EXTENDED TO NOVEMBER 15, 2023 Return of Private Foundation

Form **990-PF**

Department of the Treasury

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

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

Ford	aler	idar year 2022 or tax year beginning	•	, and ending		•
Name of foundation A Employer identification						number
		RLES H. HOOD FOUNDATION			04-3507847	
		nd street (or P.O. box number if mail is not delivered to street	•	Room/suite	B Telephone number	
		OYLSTON STREET, 4TH FLO			617-279-22	30
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		TON, MA 02116				
G	neck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
ш С	hook	Address change type of organization: X Section 501(c)(3) ex	Name change			
	_	ction 4947(a)(1) nonexempt charitable trust		tion	E If private foundation state under section 507(b)(1)	
L Fa		. , , , ,	ng method: X Cash	Accrual	, , , ,	. ,
		·	her (specify)	/ toordar	F If the foundation is in a (under section 507(b)(1)	
`	\$	66,678,123. (Part I, colun		S.)		(-),
Pa	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,029,761.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
Revenue	3	Interest on savings and temporary cash investments	4 225 222	1 225 222		
	4	Dividends and interest from securities	1,335,080.	1,335,080.		STATEMENT 1
		Gross rents				
		Net rental income or (loss)	612,940.			
	ьa	Net gain or (loss) from sale of assets not on line 10	012,940.	-		
	7	assets on line 6a 3, 103, 933. Capital gain net income (from Part IV, line 2)		612,940.		
	8	Net short-term capital gain		012,540.		
	9	Income modifications			31,917.	
	10a	Gross sales less returns and allowances			32,722.1	
		Less: Cost of goods sold				
		Gross profit or (loss)				
	11	Other income	37,260.	0.		STATEMENT 2
	12	Total. Add lines 1 through 11	3,015,041.	1,948,020.	31,917.	
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
S		Pension plans, employee benefits	20 210	0		20 210
nse		Legal fees STMT 3	30,210. 26,003.	0.		30,210.
xbe	D	Accounting fees STMT 4 Other professional fees STMT 5	103,585.	89,292.		14,293.
ē			103,303.	05,252.		11,200
ativ	18	Interest Taxes STMT 6	83,679.	25,400.		500.
istr	19	Depreciation and depletion				
m in	20	Occupancy				
Operating and Administrative Expense	21	Travel, conferences, and meetings	23,125.	0.		23,125.
and	22					
ng (23	Printing and publications Other expenses STMT 7	398,201.	0.		398,201.
rati	24	Total operating and administrative	664 000	444 600		400 000
odc		expenses. Add lines 13 through 23	664,803.	114,692.		492,332.
		Contributions, gifts, grants paid	2,662,000.			2,662,000.
	26	Total expenses and disbursements.	3,326,803.	11/ 600		3 15/ 222
	97	Add lines 24 and 25	3,340,003.	114,692.		3,154,332.
		Subtract line 26 from line 12:	-311,762.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	311,702.	1,833,328.		
		Adjusted net income (if negative enter -0-)		_,,	31,917.	

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

	_	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
P	<u>art</u>	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	. ,	. ,	
		Savings and temporary cash investments	679,672.	383,193.	383,193.
		Accounts receivable	0/5/0/20	300,2301	000/2501
	ľ	Less: allowance for doubtful accounts			
	١,				
	4	Pledges receivable Less; allowance for doubtful accounts			
	_				
		Grants receivable Receivables due from officers, directors, trustees, and other			
	"	, , , , ,			
		disqualified persons			
	l ′	Other notes and loans receivable			
	١,	Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations	45 446 070	21 027 751	21 027 751
	b	Investments - corporate stock STMT 9	45,446,070.		34,837,751.
		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 Investments - other STMT 11	12 066 722	14 705 050	14 705 050
			13,066,723.	14,795,058.	14,795,058.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation	0.500.064	2 260 061	2 260 061
		Less: accumulated depreciation Other assets (describe STATEMENT 12)	2,569,964.	3,369,961.	3,369,961.
	16	lotal assets (to be completed by all filers - see the	TO 050 544	66 680 100	66 680 400
		instructions. Also, see page 1, item I)	78,962,541.	66,678,123.	66,678,123.
		Accounts payable and accrued expenses			
		Grants payable			
ies	l	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
Lia I		Mortgages and other notes payable			
	22	Other liabilities (describe			
		Tabel Pakithan /add Para 47 thorough 000	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	0.	0.	
ces	0.4	and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions			
Fund Balanc	20	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here			
pur		•			
	26	and complete lines 26 through 30.	59,300,755.	59,300,755.	
s or		Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Set		Retained earnings, accumulated income, endowment, or other funds	19,661,786.	7,377,368.	
As	28		78,962,541.	66,678,123.	
Net Assets	29	Total net assets or fund balances	70,902,541.	00,070,123.	
	20	Total lightilities and not assets/fund halances	78,962,541.	66,678,123.	
=		Total liabilities and net assets/fund balances	•	00,010,123.	
P	<u>art</u>	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	29		
				1	78,962,541.
	•	r amount from Part I, line 27a			-311,762.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3			78,650,779.
		eases not included in line 2 (itemize)	SEE STA	ATEMENT 8 5	11,972,656.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	66,678,123.
		, , , , , , , , , , , , , , , , , , , ,		1	Form 990-PF (2022)

