF		OTHER I	NCOME		<u> </u>	STATEMENT	4
DESCRIPTION			(A) REVENUE PER BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTEI NET INCOM	
INCOME FROM ALTERNAT RETURNED GRANT FUNDS		MENTS		704.	72,704.		
TOTAL TO FORM 990-PF	, PART I,	LINE 11	73,7	725 .	72,704.		
							
FORM 990-PF		LEGAL	FEES		Ş	STATEMENT	
			<u> </u>				
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	BLE
DESCRIPTION LEGAL EXPENSES		EXPENSES	NET INVI		ADJUSTED	(D) CHARITAE	BLE ES
		EXPENSES PER BOOKS	NET INVI	COME	ADJUSTED	(D) CHARITAE PURPOSE	BLE ES
LEGAL EXPENSES		EXPENSES PER BOOKS 6,919.	NET INVI	0.	ADJUSTED NET INCOME	(D) CHARITAE PURPOSE 6,91	BLE ES
LEGAL EXPENSES TO FM 990-PF, PG 1,	LN 16A =	EXPENSES PER BOOKS 6,919.	NET INVI	0. 0. =================================	ADJUSTED NET INCOME	(D) CHARITAE PURPOSE 6,91	BLE L9.
LEGAL EXPENSES TO FM 990-PF, PG 1, FORM 990-PF	LN 16A =	EXPENSES PER BOOKS 6,919. 6,919. ACCOUNTI (A) EXPENSES	NET INVI	0. 0. =================================	ADJUSTED NET INCOME (C) ADJUSTED	(D) CHARITAE PURPOSE 6,91 6,91 STATEMENT (D) CHARITAE	BLE 19.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 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. 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 {	
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 MA FORM PC FEE FOR 2020	70,000. 500. 300. 500.	0. 0. 0. 0.		0.0	
FOREIGN TAXES TO FORM 990-PF, PG 1, LN 18	52,006.	52,006.		0.	
					
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
FILING FEES MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS	539. 3,361. 186,560.	0. 0. 0.		539 3,361 186,560	
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS MARKETING HONORARIA SCIENTIFIC ADVISORS	12,038. 4,745. 19,475. 32,742.	0. 0. 0.		12,038, 4,745, 19,475, 32,742,	
TO FORM 990-PF, PG 1, LN 23	259,460.	0.		259,460	

MARKET (ALUE) (1,119,882. (1,326,188. (1,446,070. (1)EMENT 11
2 MARKET
EMENT 11
MARKET
,200,112.
,200,112.
EMENT 12
MARKET ALUE
,858,596. ,208,127.
,066,723.
EMENT 13
MARKET ALUE
,569,964.
,569,964.
= = F

FORM 990-PF		CONTROLLED ENTITI -A, LINE 11	ES 	STATI	EMENT	14
NAME OF CONTROLLED	ENTITY			EMPLOY	ER ID N	Ю
CH INNOVATIONS LLC				04-35	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			04-3	507847
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	, 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.

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

Form 8868 (Rev. 1-2022)

Form **990-PF**Department of the Treasury

EXTENDED TO NOVEMBER 15, 2021
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.

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 **2020**Chan to Public Inspection

For calendar year 2020 or tax year beginning , and ending A Employer identification number Name of foundation 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 617-695-9439 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02116 **D** 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity 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 ...▶ 73,468,723. (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (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 1,302,685. 1,302,685 STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 860,251. 6a Net gain or (loss) from sale of assets not on line 10. b Gross sales price for all assets on line 6a 5,970,212. 7 Capital gain net income (from Part IV, line 2) 860,251. 8 Net short-term capital gain 175,535. Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 180,014. STATEMENT 11 Other income 0. 2,342,950 2,162,936. 175,535. 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 28,703. 28,703. 16,253. 0. Expenses **16a** Legal fees **STMT** 16,253 b Accounting fees STMT 6 0. 15,763. 106,525. 90,762. c Other professional fees STMT 7 17 Interest Taxes STMT 36,521. 36,521. 0. 18 Depreciation and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 4,456. 0. 4,456. and 22 Printing and publications 23 Other expenses STMT 9 210,764. 210,764. 0. 24 Total operating and administrative 403,222 275,939. 127,283. expenses. Add lines 13 through 23 2,059,212. 2,059,212. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,462,434 127,283. 2,335,151. Add lines 24 and 25 27 Subtract line 26 from line 12: -119,484**a** Excess of revenue over expenses and disbursements 2,035,653. **b Net investment income** (if negative, enter -0-) 175,535. C Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	,
	arı	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	502,310.	388,809.	388,809.
	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			
ğ		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 11	47,014,599.	51,980,735.	
	C	Investments - corporate bonds STMT 12	15,038,832.	15,513,323.	15,513,323.
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 13	2,964,148.	3,465,892.	3,465,892.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe STATEMENT 14)	1,307,000.	2,119,964.	2,119,964.
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	66,826,889.	73,468,723.	73,468,723.
	17	Accounts payable and accrued expenses			
		Grants payable			
S		Deferred revenue			
Liabilities		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.			
ince	24	Net assets without donor restrictions			
Fund Balan	25	Net assets with donor restrictions			
βĒ		Foundations that do not follow FASB ASC 958, check here ▶ X			
Ē		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	28	Retained earnings, accumulated income, endowment, or other funds \dots	7,526,134.	14,167,968.	
Net Assets	29	Total net assets or fund balances	66,826,889.	73,468,723.	
Z					
	30	Total liabilities and net assets/fund balances	66,826,889.	73,468,723.	
P	art	Analysis of Changes in Net Assets or Fund B	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line			
		t agree with end-of-year figure reported on prior year's return)	1	66,826,889.	
		amount from Part I, line 27a		-119,484.	
		increases not included in line 2 (itemize) UNREALIZED	GAINS	3	6,877,676.
		ines 1, 2, and 3			73,585,081.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 10 5	116,358.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		73,468,723.

Part IV	Capital Gains a	and Losses for Tax on In	vestment Income				
	(a) List and describe t 2-story brick war	he kind(s) of property sold (for exan rehouse; or common stock, 200 shs	nple, real estate, . MLC Co.)	(b) How acqui P - Purchas D - Donatio	red e n	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUB	LICLY TRADEI	SECURITIES					
b							
С							
d							
е							
(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 (ç	
a	5,970,212.		5,109,9	061.			860,251.
b							
C							
d							
Comple	ta only for accets chowing] g gain in column (h) and owned by t	he foundation on 12/21/60		(1) (Paine (Oal (b) sain	
Comple	te only for assets showing	(j) Adjusted basis	(k) Excess of col. (i)		col. (Gains (Col. (h) gain r k), but not less than	-0-) or
(i) FN	/IV as of 12/31/69	as of 12/31/69	over col. (j), if any		Ì	Losses (from col. (h	1))
							860,251.
b							
С							
d							
е							
	ain net income or (net cap	oital loss) \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \\ \text{s} \text{ as defined in sections 1222(5) an} \end{cases}	in Part I, line 7	} <u>2</u>			860,251.
If gain, a Part I, lin	lso enter in Part I, line 8, one 8	column (c). See instructions. If (loss), enter -0- in	}		N/A	
Part V		nder Section 4940(e) for					
1 Reserve		ON 4940(e) REPEALED O	N DECEMBER 20,	2019 - DO N	01 00	MPLETE.	
i Reserve		(4.)		(-)			(d)
	(a) Reserved	(b) Reserved		(c) Reserved		Res	Served
	Reserved						
	Reserved						
	Reserved Reserved						
	Reserved						
	110001100						
2 Reserved	d					2	
3 Reserved	t					3	
4 Reserved	d					4	
F December	.						
o Reserved	ı					5	
6 Reserved	ń					6	
- 110301761							
7 Reserved	d					7	
8 Reserved	d b					8	

	ection 4940(a), 4940(b), or 4948 - see instruct	ions)		
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 cop				
b Reserved		2	8,2	96.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign orga				
of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun	ndations only; others, enter -0-)			0.
3 Add lines 1 and 2		2	8,2	96.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less		2	8,2	96.
6 Credits/Payments:				
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a 39,516.			
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld	6d 0.			
7 Total credits and payments. Add lines 6a through 6d	7	3	9,5	16.
8 Enter any penalty for underpayment of estimated tax. Check here if Fo	orm 2220 is attached 8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo		1	1.2	20.
	11,220 • Refunded 11			0.
Part VII-A Statements Regarding Activities	, instances , in			
1a During the tax year, did the foundation attempt to influence any national, sta	te, or local legislation or did it participate or intervene in		Yes	No
any political campaign?		1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for		1b		Х
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activit				
distributed by the foundation in connection with the activities.	, and a series of the series o			
c Did the foundation file Form 1120-POL for this year?		1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imp				
(1) On the foundation. \triangleright \$ 0 • (2) On found				
e Enter the reimbursement (if any) paid by the foundation during the year for				
managers. ► \$ 0.	o tan impossa on isanaanon			
2 Has the foundation engaged in any activities that have not previously been re	eported 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	n its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more			Х	
b If "Yes," has it filed a tax return on Form 990-T for this year?			Х	
5 Was there a liquidation, termination, dissolution, or substantial contraction of	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 4	945) satisfied either:			
By language in the governing instrument, or	,			
 By state legislation that effectively amends the governing instrument so th 	nat no mandatory directions that conflict with the state law			
remain in the governing instrument?		6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year	? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
	, , , , , , ,			
8a Enter the states to which the foundation reports or with which it is registered	d. See instructions. >			
MA				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explana	· · · · · · · · · · · · · · · · · · ·	8b	Х	
9 Is the foundation claiming status as a private operating foundation within the				
year 2020 or the tax year beginning in 2020? See the instructions for Part X	,	9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes		10		Х

