

**Return of Private Foundation**

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

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**2022**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or tax year beginning

, and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		A Employer identification number <b>04-3507847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2 BOYLSTON STREET, 4TH FLOOR</b>	Room/suite	B Telephone number <b>617-279-2230</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>66,678,123.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received .....	1,029,761.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	1,335,080.	1,335,080.		STATEMENT 1
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	612,940.			
	b Gross sales price for all assets on line 6a .....	3,183,933.			
	7 Capital gain net income (from Part IV, line 2) .....		612,940.		
	8 Net short-term capital gain .....				
	9 Income modifications .....			31,917.	
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	37,260.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11 .....	3,015,041.	1,948,020.	31,917.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....	30,210.	0.		30,210.
	b Accounting fees .....	26,003.	0.		26,003.
	c Other professional fees .....	103,585.	89,292.		14,293.
	17 Interest .....				
	18 Taxes .....	83,679.	25,400.		500.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....	23,125.	0.		23,125.
	22 Printing and publications .....				
	23 Other expenses .....	398,201.	0.		398,201.
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	664,803.	114,692.		492,332.
	25 Contributions, gifts, grants paid .....	2,662,000.			2,662,000.
26 Total expenses and disbursements. Add lines 24 and 25 .....	3,326,803.	114,692.		3,154,332.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-311,762.				
b Net investment income (if negative, enter -0-)		1,833,328.			
c Adjusted net income (if negative, enter -0-)			31,917.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	679,672.	383,193.	383,193.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 9 45,446,070.	34,837,751.	34,837,751.
	c Investments - corporate bonds	STMT 10 17,200,112.	13,292,160.	13,292,160.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 11 13,066,723.	14,795,058.	14,795,058.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 12)	2,569,964.	3,369,961.	3,369,961.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	78,962,541.	66,678,123.	66,678,123.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe )			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	26 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	19,661,786.	7,377,368.	
	29 Total net assets or fund balances	78,962,541.	66,678,123.	
30 Total liabilities and net assets/fund balances	78,962,541.	66,678,123.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	78,962,541.
2 Enter amount from Part I, line 27a	2	-311,762.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	78,650,779.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 8	5	11,972,656.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	66,678,123.

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	<b>PUBLICLY TRADED SECURITIES</b>			
b	<b>CAPITAL GAINS DIVIDENDS</b>			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	2,816,232.		2,570,993.	245,239.
b	367,701.			367,701.
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			245,239.
b			367,701.
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	612,940.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	25,483.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	25,483.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	25,483.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	47,510.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	47,510.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	22,027.
11	Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 22,027. <b>Refunded</b>	11	0.

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions.
8b 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?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of AAFCPAS, INC. Telephone no. 508-366-9100
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2022, 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?

**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
<b>1a</b> 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)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) .....	3b	X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? .....	4b	X

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	X	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		0.	0.	0.

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

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

**Total** number of other employees paid over \$50,000 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	199,378.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	75,000.
<b>Total</b> number of others receiving over \$50,000 for professional services .....		0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-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 INKSPACE IMAGING, INC. - PLEASANTON, CA CONVERTIBLE PROMISSORY NOTE	250,000.
2 DECK THERAPEUTICS, INC. - HUDSON, NY SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY	200,000.
All other program-related investments. See instructions.	
3	
SEE STATEMENT 15	349,997.
<b>Total.</b> Add lines 1 through 3 .....	799,997.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	55,574,961.
b	Average of monthly cash balances .....	1b	377,542.
c	Fair market value of all other assets (see instructions) .....	1c	12,208,432.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	68,160,935.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	68,160,935.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,022,414.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	67,138,521.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	3,356,926.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	3,356,926.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	25,483.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	25,483.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,331,443.
4	Recoveries of amounts treated as qualifying distributions .....	4	31,917.
5	Add lines 3 and 4 .....	5	3,363,360.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	3,363,360.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	3,154,332.
b	Program-related investments - total from Part VIII-B .....	1b	799,997.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	3,954,329.

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**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				3,363,360.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			3,892,877.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 3,954,329.				
a Applied to 2021, but not more than line 2a			3,892,877.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				61,452.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				3,301,908.
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 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling \_\_\_\_\_

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
<b>b</b> 85% (0.85) of line 2a _____					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed _____					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities _____					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets _____					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
<b>(3)</b> Largest amount of support from an exempt organization _____					
<b>(4)</b> Gross investment income _____					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**CHARLENE MANCUSI, DIRECTOR, HRIA, 617-695-9439, CMANCUSI@HRIA.ORG**  
**2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116**

**b** The form in which applications should be submitted and information and materials they should include:  
**APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD**

**c** Any submission deadlines:  
**ANNUALLY MARCH AND OCTOBER**

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

**Part XIV** Supplementary Information (continued)

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

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

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	1,335,080.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....					
8 Gain or (loss) from sales of assets other than inventory .....			18	612,940.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a RETURNED GRANT FUNDS					31,917.
b OTHER INVESTMENT INCOME					5,343.
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		1,948,020.	37,260.
13 Total. Add line 12, columns (b), (d), and (e) .....					13 1,985,280.

(See worksheet in line 13 instructions to verify calculations.)

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

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

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

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one entry with 'N/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)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one entry with '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 preparer has any knowledge. Signature of officer or trustee Date Title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 9	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC. 1173 MAIN STREET BOLTON, MA 01740		150,000.	04/17/20	150,000.	06/10/22
Purpose of Grant  TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORT - 2/17/2022, 4/6/2022, 6/10/2022, 8/25/2022, 9/22/2022, 8/16/2023		NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant  TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 6/14/2022, 12/1/2022, 5/26/2023, 6/12/2023			NONE, SEE BELOW		
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.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 10	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139		250,000.	12/21/20	250,000.	07/21/23
Purpose of Grant  TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORT 6/11/2022, 8/29/2022, 7/21/2023, 8/23/2023		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					



CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH LEBANON, NH 03766		250,000.	05/10/21	250,000.	08/23/23
Purpose of Grant  TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORT - 6/24/2022, 9/29/2022, 11/30/2022, 8/23/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 - 1/27/2022, 5/16/2022, 6/22/2022, 12/11/2022, 8/14/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 19	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		100,000.	11/15/22	100,000.	08/14/23
Purpose of Grant  TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 1/27/2022, 5/16/2022, 6/22/2022, 12/11/2022, 8/14/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 - 6/13/2022, 9/13/2022, 1/5/2023, 8/24/2023			NONE, SEE BELOW		
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					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 17	Grant Amount	Date of Grant	Amount Expended	Verification Date
DECK THERAPEUTICS, INC. 8 HARVARD LANE HASTINGS ON HUDSON, NY 10706		200,000.	10/12/22	51,666.	03/29/23
Purpose of Grant  TO SUPPORT THE DEVELOPMENT OF SEMI-SYNTHETIC OMEGA-3 COMPOUNDS THAT BLOCK MULTIPLE CELL-DEATH PATHWAYS INDUCED BY HYPOXIC-ISCHEMIC INJURY IN NEONATES.					
Date of Reports by Grantee PRI REPORTS - 10/2022, 3/29/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH DECK THERAPEUTICS, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 18	Grant Amount	Date of Grant	Amount Expended	Verification Date
INKSPACE IMAGING, INC. 5635 W LAS POSITAS BLVD, STE. 403/404 PLEASANTON, CA 94588		250,000.	10/20/22	64,848.	06/05/23
Purpose of Grant  TO SUPPORT THE DEVELOPMENT OF FLEXIBLE, LIGHTWEIGHT, LOW COST MRI COILS DESIGNED SPECIFICALLY FOR PEDIATRIC PATIENTS, WHILE ALSO IMPROVING IMAGE RESOLUTION AND REDUCING MRI FAILURE RATES.					
Date of Reports by Grantee PRI REPORT - 12/23/2022, 6/5/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH INKSPACE IMAGING, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORT - 2/10/2022, 8/26/2022, 12/19/2022, 7/3/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 14</b></p> <p>NICOLETTE, INC            100 W. BROADWAY, SUITE 3000            LONG BEACH, CA 90802</p>	200,000.	12/23/21	194,650.	07/26/23
<p>Purpose of Grant</p> <p>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.</p>				
<p>Date of Reports by Grantee</p> <p>PRI REPORT - 1/3/2022, 5/2/2022, 7/26/2023</p>		<p>Diversions by Grantee</p> <p>NONE, SEE BELOW</p>		
<p>Results of Verification</p> <p>THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY</p>				



CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	12/30/15	150,000.	12/15/17
Purpose of Grant  TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS -4/28/2023, 5/25/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		7,000.	07/27/17	7,000.	12/15/17
Purpose of Grant  TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.					
Date of Reports by Grantee PRI REPORTS - 4/28/2023, 5/25/2023		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORT - 4/28/2023, 5/25/2023		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 16</b></p> <p>NOVONATE, INC.            395 OYSTER POINT BLVD, SUITE 501            SOUTH SAN FRANCISCO, CA 94080</p>	150,000.	08/03/22	123,600.	07/27/23
<p>Purpose of Grant</p> <p>TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC BY DEVELOPING MEDICAL DEVICES FOR PATIENTS IN THE NEONATAL INTENSIVE CARE UNIT.</p>				
<p>Date of Reports by Grantee</p> <p>PRI REPORT - 8/9/2022, 8/12/2022, 7/25/2023, 7/27/2023</p>		<p>Diversions by Grantee</p> <p>NONE, SEE BELOW</p>		
<p>Results of Verification</p> <p>THE TRUSTEES MEET WITH NOVONATE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY</p>				

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 5/6/2022, 3/1/2023, 6/22/2023, 7/10/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 15	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC. 150 CHESTNUT STREET, SUITE C PROVIDENCE, RI 02903		99,997.	07/25/22	99,997.	05/30/23
Purpose of Grant  TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORT - 8/30/2022, 2/15/2023, 5/30/2023		NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 2/17/22, 5/11/22, 9/30/2022, 3/2/2023, 5/25/2023, 6/29/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 6	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC. 166 MAIN STREET BURLINGTON, VT 05401		150,000.	05/17/18	150,000.	02/11/19
Purpose of Grant  FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORTS - 5/4/22, 7/31/22, 11/15/22, 2/20/23, 5/16/23, 6/2/23, 7/5/23		NONE, SEE BELOW			
Results of Verification					
THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					



**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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

**Part XIV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF AIRWAY NEURONS IN CHILDHOOD ASTHMA	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF	82,500.
YALE SCHOOL OF MEDICINE PO BOX 208239 NEW HAVEN, CT 06520-8239		PC	CHILD HEALTH RESEARCH AWARD - NEURAL MARKERS OF CHRONIC, PERSISTENT PEDIATRIC IRRITABILITY	82,500.
BRIGHAM AND WOMEN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT SUBPOPULATIONS ENABLING NEURON-GLIOMA	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO DISCOVER NOVEL	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING FINGER PROTEIN 3 IN CHILDREN WITH	40,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 1295 BOYLSTON STREET, 4TH FL. BOSTON, MA 02215-5724		PC	CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR PERSONALIZED URINARY	40,000.
BROWN UNIVERSITY CASHIER OFFICE, BOX 1997, 69 BROWN STREET, 2ND FLOOR PROVIDENCE, RI 02912		PC	CHILD HEALTH RESEARCH AWARD - DEVELOPMENT OF A HIGH EFFICACY NON-CAPSID NOROVIRUS VACCINE	40,000.
HARVARD MEDICAL SCHOOL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD VIRAL INFECTION AND ASTHMA	40,000.
WORCESTER POLYTECHNIC INSTITUTE C/O TD BANK, 370 MAIN ST WORCESTER, MA 01608		PC	CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN CILIA ASSEMBLY AND	40,000.
<b>Total from continuation sheets</b>				<b>652,500.</b>



**Part XIV** Supplementary Information

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO PREVENT AND REDUCE THE BURDEN OF MENTAL ILLNESS IN HIGH-RISK, UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

**Part XIV** Supplementary Information

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

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL  
DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO  
DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING  
FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR  
PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD  
VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN  
CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS

NAME OF RECIPIENT - YALE UNIVERSITY

223655 04-01-22

**Part XIV** Supplementary Information

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

CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING DEVELOPMENTAL MAPPING AND MACHINE LEARNING

NAME OF RECIPIENT - RHODE ISLAND HOSPITAL

SUPPLEMENTAL FUNDING ASSISTANCE DUE TO COVID IMPACTS, FOR PRIOR CHILD HEALTH RESEARCH AWARD - EVALUATION OF POST-TUBERCULOSIS LUNG FUNCTION IN ADOLESCENTS



**Part XIV** Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHARLES AWARD [CHARLES H. HOOD ALUMNI RECOGNITION FOR LEADERSHIP,  
EXCELLENCE AND SERVICE] - PRESENTED TO DR. ISAAC KOHANE, MD, PHD AT  
FOUNDATION'S 85TH ANNIVERSARY EVENT

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN  
INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND  
POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE  
THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL  
DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT  
SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO  
DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING  
FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

223651 04-01-22



**Part XIV** Supplementary Information

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

CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR  
PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

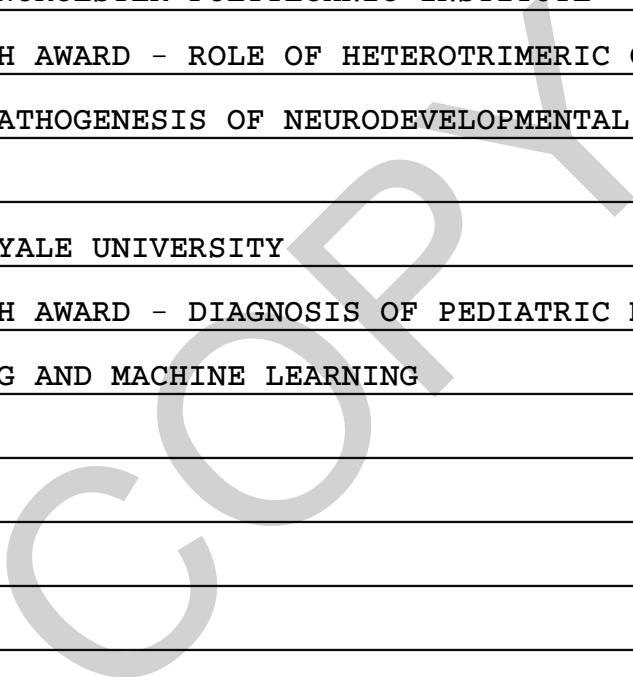
CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD  
VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN  
CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING  
DEVELOPMENTAL MAPPING AND MACHINE LEARNING



FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
DIVIDEND INCOME	1,702,748.	367,701.	1,335,047.	1,335,047.		
INTEREST INCOME	33.	0.	33.	33.		
TO PART I, LINE 4	1,702,781.	367,701.	1,335,080.	1,335,080.		

FORM 990-PF	OTHER INCOME			STATEMENT	2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
RETURNED GRANT FUNDS	31,917.	0.			
OTHER INVESTMENT INCOME	5,343.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	37,260.	0.			

FORM 990-PF	LEGAL FEES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL EXPENSES	30,210.	0.		30,210.		
TO FM 990-PF, PG 1, LN 16A	30,210.	0.		30,210.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING & TAX PREPARATION FEES	26,003.	0.		26,003.		
TO FORM 990-PF, PG 1, LN 16B	26,003.	0.		26,003.		

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES - US TRUST	28,585.	14,292.		14,293.	
INVESTMENT CONSULTING	75,000.	75,000.		0.	
TO FORM 990-PF, PG 1, LN 16C	103,585.	89,292.		14,293.	

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES FOR 2022	57,779.	0.		0.	
MA FORM PC FILING FEE FOR 2021	500.	0.		500.	
FOREIGN TAXES	25,400.	25,400.		0.	
TO FORM 990-PF, PG 1, LN 18	83,679.	25,400.		500.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEES	539.	0.		539.	
MISCELLANEOUS EXPENSES	3,968.	0.		3,968.	
HRIA ADMINISTRATIVE COSTS	199,378.	0.		199,378.	
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	18,132.	0.		18,132.	
MARKETING	14,214.	0.		14,214.	
HONORARIA	13,025.	0.		13,025.	
SCIENTIFIC ADVISORS	35,190.	0.		35,190.	
EVENT EXPENSE	112,808.	0.		112,808.	
OFFICERS' INSURANCE	947.	0.		947.	
TO FORM 990-PF, PG 1, LN 23	398,201.	0.		398,201.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES		11,863,391.	
LOSS ON ALTERNATIVE INVESTMENTS		109,265.	
TOTAL TO FORM 990-PF, PART III, LINE 5		11,972,656.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES		25,060,411.	25,060,411.
FOREIGN SECURITIES		9,777,340.	9,777,340.
TOTAL TO FORM 990-PF, PART II, LINE 10B		34,837,751.	34,837,751.

FORM 990-PF	CORPORATE BONDS	STATEMENT	10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		13,292,160.	13,292,160.
TOTAL TO FORM 990-PF, PART II, LINE 10C		13,292,160.	13,292,160.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11	
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE		FMV	2,586,626.	2,586,626.
ALTERNATIVE INVESTMENTS		FMV	12,208,432.	12,208,432.
TOTAL TO FORM 990-PF, PART II, LINE 13			14,795,058.	14,795,058.

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

COPY

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

NAME OF CONTROLLED ENTITY EMPLOYER ID NO

CH INNOVATIONS LLC 04-3507847

ADDRESS EXCESS BUSINESS HOLDING [ ] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR  
 BOSTON, MA 02116

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND CLERK 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 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
ELIZABETH HOOD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.

CLAY SMILEY  
2 BOYLSTON STREET, 4TH FLOOR  
BOSTON, MA 02116

TRUSTEE  
1.00

0.      0.      0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

0.      0.      0.

COPY

FORM 990-PF	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 15
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DESCRIPTION	AMOUNT
SMOLTAP - PROVIDENCE, RI SERIES SEED PREFERRED STOCK INVESTMENT	99,997.

DESCRIPTION	AMOUNT
NOVONATE - SOUTH SAN FRANCISCO, CA SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY	150,000.

DESCRIPTION	AMOUNT
BIOROSA TECHNOLOGIES - BELMONT, MA UNSECURED CONVERTIBLE PROMISSORY NOTE	100,000.