Yes No	Pá	art VII-A Statements Regarding Activities (continued)			
11 A any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 5 1200 (1)191 ff Yes, statisch scheduls. See instructions 12 Did the roundation make a distribution to a donor advised fund over which the foundation or a dequalified person had advisory privileges? 11 Yes, attach stationers. See instructions 12 Did the foundation comply with the public inspection requirements for its anneal returns and exemption application? 13 X 13 X 14 The books are in care of ▶ AAFCPAS 15 Location 45 NAFCPAS 16 A any time during in care of the AAFCPAS 17 Seation 497(42) 1 onoexempt furthable traits thing form 990-9 in line of Form 1041 - thick their and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest in or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an interest or a signature or other authority over a bank, see an other signature or other authority over a bank, see an other signature or other signature or other authority over a bank, see an other signature or other si				Yes	No
section of 2(b) (1/32) if 1/45, and active should. See instructions 2	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
12 bit the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 11 "Yes, 'fattor's talemer. See instructions 12			11	Х	
If Yes, a tracent statement. See instructions 12	12				
13 X			12		Х
Website address ► HTTPS://IRITA.ORG/TMF/HODD/	13		13	Х	
14 The books are in care of ▶ ARFCPAS Located at ▶ 50 WASHINGTON STREET, WESTBOROUGH, MA It is Section 4947(a)(1) nonexempt charitable trusts fling form 990-PF in file of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here 16 A tax my time during alcade and a form 1041 - check here Afford form 4720 tax my time and accrued the form 1041 - check here Afford form 1042 - check here Afford form 104					
Located at \$\sigma\$ 50 WASHINGTON STREET, WESTBOROUGH, MA Section 4947(a)(1) nonexempt chartable trusts filling Form 990-PF in lieu of Form 1041 - check here and either the amount of tax-exempt interest received or accrued during the year 16	14	The books are in care of ► AAFCPAS Telephone no. ► 508 – 36	6-9	100	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VI-IB 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. 16 Unity the year, did the foundation (either diectly in indicated); 17 Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept them) a disqualified person, a disqualified person, a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extend credit to (or accept them) and incredit person, or otherwise extend credit to (or accept them) a disqualified person, or otherwise extendition or assert to a disqualified person, or otherwise extendition or otherwise and incredit person, or otherwise extendition or otherwise and otherwise and incredition of the otherwise or otherwise and otherwise and incredition of the acceptance of the form of the otherwise or otherwise and otherwise and otherwise or otherwise and otherwise		Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01	581		
And onter the amount of tax-exempt interest received or accrued during the year A tary time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, Securities, or other financial account in a foreign country? See the instructions for exceptions and filling requirements for FINCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer ary 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" 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 disps.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations sections 33.941 (19)-3 or in a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the list day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 2 Taxes on failure to distribute income (section 4942(a)(2) to all y	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country! ➤ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. 1 a 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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 (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the toundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is 'Yes' to 1a(1)(6), did any of the acts fall to quality under the exceptions described in Regulations section \$3.941(i)(3) or in a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 2 Taxes on fallure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)): a At the end of tax years' beginning before 2020? 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				/A	
See the instructions for exceptions and filling requirements for FinCEN Form 114. If 'Yes,' enter the name of the forcigin country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. 1a buring the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or asset to a disqualified person (or make any of other available for the benefit or use of a disqualified person)? Yes X No (6) Agree to pay money or property to a government official? (Exception, Check No' If the foundation or make a grant to or to employ the dical for a period after termination of government service, if terminating within 90 days.) Yes X No b If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.494 (10)-3 or in a current notice regarding disaster assistance? See instructions Yes X No C Did the foundation engage in a prior year in any of the earts escribed in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? If Yes, "Ist the years Yes X No Yes X No Yes X No Yes X No	16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. 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? Yes X No (2) Borrow money from, lend money to, or otherwise excland credit to (or accept it from) yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (6) Agree to pay money or property to a government official" (Exception, Check No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No bil any answer is "See" to 1at [1/-6], did any of the acts fall to quality under the exceptions described in Regulations Yes X No		securities, or other financial account in a foreign country?	16		Х
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year, did the foundation (either directly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, liend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of their available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of 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" if the foundation angreed to make a grant to or to employ the ridical for a period after termination of government service, if terminating within 90 days.) b If any answer is "5" to 1a(1)-(6), did any of the acts fall to quality under the exceptions despribed in Regulations selving on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions To a title end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(3) (2) (3) or 4942(3)(5)); a At the end of tax year (3) beginning before 2020? If "Yes," list the years ► 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 years undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions. If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Are the end of tax year 2020, diff the					
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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' 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.) b) If any answer is 'Yes' to Ia(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance, check here c) Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1c		foreign country			
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?	Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
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?		File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
a disqualified person?	18	a During the year, did the foundation (either directly or indirectly):			
a disqualified person?		(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		a disqualified person? Yes X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (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.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions despribed in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year 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 2020? 1 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(5) beginning before 2020? 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 If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect		(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
(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" 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.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions despribed in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year 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 2020? 1 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(5) beginning before 2020? 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 If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 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, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? 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.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. b b If "Yes," did it have excess business holdings in 2020 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 2020). 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose that		(5) Transfer any income or assets to a disqualified person (or make any of either available			
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.) b If any answer is "Yes" to 1a(1)-(6), clid 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 Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1c		for the benefit or use of a disqualified person)?			
termination of government service, if terminating within 90 days.) 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, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? 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.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. b C b If "Yes," did it have excess business holdings in 2020 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 2020. b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		(6) Agree to pay money or property to a government official? (Exception. Check "No"			
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			44		- 22
			4h		х

Form 990-PF (2020) CHARLES H. HOOD FOUNDATI			04-35078	847	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🔼 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		Ye	es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🔼 No 📗		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		ı		
4945(d)(4)(A)? See instructions		X_ Y	es 📖 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for	ı		
the prevention of cruelty to children or animals?		Ye	es 🛛 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		<u></u>	5b	X
Organizations relying on a current notice regarding disaster assistance, check h	nere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		X Ye	es 🔲 No 📗		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es X No		
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.			Ī		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			İ		
excess parachute payment(s) during the year?		Y	es X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<u>, </u>		•
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	-			_	
() News and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E>	rpense nt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allow	ances
SEE STATEMENT 16		0.	0	•	0.
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	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E>	rpense nt, other
(a) warne and address of each employee paid more than 400,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allow	ances
NONE					
				<u>l</u>	
				<u>l</u>	
Total number of other employees paid over \$50,000			>		0

Part VIII 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	131,820.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	-
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
· ·		<u> </u>
	1	
	1	
	1	
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Firmanaaa
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 MESENTECH, INC BRITISH COLUMBIA, CANADA		
SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY		
		250,000.
2 ANIDA PHARMA - CAMBRIDGE, MA		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
All other program-related investments. See instructions.		
3		
SEE STATEMENT 17		300,000.
Total. Add lines 1 through 3	•	300,000.

Form **990-PF** (2020)

Pa	Minimum Investment Return (All domestic foundations mus	t complete thi	s part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	tc., purposes:			
а	Average monthly fair market value of securities			1a	63,357,772.
	Average of monthly cash balances			1b	250,829.
	Fair market value of all other assets			1c	602,701.
	Total (add lines 1a, b, and c)			1d	64,211,302.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)1	e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	64,211,302.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	e instructions)		4	963,170.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa	art V, line 4		5	63,248,132.
6	Minimum investment return. Enter 5% of line 5			6	3,162,407.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations, check here and do not complete this part.)	j)(5) private ope	rating foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	3,162,407.
2a		a	28,296.		
	Income tax for 2020. (This does not include the tax from Part VI.)		448.		
	Add lines 2a and 2b			2c	28,744.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,133,663.
4	Recoveries of amounts treated as qualifying distributions			4	175,535.
5	Add lines 3 and 4			5	3,309,198.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII			7	3,309,198.
Pa	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos	es:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	2,335,151. 800,000.
b	Program-related investments - total from Part IX-B			1b	800,000.
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 V, line 8; and F	Part XIII, line 4		4	3,135,151.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investm	nent			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	3,135,151.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wher 4940(e) reduction of tax in those years.			ualifies for	the section

Form **990-PF** (2020)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				3,309,198.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			2,911,960.	
b Total for prior years:				
Excess distributions carryover, if any, to 2020:		0.		
a From 2015 b From 2016				
5 0047				
4F 0040				
eFrom 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from		1		
Part XII, line 4: ▶\$3,135,151.				
a Applied to 2019, but not more than line 2a			2,911,960.	
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 2020 distributable amount				223,191.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2020 (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		0.		
assessed d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2019. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2021				3,086,007.
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 2015	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021.	0.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	0.			
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

023581 12-02-20 Form **990-PF** (2020)

Part XIV Pri	vate Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation	on has received a ruling o	r determination letter that	it is a private operating			
foundation, an	d the ruling is effective fo	r 2020, enter the date of t	he ruling			
b Check box to i	ndicate whether the found	dation is a private operatin	ng foundation described in	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesse	er of the adjusted net	Tax year		Prior 3 years		
income from F	Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
investment ret	urn from Part X for					
each year liste	d					
	ributions from Part XII.					
, , ,	year listed					
	ded in line 2c not					
	or active conduct of					
•	es					
	ributions made directly					
, ,	fuct of exempt activities.	ļ				
	d from line 2c					
3 Complete 3a, I	o, or c for the			4		
alternative test	relied upon:	ļ				
	ative test - enter:					
(I) value of a	II assets					
(2) Value of a	ssets qualifying					
	tion 4942(j)(3)(B)(i) alternative test - enter		4			
	m investment return					
shown in Part	X, line 6, for each year	ļ				
				· ·		
	native test - enter:					
	oort other than gross	ļ				
	nt income (interest, , rents, payments on					
	loans (section					
512(a)(5)), or royalties)					
(2) Support for	rom general public					
	nore exempt ons as provided in					
	942(j)(3)(B)(iii)					
(3) Largest a	mount of support from					
an exemp	t organization					
(4) Gross inv	estment income					
		rmation (Comple		f the foundation	had \$5,000 or mo	ore in assets
at	any time during t	he year-see instr	uctions.)			
1 Information	Regarding Foundation	n Managers:				
a List any mana	gers of the foundation wh	o have contributed more	than 2% of the total contr	ibutions received by the t	oundation before the clos	se of any tax
		nore than \$5,000). (See s		•		•
NONE						
b List any mana	gers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large portio	n of the ownership of a pa	artnership or
other entity) o	f which the foundation ha	s a 10% or greater interes	st.	1 3 0 1		·
NONE						
2 Information	Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here		only makes contributions t		-	ot accept unsolicited requ	ests for funds. If
the foundation		to individuals or organiza				
a The name add	fress, and telephone num	ber or email address of th	ne person to whom applic	ations should be address	eq.	
		OGRAM OFFIC				HRIA.ORG
		TH FLOOR, B			,	
		be submitted and informat				
		AILABLE AT				
c Any submission			TIII OIUIN			
•	MARCH AND O	CTOBER				
		s. such as by geographica	al areas, charitable fields	kinds of institutions or o	ther factors	

023601 12-02-20 Form **990-PF** (2020)

RESTRICTED TO PEDIATRIC RESEARCH

04 - 3507847Form 990-PF (2020) CHARLES H. HOOD FOUNDATION Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year YALE UNIVERSITY PC CHILD HEALTH RESEARCH P.O. BOX 1873 AWARD - MICROVASCULAR NETWORKS ON A CHIP TO NEW HAVEN, CT 06508-1873 INVESTIGATE HOW HYPERGLYCEMIA INDUCES 82,500. YALE UNIVERSITY CHILD HEALTH RESEARCH PC P.O. BOX 1873 AWARD - REAL-TIME PREDICTION AND NEW HAVEN, CT 06508-1873 INTERVENTION FOR IMPENDING ACUTE KIDNEY 82,500. BOSTON CHILDRENS HOSPITAL CHILD HEALTH RESEARCH PC P.O. BOX 414413 AWARD - SYSTEMATIC BOSTON, MA 02241-4413 DISCOVERY AND CORRECTION OF SPLICING DEFECTS CAUSED BY 82,500. MASSACHUSETTS EYE AND EAR INFIRMARY CHILD HEALTH RESEARCH 399 REVOLUTION DRIVE AWARD - GENE THERAPY SOMERVILLE, MA 02145 FOR PERIPHERAL NERVE REPAIR 82,500. CHILD HEALTH RESEARCH MASSACHUSETTS INSTITUTE OF TECHNOLOGY PC C/O BANK OF AMERICA, NA, 100 FEDERAL AWARD - A CIRCULATORY STREET BOSTON, MA 02110 SUPPORT DEVICE FOR CHILDREN WITH UNIVENTRICULAR HEARTS 82,500. SEE CONTINUATION SHEET(S) 2,059,212. Total 3a **b** Approved for future payment YALE UNIVERSITY PC CHILD HEALTH RESEARCH P.O. BOX 1873 AWARD - PEDIATRIC NEW HAVEN, CT 06508-1873 OPIOID POISONING: FAMILY, HOME, AND COMMUNITY RISK FACTORS 82,500. UNIVERSITY OF MASSACHUSETTS MEDICAL CHILD HEALTH RESEARCH AWARD - SINGLE-CELL SCHOOT. 55 LAKE AVENUE NORTH TRANSCRIPTOMIC AND WORCESTER, MA 01655 GENOMIC ANALYSIS OF HUMAN ATAXIA 82,500. UNIVERSITY OF CONNECTICUT HEALTH CHILD HEALTH RESEARCH PC CENTER AWARD - HARNESSING 263 FARMINGTON AVE., MC5335 MTCROBTOME FARMINGTON, CT 06030-5335 CONSTITUENTS TO

82,500.

1,050,000.

PREVENT RECURRENT

CONTINUATION SHEET(S)

Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		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	7 in our	code	Aimount	Turiotion moonio
a					
D					
·					
a					
e					
†					
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	1,302,685.	
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	860,251.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					175,535.
b MISCELLANEOUS INCOME					4,479.
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,162,936.	180,014.
13 Total . Add line 12, columns (b), (d), and (e)					2,342,950.
(See worksheet in line 13 instructions to verify calculations.)					-
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	

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

Form **990-PF** (2020) 023621 12-02-20

Part XVII 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 following	ng with any other organization	on described in sect	ion 501(c)		Yes	No
	(other that	n section 501(c)(3) organ	izations) or in section	n 527, relatin	g to political organizations?					
a	Transfers	from the reporting founda	ation to a noncharitab	le exempt or	ganization of:					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharitat	ole exempt organizati	on				1b(1)		X
										X
										X
	(4) Reiml	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
					ons					X
					ployees					X
đ				-	edule. Column (b) should alv	-	-		ets,	
		s given by the reporting it I) the value of the goods, (ed less than fair market valu	ie ili aliy iransaciioi	i or snaring arrangeme	iii, Siiow iii		
a)ı	•	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions,	and sharing an	angeme	nte
		(5),	(0)	N/A	o onempt or gameanon	(2) Bosonphor	Tor transfers, transactions,	and onaring an	ungomo	
				11/11						
_										
2a		=			or more tax-exempt organi				37	٦
				ction 52/?				Yes	L	No
D	If "Yes," co	omplete the following sche (a) Name of orga			(b) Type of organization	1	(c) Description of relat	ionchin		
		N/A			(b) Type of organization		(c) Description of relati	ionamp		
		IV/A								
	Under	penalties of perjury, I declare t	that I have examined this	return, includir	I ng accompanying schedules and	statements, and to the	best of my knowledge	May the IRS	liecure -	hie
Si	and be	elief, it is true, correct, and com	nplete. Declaration of pre	parer (other tha	in taxpayer) is based on all inform	nation of which prepare PRESII	r has any knowledge. DENT AND	return with the	e prepar	er
He	re				1	TREASU		X Yes	. 366 111] No
	Sign	ature of officer or trustee			Date	Title	_			
	<u> </u>	Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if P	TIN		
							self- employed			
Pa					RIPIANZI, C	09/24/21		P00548		
	eparer	Firm's name ► AAF					Firm's EIN ► 04	-25717	80	
Us	e Only									
		Firm's address ► 50								
		WE	STBOROUGH	, MA 0	1581		Phone no. 508			
								Form QQ(, nr	(0000)

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 - 04/16/2020, 07/31/2020,

10/30/2020, 02/18/2021

Diversions by Grantee

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 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.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 03/19/2020, 09/14/2020,	NONE, SEE BELOW
08/02/2021, 08/12/2021	

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 - 04/16/2020, 07/31/2020,	NONE, SEE BELOW
10/30/2020, 02/18/2021	

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.

liversions by Grantee
NONE, SEE BELOW
)i

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 - 04/16/2020, 07/31/2020,	NONE, SEE BELOW
10/30/2020, 02/18/2021	

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.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 04/16/2020, 08/18/2020,	NONE, SEE BELOW
02/18/2021, 05/17/2021	

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

THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND 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.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 09/10/2020, 06/02/2021	NONE, SEE BELOW

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, TO TEST BLOOD BRAIN BARRIER PENETRATION, TO TEST WHETHER BLOOD BRAIN BARRIER PENETRATION IS EVEN NEEDED, AND IN PARALLEL, TO DO THE REGULATORY STUDIES REQUIRED TO FILE AN IND TO STUDY IN A PHASE 1-2 CLINICAL SETTING AND THE DRUG SUBSTANCE AND DRUG PRODUCT DEVELOPMENT AND MANUFACTURING REQUIRED FOR, AND TO BE USED SOLELY FOR THE PURPOSES OF, CLINICAL STUDY.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 1/19/20, 7/15/20,	NONE, SEE BELOW
8/27/20, 10/7/20, 1/22/21, 4/15/21,	
5/18/21	

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	145,921.	06/08/21

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 - 04/27/2020, 07/27/2020,	NONE, SEE BELOW
12/10/2020, 06/08/2021	

Results of Verification

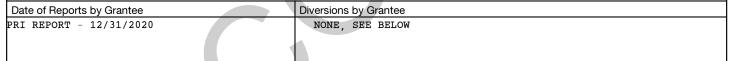
THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

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	40,000.	05/24/21

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.



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

PRI REPORTS - 02/04/2021, 06/17/2021

Diversions by Grantee

NONE, SEE BELOW

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	80,755.	05/18/21

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

PRI REPORT - 05/18/2021

NONE, SEE BELOW

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

Part XV | Supplementary Information

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		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		
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873			AWARD - PEDIATRIC	
NEW HAVEN, CT 06508-1873			OPIOID POISONING:	
			FAMILY, HOME, AND	
			COMMUNITY RISK FACTORS	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	
			HUMAN ATAXIA	82,500.
UNIVERSITY OF CONNECTICUT HEALTH		PC	CHILD HEALTH RESEARCH	
CENTER			AWARD - HARNESSING	
263 FARMINGTON AVE., MC5335			MICROBIOME	
FARMINGTON, CT 06030-5335			CONSTITUENTS TO	
			PREVENT RECURRENT	82,500.
UNIVERSITY OF MASSACHUSETTS		PC	CHILD HEALTH RESEARCH	
55 LAKE AVENUE NORTH			AWARD - THE ROLE OF	
WORCESTER, MA 01655			CUTANEOUS INTRINSIC	
			IMMUNITY IN NEONATAL	
			ANTIVIRAL DEFENSE	82,500.
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873			AWARD - UNDERSTANDING	
NEW HAVEN, CT 06508-1873			THE ROLE OF	
		K	ENVIRONMENTAL	
			XENOBIOTICS IN FOOD	82,500.
YALE UNIVERSITY		PC	CHILD HEALTH	
P.O. BOX 1873			SUPPLEMENTAL	
NEW HAVEN, CT 06508-1873			ASSISTANCE DUE TO	
			COVID IMPACTS -	
			DEFINING A	12,362.
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH	
SCHOOL			SUPPLEMENTAL	
55 LAKE AVENUE NORTH			ASSISTANCE DUE TO	
WORCESTER, MA 01655			COVID IMPACTS -	
			IDENTIFICATION OF THE	18,694.
BOSTON CHILDRENS HOSPITAL		PC	CHILD HEALTH	
P.O. BOX 414413			SUPPLEMENTAL	
BOSTON, MA 02241-4413			ASSISTANCE DUE TO	
			COVID IMPACTS - A	
			MOBILE APPLICATION TO	44,026.
UNIVERSITY OF CONNECTICUT HEALTH		PC	CHILD HEALTH	
CENTER			SUPPLEMENTAL	
263 FARMINGTON AVE., MC5335			ASSISTANCE DUE TO	
FARMINGTON, CT 06030-5335			COVID IMPACTS -	
			ESTABLISHING THE	11,795.
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH	
C/O BANK OF AMERICA N.A., PO BOX			SUPPLEMENTAL	
414876 BOSTON, MA 02241-4876			ASSISTANCE DUE TO	
			COVID IMPACTS -	
			GENETIC ETIOLOGY STUDY	33,000.
Total from continuation sheets	<u> </u>	-	·	1,646,712.