TOTAL TO FORM 990-PF, PART VIII-B, LINE 3	349,997.
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UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2023**

Name <b>CHARLES H. HOOD FOUNDATION</b>	Employer Identification Number <b>04-3507847</b>
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Based on the information provided with this return, the following are possible carryover amounts to next year.

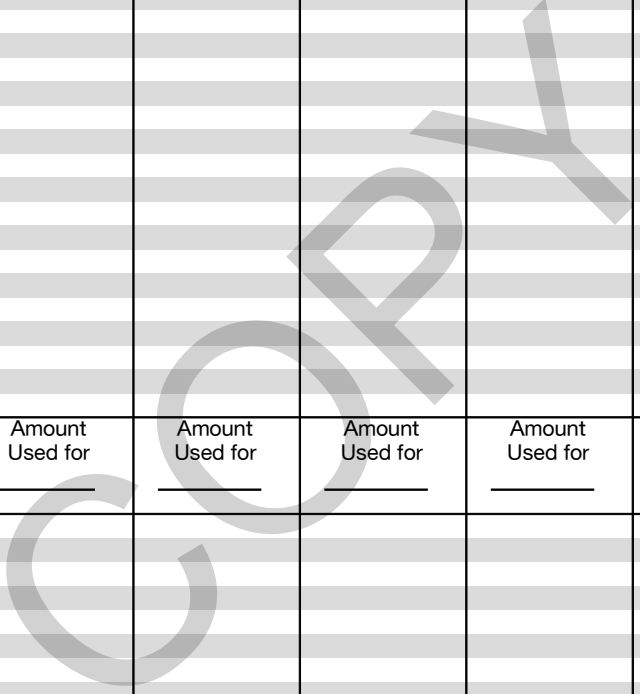
<b>FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN LIMITED</b>	<b>115,388.</b>
<b>FEDERAL CONTRIBUTION - 50% CASH</b>	<b>87.</b>
<b>MA NET OPERATING LOSS</b>	<b>115,388.</b>

COPY





Type and Entity: NOL MA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	10,850.										
B	2021	80,625.										
C	2022	23,913.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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Q												
R												
S												
T												
U												
V												
W												



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>CHARLES H. HOOD FOUNDATION</b>	Taxpayer identification number (TIN)  <b>04-3507847</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 BOYLSTON STREET, 4TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**AAFCPAS, INC.**

• The books are in the care of ▶ **50 WASHINGTON STREET - WESTBOROUGH, MA 01581**

Telephone No. ▶ **508-366-9100**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this 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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.

**Return of Private Foundation**

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

**2021**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2021 or tax year beginning , and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		A Employer identification number <b>04-3507847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2 BOYLSTON STREET, 4TH FLOOR</b>	Room/suite	B Telephone number <b>617-279-2230</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>78,962,541.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	1,409,322.	1,409,322.		STATEMENT 3
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	5,213,285.			
	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 .....				
	9 Income modifications .....			1,021.	
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	73,725.	72,704.		STATEMENT 4	
12 <b>Total.</b> Add lines 1 through 11 .....	6,696,332.	6,695,311.	1,021.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....	6,919.	0.		6,919.
	b Accounting fees .....	20,722.	0.		20,722.
	c Other professional fees .....	110,918.	92,959.		17,959.
	17 Interest .....				
	18 Taxes .....	123,306.	52,006.		0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....	6,671.	0.		6,671.
	22 Printing and publications .....				
	23 Other expenses .....	259,460.	0.		259,460.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	527,996.	144,965.		311,731.
	25 Contributions, gifts, grants paid .....	2,365,000.			2,365,000.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	2,892,996.	144,965.		2,676,731.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	3,803,336.				
b <b>Net investment income</b> (if negative, enter -0-)		6,550,346.			
c <b>Adjusted net income</b> (if negative, enter -0-)			1,021.		

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	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			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	51,980,735.	45,446,070.	45,446,070.
	c Investments - corporate bonds STMT 11	15,513,323.	17,200,112.	17,200,112.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 12	3,465,892.	13,066,723.	13,066,723.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 13)	2,119,964.	2,569,964.	2,569,964.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	73,468,723.	78,962,541.	78,962,541.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe )			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	26 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	14,167,968.	19,661,786.	
	29 Total net assets or fund balances	73,468,723.	78,962,541.	
30 Total liabilities and net assets/fund balances	73,468,723.	78,962,541.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	73,468,723.
2 Enter amount from Part I, line 27a	2	3,803,336.
3 Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	1,690,482.
4 Add lines 1, 2, and 3	4	78,962,541.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	78,962,541.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 17,741,571.		12,528,286.	5,213,285.	
b				
c				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			5,213,285.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }		2 5,213,285.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3 N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	91,050.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....		2	0.
3 Add lines 1 and 2 .....		3	91,050.
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	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.		
c Tax paid with application for extension of time to file (Form 8868) .....	6c 9,234.		
d Backup withholding erroneously withheld .....	6d 0.		
7 Total credits and payments. Add lines 6a through 6d .....		7	90,454.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....		8	439.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed .....		9	1,035.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....		10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	



Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b 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?
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?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of AAFCPAS Telephone no. 508-366-9100 Located at 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 01581
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 N/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, 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-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
<b>1a</b> 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)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(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? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> 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)):		
<b>a</b> 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	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

Form 990-PF (2021)

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	X	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		0.	0.	0.

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

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

Total number of other employees paid over \$50,000 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	186,560.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	75,000.

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-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 ARGUS COGNITIVE, INC. - LEBANON, NH CONVERTIBLE PROMISSORY NOTE	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.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	70,817,897.
b	Average of monthly cash balances .....	1b	699,726.
c	Fair market value of all other assets (see instructions) .....	1c	10,171,342.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	81,688,965.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....		1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	81,688,965.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,225,334.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	80,463,631.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	4,023,182.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	4,023,182.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	91,050.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	91,050.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,932,132.
4	Recoveries of amounts treated as qualifying distributions .....	4	1,021.
5	Add lines 3 and 4 .....	5	3,933,153.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	3,933,153.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	2,676,731.
b	Program-related investments - total from Part VIII-B .....	1b	450,000.
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:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	3,126,731.