Part XV | Supplementary Information

Part XV Supplementary Informatio	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00.11.124.10.11	
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH	
C/O BANK OF AMERICA N.A., PO BOX			SUPPLEMENTAL	
414876 BOSTON, MA 02241-4876			ASSISTANCE DUE TO	
			COVID IMPACTS -	
			PROTECTIVE ANTIBODIES	24,200.
YALE UNIVERSITY		PC	CHILD HEALTH	
P.O. BOX 1873			SUPPLEMENTAL	
NEW HAVEN, CT 06508-1873			ASSISTANCE DUE TO	
			COVID IMPACTS -	
			MECHANISM OF CHIMERIC	40,135.
UNIVERSITY OF CONNECTICUT		PC	CHILD HEALTH RESEARCH	
438 WHITNEY RD EXT, UNIT 1133			AWARD - NEXT	
STORRS, CT 06269			GENERATION TARGETING	
			OF ONCOMIRS FOR	
			PEDIATRIC GLIOMA	82,500.
BOSTON CHILDRENS HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - BACK TO THE	
BOSTON, MA 02241-4413			BASICS OF ANTI-FOLATE	
			THERAPY FOR IMPROVED	
			CURE OF PEDIATRIC	82,500.
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873			AWARD - NOVEL MRI	
NEW HAVEN, CT 06508-1873			MARKERS TO PREDICT	
			MULTIPLE SCLEROSIS IN	
			CHILDREN AT RISK	82,500.
HEALTH RESOURCES IN ACTION, INC.		PC	CHILD HEALTH AWARD	
2 BOYLSTON STREET, 4TH FLOOR		· ·	FUNDS TO BE HELD IN	
BOSTON, MA 02116			ESCROW (FUNDS TO BE	
			PAID TO GRANTEES AT A	
			LATER DATE)	165,000.
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - MTORC1 AS A	
BOSTON, MA 02241-4413			MEDIATOR OF	
			HEMOPHAGOCYTOSIS AND	
			MACROPHAGE ACTIVATION	82,500.
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.
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
C/O BANK OF AMERICA N.A., PO BOX			AWARD - MEDS2:	
414876 BOSTON, MA 02241-4876			MEDICATION EDUCATION	
			FOR DOSING SAFETY	82,500.
BOSTON MEDICAL CENTER		PC	CHILD HEALTH RESEARCH	
660 HARRISON AVE, 2ND FLOOR			AWARD - RISING	
BOSTON, MA 02118?2908			SUICIDES IN BLACK	
			CHILDREN WITH ADHD:	
			THE ROLE OF	82,500.
Total from continuation sheets				

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient CHILD HEALTH RESEARCH TUFTS MEDICAL CENTER PC 800 WASHINGTON STREET, TUFTS MC BOX AWARD - SALIVARY 453 BOSTON, MA 02111-1526 TRANSCRIPTOMIC ANALYSIS TO UNDERSTAND SEX-DEPENDENT 82,500. MCLEAN HOSPITAL PC MAJOR GRANT -P.O. BOX 414248 BRAIN/BEHAVIOR BOSTON, MA 02241-4248 MECHANISMS OF IRRITABILITY AND SUICIDE IN CHILDREN 225,000. Total from continuation sheets

Part XV Supplementary Information

3 Grants and Contributions Approved for Fut				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
,	or substantial contributor	recipient		
UNIVERSITY OF MASSACHUSETTS		PC	CHILD HEALTH RESEARCH	
55 LAKE AVENUE NORTH			AWARD - THE ROLE OF	
WORCESTER, MA 01655			CUTANEOUS INTRINSIC	
			IMMUNITY IN NEONATAL	00 500
			ANTIVIRAL DEFENSE	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873			AWARD - UNDERSTANDING	
NEW HAVEN, CT 06508-1873			THE ROLE OF	
			ENVIRONMENTAL	
			XENOBIOTICS IN FOOD	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - MTORC1 AS A	
BOSTON, MA 02241-4413			MEDIATOR OF	
			HEMOPHAGOCYTOSIS AND	
			MACROPHAGE ACTIVATION	82,500
			\	
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
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
C/O BANK OF AMERICA N.A., PO BOX			AWARD - MEDS2:	
414876 BOSTON, MA 02241-4876			MEDICATION EDUCATION	
,			FOR DOSING SAFETY	82,500
BOSTON MEDICAL CENTER		PC	CHILD HEALTH RESEARCH	
660 HARRISON AVE, 2ND FLOOR			AWARD - RISING	
BOSTON, MA 02118?2908			SUICIDES IN BLACK	
			CHILDREN WITH ADHD:	
			THE ROLE OF	82,500
TUFTS MEDICAL CENTER		PC	CHILD HEALTH RESEARCH	,
800 WASHINGTON STREET, TUFTS MC BOX			AWARD - SALIVARY	
453 BOSTON, MA 02111-1526			TRANSCRIPTOMIC	
			ANALYSIS TO UNDERSTAND	
			SEX-DEPENDENT	82,500
MCLEAN HOSPITAL		PC	MAJOR GRANT -	, , , , , ,
P.O. BOX 414248			BRAIN/BEHAVIOR	
BOSTON, MA 02241-4248			MECHANISMS OF	
BOSION, MA 02241-4240			IRRITABILITY AND	
			SUICIDE IN CHILDREN	225,000
			SOICIDE IN CHILDREN	223,000
			+	
Total from continuation charts		1		802,500
Total from continuation sheets				002,300

Part XV | Supplementary Information

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF

SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN

WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY

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 - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL

XENOBIOTICS IN FOOD ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - DEFINING A

Part XV Supplementary Information

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

CILIA-LYSOSOME AXIS IN DEVELOPMENTAL SIGNALING AND CILIUM-BASED DISEASE

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS -

IDENTIFICATION OF THE EMBRYONIC LYMPHOID PROGENITORS OF NEONATAL IL-17

PRODUCING T CELLS

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - A MOBILE

APPLICATION TO ENGAGE FAMILIES OF HOSPITALIZED CHILDREN IN SAFETY

REPORTING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS -

ESTABLISHING THE C1Q-LIKE PROTEIN SIGNALING PATHWAY AS A NOVEL TARGET

FOR ADHD TREATMENTS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - GENETIC

ETIOLOGY STUDY OF NEUROENDOCRINE CELL HYPERPLASIA OF INFANCY (NEHI) ON

DISH

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - PROTECTIVE

ANTIBODIES IN IMMUNOTHERAPY FOR PEANUT ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - MECHANISM

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

OF CHIMERIC ANTIGEN RECEPTOR (CAR) SIGNALING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - BACK TO THE BASICS OF ANTI-FOLATE THERAPY

FOR IMPROVED CURE OF PEDIATRIC CANCER

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 MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

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 - MCLEAN HOSPITAL

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

CHILDREN AND ADOLESCENTS

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

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 - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL

XENOBIOTICS IN FOOD ALLERGY

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 MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

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 - MCLEAN HOSPITAL

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

CHILDREN AND ADOLESCENTS

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	URITIES S	STATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		
DIVIDEND INCOME INTEREST INCOME	1,289,682.		0. 1,289,68 0. 13,00		
TO PART I, LINE 4	1,302,685.		1,302,68	1,302,685.	
FORM 990-PF		OTHER I	NCOME	S	TATEMENT 4
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURNED GRANT FUND MISCELLANEOUS INCOM			175,535. 4,479.	0.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11	180,014.	0.	
FORM 990-PF		LEGAL	FEES		
			1 1115		STATEMENT 5
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	TATEMENT 5 (D) CHARITABLE PURPOSES
DESCRIPTION LEGAL EXPENSES		EXPENSES	(B) NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE
		EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES		EXPENSES PER BOOKS 28,703.	(B) NET INVEST- MENT INCOME 0	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 28,703.
LEGAL EXPENSES TO FM 990-PF, PG 1,	LN 16A	EXPENSES PER BOOKS 28,703.	(B) NET INVEST- MENT INCOME 0	(C) ADJUSTED NET INCOME (C) ADJUSTED	(D) CHARITABLE PURPOSES 28,703.
LEGAL EXPENSES TO FM 990-PF, PG 1, FORM 990-PF	LN 16A	EXPENSES PER BOOKS 28,703. 28,703. ACCOUNTING (A) EXPENSES	(B) NET INVEST- MENT INCOME 0 0 NG FEES (B) NET INVEST-	(C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 28,703. 28,703. STATEMENT 6 (D) CHARITABLE

FORM 990-PF	OTHER PROFES	SIONAL FEES	S'	FATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	31,525. 75,000.			15,763.
TO FORM 990-PF, PG 1, LN 160	106,525.	90,762.		15,763.
FORM 990-PF	TAX	ES	S'	ratement 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	36,521.	36,521.		0.
TO FORM 990-PF, PG 1, LN 18	36,521.	36,521.		0.
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 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	1,039. 5,670. 131,820.	0. 0. 0.		1,039. 5,669. 131,821.
ADMINISTRATIVE COSTS MARKETING HONORARIA SCIENTIFIC ADVISORS	7,404. 851. 21,238. 42,742.	0. 0. 0.		7,404. 851. 21,238. 42,742.
TO FORM 990-PF, PG 1, LN 23	210,764.	0.		210,764.

FORM 990-PF OTHER DECREASES	IN NET ASSETS OR F	UND BALANCES	STATEMENT	10
DESCRIPTION			AMOUNT	
LOSS ON INVESTMENT IN GPG HEALT LOSS ON INVESTMENT IN NEWBURY E LOSS ON INVESTMENT IN ACCOLADE LOSS ON RCP FUND XIV CAYMAN FEE	QUITY PARTNERS V L PARTNERS VIII, L.P	.P.	29,75 22,25 8,56 55,78	53. 69.
TOTAL TO FORM 990-PF, PART III,	LINE 5		116,3	58.
FORM 990-PF	CORPORATE STOCK		STATEMENT	11
DESCRIPTION		BOOK VALUE	FAIR MARKE'	Г
DOMESTIC EQUITIES FOREIGN SECURITIES		36,997,735. 14,983,000.	36,997,73 14,983,0	
TOTAL TO FORM 990-PF, PART II,	LINE 10B	51,980,735.	51,980,7	35.
FORM 990-PF	CORPORATE BONDS		STATEMENT	12
DESCRIPTION		BOOK VALUE	FAIR MARKE	T
FIXED INCOME		15,513,323.	15,513,3	23.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,513,323.	15,513,32	23.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	13
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	2,863,191. 602,701.	2,863,19	
TOTAL TO FORM 990-PF, PART II,	LINE 13	3,465,892.	3,465,85	92.
	:			

FORM 990-PF	OTHER ASSETS	STATEMENT 14	
DESCRIPTION	BEGINNING OF END OF YEAR ON YR BOOK VALUE BOOK VALUE		FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	1,307,000.	2,119,964.	2,119,964.
TO FORM 990-PF, PART II, LINE 15	1,307,000.	2,119,964.	2,119,964.



BOSTON, MA 02116

	OF CONTROLLED ENTITIES T VII-A, LINE 11		STATI	EMENT	15
NAME OF CONTROLLED ENTITY			EMPLOYI	ER ID N	10
CH INNOVATIONS LLC			04-3	507847	
ADDRESS	EXCESS BUSINESS H	OLDIN	G [] YES	[X] NO)
2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116					
	- LIST OF OFFICERS, DIRECTO S AND FOUNDATION MANAGERS	DRS	STATI	EMENT	16
NAME AND ADDRESS		EN- ON	EMPLOYEE BEN PLAN CONTRIB		
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASU	RER 0.	0.		0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND C	LERK 0.	0.		0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BRENDON BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
ELIZABETH HOOD 2 BOYLSTON STREET, 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 VIII	0.	0.	0.



FORM 990-PF	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 17
DESCRIPTION		AMOUNT
149 MEDICAL - : UNSECURED CONV	BOLTON, MA ERTIBLE PROMISSORY NOTE	150,000.
DESCRIPTION		AMOUNT
	LOGIES - BELMONT, MA ERTIBLE PROMISSORY NOTE	150,000.
TOTAL TO FORM	990-PF, PART IX-B, LINE 3	300,000.

Form **8868**

(Rev. January 2020)

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.

J	,		,			
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts	5
nust use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Гуре or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificatio	n number (TIN)
orint	CHARLES H. HOOD FOUNDATION				04-35	07847
ile by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.		01 33	0,01,
ling your eturn. See	2 BOYLSTON STREET, 4TH FLOO	OR				
nstructions.	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02116	oreign add	dress, see instructions.			
Inter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990		02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individual)			09
orm 990		04	Form 5227			10
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above) AAFCPAS	06	Form 8870			12
Teleph	books are in the care of \blacktriangleright 50 WASHINGTON shows No. \blacktriangleright $508-366 - 9100$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit \blacksquare . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole g	group, check this
	quest an automatic 6-month extension of time until			e the exem	ıpt organizat	ion return for
	organization named above. The extension is for the org $\underline{\underline{X}}$ calendar year $\underline{2020}$ or	anizations	s return for:			
▶L	tax year beginning	, an	nd ending		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	son: Initial return	Final retur	n	
	Change in accounting period	moon road		T III al Totali	•	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	28,289.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
esti	mated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	39,516.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 887	9-EO for payment
nstruction	ns.					

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

Form 8868 (Rev. 1-2020)

Form **990-PF**Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020 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.

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 **2019**One to Fulling Inspection

For calendar year 2019 or tax year beginning , and ending A Employer identification number Name of foundation 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 617-695-9439 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02116 **D** 1. Foreign organizations, check here **G** Check all that apply: Initial return Initial return of a former public charity 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 X Cash 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 ...▶ 66,826,889 . (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (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 1,628,228. 1,628,228 STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 304,760. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 26,098,024. 7 Capital gain net income (from Part IV, line 2) 304,760. 8 Net short-term capital gain 33,892. Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 55,413. STATEMENT 11 Other income 0. 1,988,401. 1,932,988. 33,892. 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 13,245. 0. 13,245. Expenses **16a** Legal fees **STMT** b Accounting fees STMT 6 25,651. 25,651. 0. 39,025. 159,454. 120,429. c Other professional fees STMT 7 17 Interest Taxes STMT 40,704. 40,704. 0. 18 Depreciation and depletion 19 20 Occupancy 15,965. 0. 15,965. 21 Travel, conferences, and meetings and 22 Printing and publications 23 Other expenses STMT 9 219,329. 219,329. 0. 24 Total operating and administrative 474,348. 161,133. 313,215. expenses. Add lines 13 through 23 2,125,000. 2,125,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,599,348 161,133. 2,438,215. Add lines 24 and 25 27 Subtract line 26 from line 12: -610,947 **a** Excess of revenue over expenses and disbursements 1,771,855. **b Net investment income** (if negative, enter -0-) 33,892. C Adjusted net income (if negative, enter -0-)

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Rook Volue		T year (a) Foir Morket Volus
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	30 COO EEO	E00 210	E02 210
		Savings and temporary cash investments	30,608,552.	502,310.	502,310.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	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			
şţ		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
⋖		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 11	18,679,652.	47,014,599.	
	C	Investments - corporate bonds STMT 12	7,042,568.	15,038,832.	15,038,832.
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans Investments - other STMT 13	1 000 100		
	13	Investments - other STMT 13	1,388,137.	2,964,148.	2,964,148.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation	1 055 000	1 200 000	1 200 000
		Other assets (describe \triangleright STATEMENT 14)	1,057,000.	1,307,000.	1,307,000.
	16	Total assets (to be completed by all filers - see the	FO 775 000	66 006 000	66 006 000
_		instructions. Also, see page 1, item I)	58,775,909.	66,826,889.	66,826,889.
		Accounts payable and accrued expenses			
		Grants payable			
ies		Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		Tatal liabilities (add lines 47 Abraugh 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	0.	· · · · · · · · · · · · · · · · · · ·	
"		and complete lines 24, 25, 29, and 30.			
nces	24	Net assets without donor restrictions			
lan		Net assets with donor restrictions			
Fund Bala	20	Foundations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 26 through 30.			
ρF	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.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	-524,846.	7,526,134.	
Ţ	29	Total net assets or fund balances	58,775,909.	66,826,889.	
Š				,,	
	30	Total liabilities and net assets/fund balances	58,775,909.	66,826,889.	
P	art	Analysis of Changes in Net Assets or Fund I	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	e 29		
		t agree with end-of-year figure reported on prior year's return)	1	58,775,909.	
2	Enter	amount from Part I, line 27a		-610,947.	
3	Othe	increases not included in line 2 (itemize) UNREALIZED	3	8,665,485.	
		ines 1, 2, and 3		66,830,447.	
		eases not included in line 2 (itemize)		ATEMENT 10 5	3,558.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	6	66,826,889.	

F	Part IV ∣ Capital Gains a	and Losses for Tax on In	vestmen	t Income					
		he kind(s) of property sold (for exar rehouse; or common stock, 200 shs		te,	(b) H P - D -	ow acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
18	a PUBLICLY TRADEI	SECURITIES							
_	b								
_	<u>c</u>								
_	<u>d</u>								
_	<u>e</u>	(f) Depreciation allowed	(a) Cos	st or other basis			(h) G	ain or (loss)	
	(e) Gross sales price	(or allowable)		expense of sale				s (f) minus (
_	a 26,098,024.		2	5,793,26	4.				304,760.
\exists	b								
_	c								
_	d								
_	Complete only for assets showing	g gain in column (h) and owned by t	he foundation	on 12/21/60	-		(I) Coino (C	Col (b) goin	minuo
_	Complete only for assets snowing	(j) Adjusted basis		cess of col. (i)		CC	l. (k), but	Col. (h) gain not less thai	1 -0-) or
	(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any		1	Losses	(from col. (h))
_{	a								304,760.
\exists	b								
_	c								
_	d								
_	e				_				
2	Capital gain net income or (net cap	oital loss) $ \begin{cases} If gain, also enter \\ If (loss), enter -0- \end{cases} $	in Part I, line	7	}	2			304,760.
		•		1	· 기	2			301,7000
3	Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c		u (b):		٦١				
	If (loss), enter -0- in Part I, line 8				الأ.	3		N/A	
F	Part V Qualification U	nder Section 4940(e) for	Reduced	l Tax on Net	Inve	estment In	come		
(F	or optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment in	ncome.	.)			
lf:	section 4940(d)(2) applies, leave th	is part blank.	1						
	,,,,,,				.:dO				Yes X No
	as the foundation liable for the secti "Yes," the foundation doesn't qualify				ilou?				Yes _A NO
1		ach column for each year; see the in			ntries.				
_	(a) Base period years	(b)			(c)			Dietrih	(d) ution ratio
	Calendar year (or tax year beginnin			Net value of no		table-use asset		(col. (b) div	ided by col. (c))
	2018	3,33	8,894.			600,55			.051685
_	2017	3,09	6,291.			466,67			.049567
_	2016		3,649.			828,769			.056091
_	2015		5,208. 7,969.			.131,79 .041,87			.045259
_	2014	2,00	1,909.		04,	,041,07.	, 	1	•043233
2	Total of line 1, column (d)						2		.251598
3	Average distribution ratio for the 5	-vear base period - divide the total c	on line 2 by 5.0	0, or by the numb	er of v	ears	·· -		12020
-	=	ce if less than 5 years			-		. 3		.050320
4	Enter the net value of noncharitable	e-use assets for 2019 from Part X, I	ine 5				4	6	1,785,075.
5	Multiply line 4 by line 3						5		3,109,025.
									15 510
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)					6		17,719.
_	Add lines E and C						_		3,126,744.
1	Add lines 5 and 6						7		J,14U,/44.
8	Enter qualifying distributions from	Part XII, line 4					8		2,688,215.
		line 7, check the box in Part VI, line					•	•	
	טטט נווט ו מוג עו וווטנו עלנוטווט.								