Form 990-PF (2021)

**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: ▶ \$ 3,126,731.				
a Applied to 2020, but not more than line 2a			3,086,455.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				40,276.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				3,892,877.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling

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

Table with 5 columns: (a) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

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

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: CHARLENE MANCUSI, DIRECTOR, HRIA, 617-695-9439, CMANCUSI@HRIA.ORG 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116

b The form in which applications should be submitted and information and materials they should include: APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

c Any submission deadlines: ANNUALLY MARCH AND OCTOBER

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

**Part XIV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS AND MACROPHAGE ACTIVATION	82,500.
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET	82,500.
BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118		PC	MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO PREVENT AND REDUCE THE BURDEN OF MENTAL	225,000.
BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 02118?2908		PC	CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH ADHD: THE ROLE OF	82,500.
CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHICAGO, IL 60602		PC	GRANT FUNDS APPLIED TO PEDIATRIC REPURPOSING PROJECTS	100,000.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ► 3a				2,365,000.
<b>b Approved for future payment</b>				
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET	82,500.
BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118		PC	MAJOR GRANT - BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO PREVENT AND REDUCE THE BURDEN OF MENTAL	225,000.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BP437 BOSTON, MA 02215-5450		PC	CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION FOR CHILDREN WITH	82,500.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ► 3b				1,050,000.



Part XV-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (including RETURNED GRANT FUNDS), 12 Subtotal, and 13 Total.

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes. Row 11: EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.



CHARLES H. HOOD FOUNDATION 04-3507847  
**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 - 2/18/2021, 11/18/2021, 4/28/2022, 5/5/2022		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 6/13/2022, 9/13/2022			NONE, SEE BELOW		
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					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 4/28/2022, 5/5/2022		NONE, SEE BELOW			
Results of Verification					
THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 6/14/2022			NONE, SEE BELOW		
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.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 4/28/2022, 5/5/2022			NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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
<b>Purpose of Grant</b>  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.					
<b>Date of Reports by Grantee</b>		<b>Diversions by Grantee</b>			
PRI REPORTS - 2/18/2021, 5/17/2021, 9/1/2021, 12/15/2021, 12/22/2021, 5/4/20		NONE, SEE BELOW			
<b>Results of Verification</b>					
THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					



CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 6/2/2021, 5/6/2022			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 1/22/2021, 4/15/2021, 5/18/2021, 7/15/2021, 2/17/2022, 5/11/20			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 8/31/2021, 9/23/2021, 6/10/2022		NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PREMATUREITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORT - 5/24/2021, 7/25/2021, 11/14/2021, 6/11/2022		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 - 2/4/2021, 6/17/2021, 12/9/2021, 1/27/2022, 5/16/2022, 6/22/202			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<b>NO. 12</b>  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 PRI REPORT - 5/18/2021, 8/25/2021, 2/10/2022, 8/26/2022		Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 COURT 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 BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORT - 1/3/2022, 5/2/2022			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					



**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BP437 BOSTON, MA 02215-5450		PC	CHILD HEALTH RESEARCH AWARD - PRECISION MEDICINE FOR PEDIATRIC ACUTE LEUKEMIA	82,500.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BP437 BOSTON, MA 02215-5450		PC	CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION FOR CHILDREN WITH	82,500.
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE LEBANON, NH 03756		PC	CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD CHEMOTHERAPY FOR CHILDHOOD ACUTE	82,500.
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 02241?5649		PC	CHILD HEALTH RESEARCH AWARD - DECODING HOW HOST-MICROBIOME COMMUNICATION IMPACTS CHILDHOOD OBESITY	82,500.
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 02241?5649		PC	CHILD HEALTH RESEARCH AWARD - MATURATION OF THE UTERUS DURING PUBERTY	82,500.
HEALTH RESOURCES IN ACTION 2 BOYLSTON STREET BOSTON, MA 02116		PC	GRANT FUNDS TO BE HELD IN ESCROW FOR FUTURE DISTRIBUTION	165,000.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - MEDS2: MEDICATION EDUCATION FOR DOSING SAFETY	82,500.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS AS CILIARY MECHANOTRANSDUCERS IN	82,500.
MCLEAN HOSPITAL P.O. BOX 414248 BOSTON, MA 02241-4248		PC	MAJOR GRANT - BRAIN/BEHAVIOR MECHANISMS OF IRRITABILITY AND SUICIDE IN CHILDREN	225,000.
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, TUFTS MC BOX 453 BOSTON, MA 02111-1526		PC	CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO UNDERSTAND SEX-DEPENDENT	82,500.
<b>Total from continuation sheets</b>				<b>1,792,500.</b>

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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

**Part XIV Supplementary Information**

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE LEBANON, NH 03756		PC	CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD CHEMOTHERAPY FOR CHILDHOOD ACUTE	82,500.
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 0224175649		PC	CHILD HEALTH RESEARCH AWARD - DECODING HOW HOST-MICROBIOME COMMUNICATION IMPACTS CHILDHOOD OBESITY	82,500.
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 0224175649		PC	CHILD HEALTH RESEARCH AWARD - MATURATION OF THE UTERUS DURING PUBERTY	82,500.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS AS CILIARY MECHANOTRANSDUCCERS IN	82,500.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF PROALLERGIC T FOLLICULAR HELPER	82,500.
YALE SCHOOL OF MEDICINE P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - DYSREGULATED RNA MODIFICATIONS IN THE CONTEXT OF HUMAN DEVELOPMENT	82,500.
YALE SCHOOL OF MEDICINE P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - IDENTIFYING THE CELL OF ORIGIN IN INTESTINAL CYSTIC FIBROSIS DISEASE	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR SEVERE AND EARLY ONSET	82,500.
<b>Total from continuation sheets</b>				<b>660,000.</b>

**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

**Part XIV** Supplementary Information

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

**Part XIV** Supplementary Information

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

Lined area for supplementary information.

COPY

FORM 990-PF		DIVIDENDS AND INTEREST FROM SECURITIES			STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
DIVIDEND INCOME	1,409,321.	0.	1,409,321.	1,409,321.		
INTEREST INCOME	1.	0.	1.	1.		
TO PART I, LINE 4	1,409,322.	0.	1,409,322.	1,409,322.		

FORM 990-PF		OTHER INCOME		STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
INCOME FROM ALTERNATIVE INVESTMENTS	72,704.	72,704.			
RETURNED GRANT FUNDS	1,021.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	73,725.	72,704.			