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948 - :	see inst	ructi	ons)
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)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1		35,	437.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	L	2			0.
3 Add lines 1 and 2	[3		35,	437.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	[4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	[5		35,	437.
6 Credits/Payments:	_				
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 74,95					
b Exempt foreign organizations - tax withheld at source 6b	0.				
c Tax paid with application for extension of time to file (Form 8868)	0.				
d Backup withholding erroneously withheld 6d	0.				
7 Total credits and payments. Add lines 6a through 6d		7		74,	<u>953.</u>
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 line 7, enter amount owed		9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		39,	516.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax > 39,516. Refunded		11			0.
Part VII-A Statements Regarding Activities				127 -	- 1
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter					s No
any political campaign?			1		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	defini	tion	1)	X
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.					V
c Did the foundation file Form 1120-POL for this year?			1	;	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	Λ				
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •					
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.			······		12
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporat	ion or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?					$\frac{11}{X}$
b If "Yes," has it filed a tax return on Form 990-T for this year?					+
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				_	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 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 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					
MA					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation			8	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) fo					
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10)	X

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 15	11	Х	
	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
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address TMFGRANTS.ORG/HOOD		100	
	The books are in care of ► AAFCPAS Telephone no. ► 508-36		100	
	Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		.,,,,▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country The variable of the country of the			
			Voo	Na
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	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? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			
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
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		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)):			
	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years \(\) ,			
	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		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? X Yes No If "Yes," did it have excess business holdings in 2019 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 2019.)	3b		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2019?	4b		Х

Port VII D Statements Departing Activities for Which I		Dogwing d / //	04-35076	4 /	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be I	Required (contin	ued)	- Var	N _a
5a During the year, did the foundation pay or incur any amount to:			- TZT	Yes	No.
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es LAL No		
(2) Influence the outcome of any specific public election (see section 4955); o			77		
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es LAL No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? See instructions		<u>X</u> Ye	es L No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?		Ye	es 🔼 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und					
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions			5b	X
Organizations relying on a current notice regarding disaster assistance, check I	here		▶Ш		
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?		<u>X</u> Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es X No		
${f b}$ 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.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	\$1,000,000 in remuneration o	r			
excess parachute payment(s) during the year?		Ye	es X No		
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	У		
r and 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	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allow	ances
SEE STATEMENT 16		0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(a) warne and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allow	ances
NONE			·		
	1				
	1				
	1				
	1				
Total number of other employees paid over \$50,000	1	1			0

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "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	131,104.
US TRUST	INVESTMENT CUSTODIAN	
225 FRANKLIN STREET, BOSTON, MA 02110	FEES	78,050.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 STINGRAY THERAPEUTICS - HOUSTON, TX		
SERIES SEED PREFERRED STOCK PURCHASE		
		250,000.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	250,000.

Form **990-PF** (2019)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 61,911,651. 1a 521,371. **b** Average of monthly cash balances 1b 292,942. c Fair market value of all other assets 1c 62,725,964. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. Acquisition indebtedness applicable to line 1 assets 2 62,725,964. Subtract line 2 from line 1d 3 3 940,889. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 61,785,075. 5 3,089,254. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) Minimum investment return from Part X, line 6 3,089,254. 35,437. Tax on investment income for 2019 from Part VI, line 5 2a Income tax for 2019. (This does not include the tax from Part VI.) 2b 35,437. Add lines 2a and 2b 2c 3.053.817. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 33,892. 4 3,087,709. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 3,087,709 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 2,438,215. 250,000. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 2,688,215. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 2,688,215. Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		, , , , , , , , , , , , , , , , , , ,		
line 7				3,087,709.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			2,512,466.	
b Total for prior years:			, , , , , , , , , , , , , , , , , , , ,	
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: \triangleright \$ 2,688,215.				
a Applied to 2018, but not more than line 2a			2,512,466.	
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 2019 distributable amount				175,749.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (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		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			0.	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				2,911,960.
be distributed in 2020				2,911,900.
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 2014	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	•			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XI\	Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the f	oundation has received a ruling o	r determination letter that	it is a private operating			
founda	tion, and the ruling is effective fo	r 2019, enter the date of t	he ruling			
b Check	box to indicate whether the found	lation is a private operatin	ng foundation described in	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter t	he lesser of the adjusted net	Tax year		Prior 3 years		
income	e from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investr	nent return from Part X for					
each v	ear listed					
	f line 2a					
	ing distributions from Part XII,					
-	for each year listed					
	nts included in line 2c not					
	irectly for active conduct of					
	t activities					
	ing distributions made directly					
•	ive conduct of exempt activities.					
	ct line 2d from line 2c					
3 Compl	ete 3a, b, or c for the			4		
alterna	tive test relied upon:					
	s" alternative test - enter:					
(1) Va	alue of all assets					
	alue of assets qualifying oder section 4942(j)(3)(B)(i)		4			
	vment" alternative test - enter					
	minimum investment return in Part X, line 6, for each year				•	
	ort" alternative test - enter:					
(1) To	otal support other than gross					
	vestment income (interest,					
	vidends, rents, payments on					
	curities loans (section I2(a)(5)), or royalties)					
	upport from general public					
an	ıd 5 or more exempt					
	ganizations as provided in ction 4942(j)(3)(B)(iii)					
	rgest amount of support from					
	exempt organization					
	ross investment income					
Part XV		rmation (Comple	te this part only	if the foundation	had \$5,000 or me	re in assets
TurtAt	at any time during t			ii tiio iouiidatioii	παα φο,σσο στ ππ	ore in addets
1 Inform	nation Regarding Foundatio		•			
	y managers of the foundation wh	=	than 2% of the total contr	ributions received by the t	foundation before the clos	se of any tax
	out only if they have contributed m					oo or arry tark
NONE						
b List an	y managers of the foundation wh			or an equally large portio	n of the ownership of a pa	artnership or
	entity) of which the foundation has	s a 10% of greater litteres	ol.			
NONE						
	nation Regarding Contributi			_		
	here Lifthe foundation o					ests for funds. If
	indation makes gifts, grants, etc.,	<u> </u>				
	me, address, and telephone num					
	ENE MANCUSI, PR				, CMANCUSI@	HRIA.ORG
2 BOYI	LSTON STREET, 4	TH FLOOR, B	OSTON, MA 0	2116		
	rm in which applications should b					
APPLI(CATION FORMS AV	AILABLE AT	WWW.TMFGRAN	TS.ORG/HOOD		
-	bmission deadlines:					
	LLY MARCH AND O					
d Any re	strictions or limitations on awards	s, such as by geographica	ıl areas, charitable fields,	kinds of institutions, or o	ther factors:	

923601 12-17-19 Form **990-PF** (2019)

RESTRICTED TO PEDIATRIC RESEARCH

04 - 3507847Form 990-PF (2019) CHARLES H. HOOD FOUNDATION Page 11 Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year YALE UNIVERSITY PC CHILD HEALTH RESEARCH PO BOX 1873 AWARD - MICROVASCULAR NEW HAVEN, CT 06508-1873 NETWORKS ON A CHIP TO INVESTIGATE HOW HYPERGLYCEMIA INDUCES 82,500. YALE UNIVERSITY PC CHILD HEALTH RESEARCH PO BOX 1873 AWARD - REAL-TIME NEW HAVEN, CT 06508-1873 PREDICTION AND INTERVENTION FOR IMPENDING ACUTE KIDNEY 82,500. MASSACHUSETTS EYE AND EAR CHILD HEALTH RESEARCH PC PO BOX 412356 AWARD - GENE THERAPY BOSTON, MA 02241-2356 FOR PERIPHERAL NERVE REPAIR 82,500. THE CHILDREN'S HOSPITAL CORPORATION CHILD HEALTH RESEARCH PC D/B/A BOSTON CHILDRENS HOSPITAL AWARD - SYSTEMATIC PO BOX 414413 DISCOVERY AND BOSTON, MA 02241-4413 CORRECTION OF SPLICING DEFECTS CAUSED BY 82,500. CHILD HEALTH RESEARCH MASSACHUSETTS INSTITUTE OF TECHNOLOGY PC 77 MASSACHUSETTS AVENUE, W98-300 AWARD - A CIRCULATORY CAMBRIDGE, MA 02139 SUPPORT DEVICE FOR CHILDREN WITH

				UNIVENTRICULAR HEARTS	82,500.
Total	SEE CON	TINUATION	SHEET(S)	► 3a	2,125,000.
b Approved for future payment					
YALE UNIVERSITY			PC	CHILD HEALTH RESEARCH	
PO BOX 1873				AWARD - MICROVASCULAR	
NEW HAVEN, CT 06508-1873				NETWORKS ON A CHIP TO	
				INVESTIGATE HOW	
				HYPERGLYCEMIA INDUCES	82,500.
YALE UNIVERSITY			PC	CHILD HEALTH RESEARCH	
PO BOX 1873				AWARD - REAL-TIME	
NEW HAVEN, CT 06508-1873				PREDICTION AND	
NEW HAVEN, CI 00300-1073				INTERVENTION FOR	
				IMPENDING ACUTE KIDNEY	82,500.
				IMPENDING ACUTE RIDNET	02,500.
MASSACHUSETTS EYE AND EAR			PC	CHILD HEALTH RESEARCH	
PO BOX 412356				AWARD - GENE THERAPY	
BOSTON, MA 02241-2356				FOR PERIPHERAL NERVE	
-				REPAIR	82,500.
Total	SEE CON	TINUATION	SHEET(S)	▶ 3b	825,000.