FORM 990-PF		LEGAL FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL EXPENSES	6,919.	0.		6,919.	
TO FM 990-PF, PG 1, LN 16A	6,919.	0.		6,919.	

FORM 990-PF		ACCOUNTING FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING & TAX PREPARATION FEES	20,722.	0.		20,722.	
TO FORM 990-PF, PG 1, LN 16B	20,722.	0.		20,722.	



FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST	35,918.	17,959.		17,959.
INVESTMENT CONSULTING	75,000.	75,000.		0.
TO FORM 990-PF, PG 1, LN 16C	110,918.	92,959.		17,959.

FORM 990-PF	TAXES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOR 2021	70,000.	0.		0.
FEDERAL TAX ESTIMATE FOR 2020 990T	500.	0.		0.
STATE TAX ESTIMATE FOR 2020 M990-T	300.	0.		0.
MA FORM PC FEE FOR 2020	500.	0.		0.
FOREIGN TAXES	52,006.	52,006.		0.
TO FORM 990-PF, PG 1, LN 18	123,306.	52,006.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	539.	0.		539.
MISCELLANEOUS EXPENSES	3,361.	0.		3,361.
HRIA ADMINISTRATIVE COSTS	186,560.	0.		186,560.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	12,038.	0.		12,038.
MARKETING	4,745.	0.		4,745.
HONORARIA	19,475.	0.		19,475.
SCIENTIFIC ADVISORS	32,742.	0.		32,742.
TO FORM 990-PF, PG 1, LN 23	259,460.	0.		259,460.

FORM 990-PF	CORPORATE STOCK	STATEMENT 10	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES		32,119,882.	32,119,882.
FOREIGN SECURITIES		13,326,188.	13,326,188.
TOTAL TO FORM 990-PF, PART II, LINE 10B		45,446,070.	45,446,070.

FORM 990-PF	CORPORATE BONDS	STATEMENT 11	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		17,200,112.	17,200,112.
TOTAL TO FORM 990-PF, PART II, LINE 10C		17,200,112.	17,200,112.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 12	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE	FMV	2,858,596.	2,858,596.
ALTERNATIVE INVESTMENTS	FMV	10,208,127.	10,208,127.
TOTAL TO FORM 990-PF, PART II, LINE 13		13,066,723.	13,066,723.

FORM 990-PF	OTHER ASSETS	STATEMENT 13	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	2,119,964.	2,569,964.	2,569,964.
TO FORM 990-PF, PART II, LINE 15	2,119,964.	2,569,964.	2,569,964.

FORM 990-PF SCHEDULE OF CONTROLLED ENTITIES STATEMENT 14  
 PART VI-A, LINE 11

NAME OF CONTROLLED ENTITY EMPLOYER ID NO  
 CH INNOVATIONS LLC 04-3507847

ADDRESS EXCESS BUSINESS HOLDING [ ] YES [X] NO  
 2 BOYLSTON STREET, 4TH FLOOR  
 BOSTON, MA 02116

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND CLERK 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 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
ELIZABETH HOOD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.

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.

COPY

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CHARLES H. HOOD FOUNDATION</b>	Taxpayer identification number (TIN) <b>04-3507847</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 BOYLSTON STREET, 4TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**AAFCPAS**

• 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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>90,454.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>81,220.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>9,234.</b>

**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.

**Return of Private Foundation**

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

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

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning

, and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		A Employer identification number <b>04-3507847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2 BOYLSTON STREET, 4TH FLOOR</b>	Room/suite	B Telephone number <b>617-695-9439</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>73,468,723.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		1,302,685.	1,302,685.		STATEMENT 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		860,251.			
b Gross sales price for all assets on line 6a <b>5,970,212.</b>					
7 Capital gain net income (from Part IV, line 2)			860,251.		
8 Net short-term capital gain					
9 Income modifications				175,535.	
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		180,014.	0.		STATEMENT 4
12 Total. Add lines 1 through 11		2,342,950.	2,162,936.	175,535.	
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees <b>STMT 5</b>		28,703.	0.		28,703.
b Accounting fees <b>STMT 6</b>		16,253.	0.		16,253.
c Other professional fees <b>STMT 7</b>		106,525.	90,762.		15,763.
17 Interest					
18 Taxes <b>STMT 8</b>		36,521.	36,521.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		4,456.	0.		4,456.
22 Printing and publications					
23 Other expenses <b>STMT 9</b>		210,764.	0.		210,764.
24 Total operating and administrative expenses. Add lines 13 through 23		403,222.	127,283.		275,939.
25 Contributions, gifts, grants paid		2,059,212.			2,059,212.
26 Total expenses and disbursements. Add lines 24 and 25		2,462,434.	127,283.		2,335,151.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-119,484.			
b Net investment income (if negative, enter -0-)			2,035,653.		
c Adjusted net income (if negative, enter -0-)				175,535.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing					
	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					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock	STMT 11	47,014,599.	51,980,735.	51,980,735.	
	c	Investments - corporate bonds	STMT 12	15,038,832.	15,513,323.	15,513,323.	
	11	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.		
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		66,826,889.	73,468,723.	73,468,723.		
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
23	<b>Total liabilities</b> (add lines 17 through 22)		0.	0.			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here		<input type="checkbox"/>				
	and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions					
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here		<input checked="" type="checkbox"/>				
	and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds		59,300,755.	59,300,755.		
	27	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.		
28	Retained earnings, accumulated income, endowment, or other funds		7,526,134.	14,167,968.			
29	<b>Total net assets or fund balances</b>		66,826,889.	73,468,723.			
30	<b>Total liabilities and net assets/fund balances</b>		66,826,889.	73,468,723.			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	66,826,889.
2	Enter amount from Part I, line 27a	2	-119,484.
3	Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	6,877,676.
4	Add lines 1, 2, and 3	4	73,585,081.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 10	5	116,358.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	73,468,723.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 5,970,212.		5,109,961.	860,251.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			860,251.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	<b>2</b>	860,251.
<b>3</b> 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 .....	<b>3</b>	N/A

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

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Reserved .....	<b>3</b>	
<b>4</b> Reserved .....	<b>4</b>	
<b>5</b> Reserved .....	<b>5</b>	
<b>6</b> Reserved .....	<b>6</b>	
<b>7</b> Reserved .....	<b>7</b>	
<b>8</b> Reserved .....	<b>8</b>	



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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	28,296.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	28,296.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	28,296.
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	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	39,516.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	11,220.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 11,220.   <b>Refunded</b>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>MA</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A Statements Regarding Activities** (continued)

	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 <span style="float: right;">STMT 15</span>	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? Website address ▶ <u>HTTPS://HRIA.ORG/TMF/HOOD/</u>	13	X	
14 The books are in care of ▶ <u>AAFPCAS</u> Telephone no. ▶ <u>508-366-9100</u> Located at ▶ <u>50 WASHINGTON STREET, WESTBOROUGH, MA</u> ZIP+4 ▶ <u>01581</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A			
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 ▶	16		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No	
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1b		X
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		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____			
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) <span style="float: right;">N/A</span>	2b		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		X

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		<b>5b</b>	<b>X</b>
Organizations relying on a current notice regarding disaster assistance, check here <span style="float:right">▶ <input type="checkbox"/></span>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>X</b>
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 16		0.	0.	0.

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

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

**Total** number of other employees paid over \$50,000 ▶ **0**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. 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 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	75,000.

Total number of others receiving over \$50,000 for professional services ..... **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 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.
<b>Total.</b> Add lines 1 through 3 .....	<b>800,000.</b>

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	63,357,772.
b	Average of monthly cash balances .....	1b	250,829.
c	Fair market value of all other assets .....	1c	602,701.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	64,211,302.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	64,211,302.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	963,170.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	63,248,132.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	3,162,407.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	3,162,407.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	28,296.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	448.
c	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	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	3,309,198.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	2,335,151.
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:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	3,135,151.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> 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 when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 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:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from 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.			
5 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:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 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 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	Prior 3 years		
			(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

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

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

CHARLENE MANCUSI, PROGRAM OFFICER, HRIA, 617-695-9439, CMANCUSI@HRIA.ORG  
2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

**c** Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH

**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO INVESTIGATE HOW HYPERGLYCEMIA INDUCES	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR IMPENDING ACUTE KIDNEY	82,500.
BOSTON CHILDRENS HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF SPLICING DEFECTS CAUSED BY	82,500.
MASSACHUSETTS EYE AND EAR INFIRMARY 399 REVOLUTION DRIVE SOMERVILLE, MA 02145		PC	CHILD HEALTH RESEARCH AWARD - GENE THERAPY FOR PERIPHERAL NERVE REPAIR	82,500.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA, NA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN WITH UNIVENTRICULAR HEARTS	82,500.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ▶ <b>3a</b>				<b>2,059,212.</b>
<b>b Approved for future payment</b>				
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - PEDIATRIC OPIOID POISONING: FAMILY, HOME, AND COMMUNITY RISK FACTORS	82,500.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - SINGLE-CELL TRANSCRIPTOMIC AND GENOMIC ANALYSIS OF HUMAN ATAXIA	82,500.
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE., MC5335 FARMINGTON, CT 06030-5335		PC	CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO PREVENT RECURRENT	82,500.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ▶ <b>3b</b>				<b>1,050,000.</b>







CHARLES H. HOOD FOUNDATION 04-3507847  
**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 BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 03/19/2020, 09/14/2020, 08/02/2021, 08/12/2021			NONE, SEE BELOW		
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					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	12/30/15	150,000.	12/15/17
Purpose of Grant  TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 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 BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 04/15/2020, 05/19/2021, 05/25/2021			Diversion by Grantee NONE, SEE BELOW		
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.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORT - 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 BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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, 02/18/2021, 05/17/2021		NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					



CHARLES H. HOOD FOUNDATION 04-3507847  
**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  
 PRI REPORTS - 09/10/2020, 06/02/2021

Diversions by Grantee  
 NONE, SEE BELOW

Results of Verification

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

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 PRI REPORTS - 1/19/20, 7/15/20, 8/27/20, 10/7/20, 1/22/21, 4/15/21, 5/18/21			Diversions by Grantee NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

CHARLES H. HOOD FOUNDATION 04-3507847  
**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
<b>Purpose of Grant</b>  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.					
<b>Date of Reports by Grantee</b>		<b>Diversions by Grantee</b>			
PRI REPORT - 04/27/2020, 07/27/2020, 12/10/2020, 06/08/2021		NONE, SEE BELOW			
<b>Results of Verification</b>					
THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 10</b></p> <p>ANIDA PHARMA, INC.            155 BROOKLINE STREET, SUITE 005            CAMBRIDGE, MA 02139</p>	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.				
Date of Reports by Grantee PRI REPORT - 12/31/2020	Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

CHARLES H. HOOD FOUNDATION 04-3507847  
**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 BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

CHARLES H. HOOD FOUNDATION 04-3507847  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 12</b></p> <p>MESENTECH, INC.            2222 HEALTH SCIENCES RD            VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9</p>	250,000.	11/02/20	80,755.	05/18/21
<p>Purpose of Grant</p> <p>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.</p>				
<p>Date of Reports by Grantee</p> <p>PRI REPORT - 05/18/2021</p>		<p>Diversions by Grantee</p> <p>NONE, SEE BELOW</p>		
<p>Results of Verification</p> <p>THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY</p>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - PEDIATRIC OPIOID POISONING: FAMILY, HOME, AND COMMUNITY RISK FACTORS	82,500.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - SINGLE-CELL TRANSCRIPTOMIC AND GENOMIC ANALYSIS OF HUMAN ATAXIA	82,500.
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE., MC5335 FARMINGTON, CT 06030-5335		PC	CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO PREVENT RECURRENT	82,500.
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF CUTANEOUS INTRINSIC IMMUNITY IN NEONATAL ANTIVIRAL DEFENSE	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL XENOBIOTICS IN FOOD	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - DEFINING A	12,362.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - IDENTIFICATION OF THE	18,694.
BOSTON CHILDRENS HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - A MOBILE APPLICATION TO	44,026.
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE., MC5335 FARMINGTON, CT 06030-5335		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - ESTABLISHING THE	11,795.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - GENETIC ETIOLOGY STUDY	33,000.
<b>Total from continuation sheets</b>				<b>1,646,712.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - PROTECTIVE ANTIBODIES	24,200.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - MECHANISM OF CHIMERIC	40,135.
UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXT, UNIT 1133 STORRS, CT 06269		PC	CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR PEDIATRIC GLIOMA	82,500.
BOSTON CHILDRENS HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - BACK TO THE BASICS OF ANTI-FOLATE THERAPY FOR IMPROVED CURE OF PEDIATRIC	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - NOVEL MRI MARKERS TO PREDICT MULTIPLE SCLEROSIS IN CHILDREN AT RISK	82,500.
HEALTH RESOURCES IN ACTION, INC. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116		PC	CHILD HEALTH AWARD FUNDS TO BE HELD IN ESCROW (FUNDS TO BE PAID TO GRANTEES AT A LATER DATE)	165,000.
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS AND MACROPHAGE ACTIVATION	82,500.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BP437 BOSTON, MA 02215-5450		PC	CHILD HEALTH RESEARCH AWARD - PRECISION MEDICINE FOR PEDIATRIC ACUTE LEUKEMIA	82,500.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - MEDS2: MEDICATION EDUCATION FOR DOSING SAFETY	82,500.
BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 02118?2908		PC	CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH ADHD: THE ROLE OF	82,500.
<b>Total from continuation sheets</b> .....				