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
chief gross amounts unless otherwise mulcateu.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a	0000		0000		
h					
d					
<u> </u>					
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	1,628,228.	
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	304,760.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SETTLEMENT PROCEEDS					1,709.
b RETURNED GRANT FUNDS					33,892.
c NONDIVIDEND					
d DISTRIBUTIONS					19,774.
e MISCELLANEOUS INCOME					38.
12 Subtotal. Add columns (b), (d), and (e)		0.		1,932,988.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,988,401.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.										
lacktriangle	the foundation's exempt purposes (other than by providing funds for such purposes).									
11	SETTLEMENT PROCEEDS RECEIVED AS A CONSEQUENCE OF OWNING INVESTMENTS.									
11	EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.									
11	DISTRIBUTIONS FROM INVESTMENTS.									
11	MISCELLANEOUS NON-INVESTMENT INCOME									

Form **990-PF** (2019) 923621 12-17-19

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

1	Did the org	rganization directly or indirectly engage in any of the following with any other organization described in section 501(c)					
	(other than	n 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		
		assets	1a(2)		X		
b	Other trans						
	(1) Sales	of assets to a noncharitable exempt organization	1b(1)		X		
		ases of assets from a noncharitable exempt organization	1b(2)		X		
		l of facilities, equipment, or other assets	1b(3)		X		
	(4) Reimb	oursement arrangements	1b(4)		X		
	(5) Loans	s or loan guarantees	1b(5)		X		
		rmance of services or membership or fundraising solicitations	1b(6)		X		
		facilities, equipment, mailing lists, other assets, or paid employees	1c		X		
d		ver to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, or		ets,			
		s given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, s	now in				
/ - \	•) the value of the goods, other assets, or services received.					
(a)∟	ine no.	(b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and s	sharing arr	angeme	nts		
		N/A					
			-				
2a	Is the four	idation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described					
		501(c) (other than section 501(c)(3)) or in section 527?	Yes	X	No		
b		implete the following schedule.					
		(a) Name of organization (b) Type of organization (c) Description of relations	nip				
		N/A					
	Under and be	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge dief, 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 May return the preparer has any knowledge.	the IRS o	iscuss 1	this		
Sig	gn ere	· · · · · · · · · · · · · · · · · · ·	rn with the	See in:	er str.		
пе		<u> </u>	∐ Yes		□ No		
	Sign	ature of officer or trustee Date Title					
		Print/Type preparer's name Preparer's signature Date Check if PTIN					
Pa	id	self- employed) F 4 O	E 0 1			
			$\frac{0548}{5717}$				
	eparer se Only	Firm's name ► AAFCPAS, INC. Firm's EIN ► 04-25) / ፲ /	σU			
US	o Office	Firm's address ▶ 50 WASHINGTON STREET					
			56 O	1 0 0			
		WESTBOROUGH, MA 01581 Phone no. 508-36	<u> </u>	$T \cap \Omega$			

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.

BELOW
٠.

Results of Verification

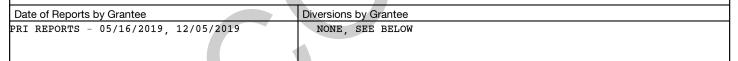
THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

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	188,265.	09/16/20

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.



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 - 02/14/2019, 05/01/2019,	NONE, SEE BELOW
08/14/2019, 04/16/2020	

Results of Verification

THE TRUSTEES MEET WITH NONIVASIX 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				
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 - 12/02/2019, 04/15/2020	NONE, SEE BELOW

Results of Verification

THE TRUSTEES MEET WITH ALDATU BIOSCIENCE, 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 - 02/14/2019, 05/01/2019,	NONE, SEE BELOW
08/14/2019, 04/16/2020	

Results of Verification

THE TRUSTEES MEET WITH NONIVASIX 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.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 02/11/2019, 04/18/2019,	NONE, SEE BELOW
08/16/2019, 04/16/2020	

Results of Verification

THE TRUSTEES MEET WITH THINKMD 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

THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND 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.

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Results of Verification

THE TRUSTEES MEET WITH PRAPELA 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	153,341.	10/05/20

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, TO TEST BLOOD BRAIN BARRIER PENETRATION, TO TEST WHETHER BLOOD BRAIN BARRIER PENETRATION IS EVEN NEEDED, AND IN PARALLEL, TO DO THE REGULATORY STUDIES REQUIRED TO FILE AN IND TO STUDY IN A PHASE 1-2 CLINICAL SETTING AND THE DRUG SUBSTANCE AND DRUG PRODUCT DEVELOPMENT AND MANUFACTURING REQUIRED FOR, AND TO BE USED SOLELY FOR THE PURPOSES OF, CLINICAL STUDY.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 07/18/2019, 01/19/2020,	NONE, SEE BELOW
10/05/2020	

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.

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual,	Farmalation	Down and of mark an	
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
YALE UNIVERSITY	or outstand continues	PC	CHILD HEALTH RESEARCH	
PO BOX 1873			AWARD - DEFINING A	
NEW HAVEN, CT 06508-1873			CILIA-LYSOSOME AXIS IN	
,			DEVELOPMENTAL	
			SIGNALING AND	82,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	CHILD HEALTH RESEARCH	,
77 MASSACHUSETTS AVENUE, 76-561A			AWARD - ELUCIDATING	
CAMBRIDGE, MA 02139			MECHANISMS UNDERLYING	
,			PHENOTYPIC VARIATION	
			IN CRANIOFACIAL	82,500
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	,
PO BOX 414876			AWARD -	
BOSTON, MA 02241-4876			CHARACTERIZATION OF	
,		4	OPA1 MEMBRANE	
			PHENOTYPES IN	82,500
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH RESEARCH	, , , , , ,
SCHOOL			AWARD - IDENTIFICATION	
55 LAKE AVENUE NORTH			OF THE EMBRYONIC	
WORCESTER, MA 01655			LYMPHOID PROGENITORS	
			OF NEONATAL IL-17	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	02,000
PO BOX 414413			AWARD - A MOBILE	
BOSTON, MA 02241-4413			APPLICATION TO ENGAGE	
			FAMILIES OF	
			HOSPITALIZED CHILDREN	82,500
UNIVERSITY OF CONNECTICUT		PC	CHILD HEALTH RESEARCH	,
438 WHITNEY RD EXT, UNIT 1133			AWARD - NEXT	
STORRS, CT 06269			GENERATION TARGETING	
,			OF ONCOMIRS FOR	
			PEDIATRIC GLIOMA	82,500
RHODE ISLAND HOSPITAL		PC	CHILD HEALTH RESEARCH	,
BOX 42, SUITE 1.300, 1 HOPPIN STREET			AWARD - EVALUATION OF	
PROVIDENCE, RI 02903-4141			POST-TUBERCULOSIS LUNG	
			FUNCTION IN	
			ADOLESCENTS	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	•
PO BOX 414413			AWARD - BACK TO THE	
BOSTON, MA 02241-4413			BASICS OF ANTI-FOLATE	
•			THERAPY FOR IMPROVED	
			CURE OF PEDIATRIC	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	,
PO BOX 1873			AWARD - NOVEL MRI	
NEW HAVEN, CT 06508-1873			MARKERS TO PREDICT	
•			MULTIPLE SCLEROSIS IN	
			CHILDREN AT RISK	82,500
TRUSTEES OF BOSTON UNIVERSITY		PC	CHILD HEALTH RESEARCH	,
PO BOX 28763			AWARD - PROBING	
NEW YORK, NY 10087-8763			PATHOMECHANISMS OF	
,			ENTEROVIRUS D68	
			INFECTION	82,500
Total from continuation sheets	1	ı	-	1,712,500

CHARLES H. HOOD FOUNDATION 04 - 3507847Part XV 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 any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient UNIVERSITY OF CONNECTICUT HEALTH CHILD HEALTH RESEARCH PC CENTER AWARD - ESTABLISHING 263 FARMINGTON AVENUE THE C1Q-LIKE PROTEIN FARMINGTON, CT 06030-5335 SIGNALING PATHWAY AS A NOVEL TARGET FOR ADHD 82,500. MASSACHUSETTS GENERAL HOSPITAL CHILD HEALTH RESEARCH PC PO BOX 414876 AWARD - GENETIC BOSTON, MA 02241-4876 ETIOLOGY STUDY OF NEUROENDOCRINE CELL HYPERPLASIA OF INFANCY 82,500. MASSACHUSETTS GENERAL HOSPITAL CHILD HEALTH RESEARCH PC AWARD - PROTECTIVE PO BOX 414876 BOSTON, MA 02241-4876 ANTIBODIES IN IMMUNOTHERAPY FOR PEANUT ALLERGY 82,500. PRESIDENT & FELLOWS OF HARVARD PC CHILD HEALTH RESEARCH AWARD - ROLE OF COLLEGE, HARVARD CHAN SCHOOL PUBLIC HEALTH APOPTOSIS IN CHILDHOOD PO BOX 415649 TRAUMATIC BRAIN BOSTON, MA 02241-5649 INJURIES: BLOCKING 82,500. YALE UNIVERSITY CHILD HEALTH RESEARCH PC AWARD - MECHANISM OF PO BOX 1873 NEW HAVEN, CT 06508-1873 CHIMERIC ANTIGEN RECEPTOR (CAR) SIGNALING 82,500. BRIGHAM AND WOMEN'S HOSPITAL PC MAJOR GRANT - THE 75 FRANCIS STREET EVOLUTION AND BOSTON, MA 02115 CONSEQUENCES OF PERINATAL ISCHEMIC BRAIN INJURY 125,000. BOSTON CHILDREN'S HOSPITAL MAJOR GRANT -HARNESSING THE LUNG PO BOX 414413 BOSTON, MA 02441 MICROENVIRONMENT TO FIGHT BRONCHOPULMONARY DYSPLASIA 125,000. MASSACHUSETTS GENERAL HOSPITAL PC MAJOR GRANT -INVISIBLE BRAIN INJURY PO BOX 414876 BOSTON, MA 02241-4876 AND THE ORIGIN OF INTRAVENTRICULAR 225,000. HEMORRHAGE IN

Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Approved for Future 1 1 1 1 1 1 1 1 1				
Recipient	If recipient is an individual,	1		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
,	or substantial contributor	recipient		
THE CHILDREN'S HOSPITAL CORPORATION		PC	CHILD HEALTH RESEARCH	
D/B/A BOSTON CHILDRENS HOSPITAL			AWARD - SYSTEMATIC	
PO BOX 414413			DISCOVERY AND	
BOSTON, MA 02241-4413			CORRECTION OF SPLICING	
			DEFECTS CAUSED BY	82,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	CHILD HEALTH RESEARCH	
77 MASSACHUSETTS AVENUE, W98-300			AWARD - A CIRCULATORY	
CAMBRIDGE, MA 02139			SUPPORT DEVICE FOR	
			CHILDREN WITH	
			UNIVENTRICULAR HEARTS	82,500
UNIVERSITY OF CONNECTICUT		PC	CHILD HEALTH RESEARCH	
438 WHITNEY RD EXT, UNIT 1133			AWARD - NEXT	
STORRS, CT 06269			GENERATION TARGETING	
			OF ONCOMIRS FOR	
			PEDIATRIC GLIOMA	82,500
RHODE ISLAND HOSPITAL		PC	CHILD HEALTH RESEARCH	
BOX 42, SUITE 1.300, 1 HOPPIN STREET			AWARD - EVALUATION OF	
PROVIDENCE, RI 02903-4141			POST-TUBERCULOSIS LUNG	
			FUNCTION IN	
			ADOLESCENTS	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
PO BOX 414413			AWARD - BACK TO THE	
BOSTON, MA 02241-4413			BASICS OF ANTI-FOLATE	
			THERAPY FOR IMPROVED	
			CURE OF PEDIATRIC	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
PO BOX 1873			AWARD - NOVEL MRI	
NEW HAVEN, CT 06508-1873			MARKERS TO PREDICT	
			MULTIPLE SCLEROSIS IN	
			CHILDREN AT RISK	82,500
TRUSTEES OF BOSTON UNIVERSITY		PC	CHILD HEALTH RESEARCH	•
PO BOX 28763			AWARD - PROBING	
NEW YORK, NY 10087-8763			PATHOMECHANISMS OF	
			ENTEROVIRUS D68	
			INFECTION	82,500
				-
Total from continuation sheets				577,500

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

NAME OF RECIPIENT - THE CHILDREN'S HOSPITAL CORPORATION D/B/A BOSTON

CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF

SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN

WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - DEFINING A CILIA-LYSOSOME AXIS IN

DEVELOPMENTAL SIGNALING AND CILIUM-BASED DISEASE

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - ELUCIDATING MECHANISMS UNDERLYING

PHENOTYPIC VARIATION IN CRANIOFACIAL DISORDERS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF OPA1 MEMBRANE

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

PHENOTYPES IN CHILDHOOD BLINDNESS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - IDENTIFICATION OF THE EMBRYONIC LYMPHOID

PROGENITORS OF NEONATAL IL-17 PRODUCING T CELLS

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - A MOBILE APPLICATION TO ENGAGE FAMILIES

OF HOSPITALIZED CHILDREN IN SAFETY REPORTING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - BACK TO THE BASICS OF ANTI-FOLATE THERAPY

FOR IMPROVED CURE OF PEDIATRIC CANCER

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - ESTABLISHING THE C1Q-LIKE PROTEIN

SIGNALING PATHWAY AS A NOVEL TARGET FOR ADHD TREATMENTS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - GENETIC ETIOLOGY STUDY OF NEUROENDOCRINE

CELL HYPERPLASIA OF INFANCY (NEHI) ON DISH

NAME OF RECIPIENT - PRESIDENT & FELLOWS OF HARVARD COLLEGE, HARVARD CHAN

SCHOOL PUBLIC HEALTH

Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
CHILD HEALTH RESEARCH AWARD - ROLE OF APOPTOSIS IN CHILDHOOD TRAUMATIC
BRAIN INJURIES: BLOCKING CELL DEATH TO IMPROVE OUTCOMES
NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL
MAJOR GRANT - INVISIBLE BRAIN INJURY AND THE ORIGIN OF INTRAVENTRICULAR
HEMORRHAGE IN PREMATURE INFANTS

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

NAME OF RECIPIENT - THE CHILDREN'S HOSPITAL CORPORATION D/B/A BOSTON

CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF

SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN

WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - BACK TO THE BASICS OF ANTI-FOLATE THERAPY

FOR IMPROVED CURE OF PEDIATRIC CANCER

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM S	SECURITIE:	S S'	TATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVEN	IUE NET	(B) INVEST- I INCOME		
DIVIDEND INCOME INTEREST INCOME	1,580,861. 47,367.		0. 1,580, 0. 47,				
TO PART I, LINE 4	1,628,228.		1,628,	228. 1,	628,228.		
FORM 990-PF		OTHER II	NCOME		S	TATEMENT	4
DESCRIPTION		1	(A) REVENUE PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTEI NET INCOI	
SETTLEMENT PROCEEDS RETURNED GRANT FUND NONDIVIDEND DISTRIE MISCELLANEOUS INCOM	OS BUTIONS	_	1,70 33,89 19,77 3	2.	0. 0. 0.		
TOTAL TO FORM 990-F	PF, PART I,	LINE 11	55,41	.3.	0.		
FORM 990-PF		LEGAL	FEES		S'.	TATEMENT	5
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	ST- AD	(C) JUSTED INCOME	(D) CHARITAI PURPOSI	
LEGAL EXPENSES		13,245.		0.		13,24	45.
TO FM 990-PF, PG 1,	 LN 16A	13,245.		0.		13,24	45.

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
ACCOUNTING & TAX PREPARATION FEES	25,651.	0.		25,65	51.
TO FORM 990-PF, PG 1, LN 16B	25,651.	0.		25,65	51.
FORM 990-PF 0	OTHER PROFES	SIONAL FEES	S	TATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT ADVISORY FEES - STATE STREET INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	6,404. 78,050. 75,000.	6,404. 39,025. 75,000.		39,02	0. 25. 0.
TO FORM 990-PF, PG 1, LN 16C	159,454.	120,429.		39,02	25.
FORM 990-PF	TAX	ES	S	TATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
FOREIGN TAXES	40,704.	40,704.			0.
TO FORM 990-PF, PG 1, LN 18	40,704.	40,704.			0.

	OTHER E.	XPENSES		STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FILING FEES	1,539.	0.		1,53	9.
MISCELLANEOUS EXPENSES	2,962.	0.		2,96	
HRIA ADMINISTRATIVE COSTS	131,104.	0.		131,10	
AWARDEE EVENTS	8,217.	0.		8,21	
PROGRAM RELATED INVESTMENT	•			•	
ADMINISTRATIVE COSTS	21,014.	0.		21,01	4.
MARKETING	4,688.	0.		4,68	
HONORARIA	17,384.	0.		17,38	34.
SCIENTIFIC ADVISORS	32,421.	0.		32,42	21.
TO FORM 990-PF, PG 1, LN 23	219,329.	0.		219,32	29.
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FUND E	BALANCES	STATEMENT	10
DESCRIPTION				AMOUNT	
DESCRIPTION	ALTHCARE OPP			AMOUNT	58.
DESCRIPTION LOSS ON INVESTMENT IN GPG HEA	ALTHCARE OPP	ORTUNITIES FUN		AMOUNT 3,55	58.
DESCRIPTION LOSS ON INVESTMENT IN GPG HEAT TOTAL TO FORM 990-PF, PART II	ALTHCARE OPP	ORTUNITIES FUN		AMOUNT 3,55 3,55	58.
DESCRIPTION LOSS ON INVESTMENT IN GPG HEAT TOTAL TO FORM 990-PF, PART I: FORM 990-PF DESCRIPTION	ALTHCARE OPP	ORTUNITIES FUN E STOCK	ID, LLC	AMOUNT 3,55 3,55 STATEMENT FAIR MARKET VALUE	11
DESCRIPTION LOSS ON INVESTMENT IN GPG HEAT TOTAL TO FORM 990-PF, PART IN FORM 990-PF	ALTHCARE OPP	ORTUNITIES FUN E STOCK BOO 33	ID, LLC	AMOUNT 3,55 3,55 STATEMENT FAIR MARKET	11

FORM 990-PF	CORPORATE BONDS		STATEMENT 12
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		15,038,832.	15,038,832.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,038,832.	15,038,832.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 13
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	2,671,206. 292,942.	2,671,206. 292,942.
TOTAL TO FORM 990-PF, PART II,	LINE 13	2,964,148.	2,964,148.
FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	1,057,000.	1,307,000.	1,307,000.
TO FORM 990-PF, PART II, LINE 1	1,057,000.	1,307,000.	1,307,000.

2 BOYLSTON STREET, 4TH FLOOR

BOSTON, MA 02116

	CONTROLLED ENTITI	ES 	STATI	EMENT 1
NAME OF CONTROLLED ENTITY			EMPLOY	ER ID NO
CH INNOVATIONS LLC			04-35	507847
ADDRESS	EXCESS BUSI	NESS HOLDING	G [] YES	[X] NO
2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116				
	IST OF OFFICERS, DENOTED IN MANAGEMENT OF THE PROPERTY OF THE		STATI	EMENT 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND 1	TREASURER 0.	0.	0
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT 1.00	AND CLERK 0.	0.	0
JEFFREY BOUTWELL, PHD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
BRENDON BULA	TRUSTEE	0	0	0

1.00

0. 0. 0.

CHARLES H. HOOD FOUNDATION			04-3	507847
ELIZABETH HOOD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.



Form **8868**

(Rev. January 2020)

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.

3	,		,			
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
nust use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Гуре or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification num	nber (TIN)
orint	CHARLES H. HOOD FOUNDATION		04-35078	47		
File by the due date for iling your eturn. See	ate for Number, street, and room or suite no. If a P.O. box, see instructions.					
nstructions.	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02116					
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individual)			09
orm 990	-PF	04	Form 5227			10
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above)	06	Form 8870			12
Teleph	books are in the care of \triangleright 50 WASHINGTON shows No. \triangleright 508-366-9100 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \triangleright	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group,	
	quest an automatic 6-month extension of time until			the exem	npt organization re	turn for
	organization named above. The extension is for the org X calendar year 2019 or	anization's	s return for:			
►l	tax year beginning	, an	d ending		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	check reas	on: Initial return	Final retur	n	
	☐ Change in accounting period					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	y refundable credits and			
esti	imated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
	If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO	for payment
nstructio	ns.		•			•

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

Form 8868 (Rev. 1-2020)