**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF CUTANEOUS INTRINSIC IMMUNITY IN NEONATAL ANTIVIRAL DEFENSE	82,500.
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL XENOBIOTICS IN FOOD	82,500.
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413		PC	CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS AND MACROPHAGE ACTIVATION	82,500.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BP437 BOSTON, MA 02215-5450		PC	CHILD HEALTH RESEARCH AWARD - PRECISION MEDICINE FOR PEDIATRIC ACUTE LEUKEMIA	82,500.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA N.A., PO BOX 414876 BOSTON, MA 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - MEDS2: MEDICATION EDUCATION FOR DOSING SAFETY	82,500.
BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 02118?2908		PC	CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH ADHD: THE ROLE OF	82,500.
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, TUFTS MC BOX 453 BOSTON, MA 02111-1526		PC	CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO UNDERSTAND SEX-DEPENDENT	82,500.
MCLEAN HOSPITAL P.O. BOX 414248 BOSTON, MA 02241-4248		PC	MAJOR GRANT - BRAIN/BEHAVIOR MECHANISMS OF IRRITABILITY AND SUICIDE IN CHILDREN	225,000.
<b>Total from continuation sheets</b>				<b>802,500.</b>

**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

**Part XV** Supplementary Information

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

**Part XV** Supplementary Information

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 INTEREST FROM SECURITIES				STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
DIVIDEND INCOME	1,289,682.	0.	1,289,682.	1,289,682.		
INTEREST INCOME	13,003.	0.	13,003.	13,003.		
TO PART I, LINE 4	1,302,685.	0.	1,302,685.	1,302,685.		

FORM 990-PF	OTHER INCOME			STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
RETURNED GRANT FUNDS	175,535.	0.			
MISCELLANEOUS INCOME	4,479.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	180,014.	0.			

FORM 990-PF	LEGAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL EXPENSES	28,703.	0.		28,703.	
TO FM 990-PF, PG 1, LN 16A	28,703.	0.		28,703.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING & TAX PREPARATION FEES	16,253.	0.		16,253.	
TO FORM 990-PF, PG 1, LN 16B	16,253.	0.		16,253.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST	31,525.	15,762.		15,763.
INVESTMENT CONSULTING	75,000.	75,000.		0.
TO FORM 990-PF, PG 1, LN 16C	106,525.	90,762.		15,763.

FORM 990-PF	TAXES			STATEMENT 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 EXPENSES			STATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	1,039.	0.		1,039.
MISCELLANEOUS EXPENSES	5,670.	0.		5,669.
HRIA ADMINISTRATIVE COSTS	131,820.	0.		131,821.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	7,404.	0.		7,404.
MARKETING	851.	0.		851.
HONORARIA	21,238.	0.		21,238.
SCIENTIFIC ADVISORS	42,742.	0.		42,742.
TO FORM 990-PF, PG 1, LN 23	210,764.	0.		210,764.



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FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
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DESCRIPTION	AMOUNT
LOSS ON INVESTMENT IN GPG HEALTHCARE OPPORTUNITIES FUND, LLC	29,753.
LOSS ON INVESTMENT IN NEWBURY EQUITY PARTNERS V L.P.	22,253.
LOSS ON INVESTMENT IN ACCOLADE PARTNERS VIII, L.P.	8,569.
LOSS ON RCP FUND XIV CAYMAN FEEDER, LP	55,783.
<b>TOTAL TO FORM 990-PF, PART III, LINE 5</b>	<b>116,358.</b>

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FORM 990-PF	CORPORATE STOCK	STATEMENT	11
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES	36,997,735.	36,997,735.
FOREIGN SECURITIES	14,983,000.	14,983,000.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10B</b>	<b>51,980,735.</b>	<b>51,980,735.</b>

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FORM 990-PF	CORPORATE BONDS	STATEMENT	12
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	15,513,323.	15,513,323.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10C</b>	<b>15,513,323.</b>	<b>15,513,323.</b>

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT	13
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE	FMV	2,863,191.	2,863,191.
ALTERNATIVE INVESTMENTS	FMV	602,701.	602,701.
<b>TOTAL TO FORM 990-PF, PART II, LINE 13</b>		<b>3,465,892.</b>	<b>3,465,892.</b>

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

COPY

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 15

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR  
BOSTON, MA 02116

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND CLERK 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 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
ELIZABETH HOOD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.

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.

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FORM 990-PF

OTHER PROGRAM-RELATED INVESTMENTS

STATEMENT 17

DESCRIPTION

AMOUNT

149 MEDICAL - BOLTON, MA  
UNSECURED CONVERTIBLE PROMISSORY NOTE

150,000.

DESCRIPTION

AMOUNT

BIOROSA TECHNOLOGIES - BELMONT, MA  
UNSECURED CONVERTIBLE PROMISSORY NOTE

150,000.

TOTAL TO FORM 990-PF, PART IX-B, LINE 3

300,000.

COPY

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CHARLES H. HOOD FOUNDATION</b>	Taxpayer identification number (TIN) <b>04-3507847</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 BOYLSTON STREET, 4TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**AAFPCPAS**

- 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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>28,289.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>39,516.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.