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a PUBLICLY TRADED SECURITIES b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (or allowable) 2, 816, 232. 2, 570, 993. 245, 239. b 367, 701. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis over col. (i), if any as of 12/31/69 (iii) FMV as of 12/31/69 (iii) Adjusted basis over col. (ii), if any as of 12/31/69 (iii) Adjusted basis over col. (iii) as of 12/31/69 (iii) Adjust
b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (o
C d e
Ce Gross sales price Cf Depreciation allowed (or allowable) Ce Gross sales price Cf Depreciation allowed (or allowable) Cf Depreciation allowed (in place of sale of sale (in place of sale
e (e) Gross sales price (f) Depreciation allowed (or allowable) a 2,816,232
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale ((e) plus (f) minus (g)) a 2,816,232. 2,570,993. 245,239. b 367,701. 367,701. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any a (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 2 (a) 2 (b) 2 (c) 2 (c) 3 (c)
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (c) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (
b 367,701. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69
c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245,239 b 245,239 c d e 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245, 239. b 2 Capital gain net income or (net capital loss) (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 245, 239. 367, 701. 2 612,940.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 245,239. b 2 Capital gain net income or (net capital loss) (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 245,239. 245,239. 25612,940. A lif gain, also enter in Part I, line 7 lif (loss), enter -0- in Part I, line 7 lif (loss), enter -0- in Part I, line 7 lif (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c).
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(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 col. (k), but not less than -0-) or Losses (from col. (h)) 245,239 b c d e 2 Capital gain net income or (net capital loss) (lf gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 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
(i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any Losses (from col. (h)) a 245, 239. b 367, 701. c d e 2 Capital gain net income or (net capital loss)
b c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in 1
c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in }
d e 2 Capital gain net income or (net capital loss)
e 2 Capital gain net income or (net capital loss)
2 Capital gain net income or (net capital loss)
2 Capital gain net income or (net capital loss)
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
Part I, line 8 N/A
Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.
Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 25,483.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations,
enter 4% (0.04) of Part I, line 12, col. (b)
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0 •
3 Add lines 1 and 2 3 25,483.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0 •
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6 Credits/Payments:
a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 47,510.
b Exempt foreign organizations - tax withheld at source 6b 0 •
c Tax paid with application for extension of time to file (Form 8868) 6c 0 •
d Backup withholding erroneously withheld 6d 0.
7 Total credits and payments. Add lines 6a through 6d 7 47,510.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0 •
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 22,027.

Г	Statements negaring Activities			
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
(I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0. (2) On foundation managers. \$			
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7		7	Х	
88	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA —			
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		Х
10		10		Х
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 13	11	Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTPS://HRIA.ORG/TMF/HOOD/			<u> </u>
14	The books are in care of AAFCPAS, INC. Telephone no. 508-36	6-9	100	
	Located at 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 01			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	. —
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		m 99 0)-PF	(2022)

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

Page 6

Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)					
5a During the year, did the foundation pay or incur any amount to:					Yes	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?			5a(1)		X		
(2) Influence the outcome of any specific public election (see section 4955); or								
any voter registration drive?				5a(2)		X		
(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3)		X		
(4) Provide a grant to an organization other than a charitable, etc., organization				Ea/4)	v			
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary,	or advectional numbers or or	in r		5a(4)	Х			
				5a(5)		Х		
the prevention of cruelty to children or animals?	er the excentions described i	n Regulations		04(0)		71		
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b		Х		
c Organizations relying on a current notice regarding disaster assistance, check h								
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr								
expenditure responsibility for the grant?				5d	X			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).								
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on								
a personal benefit contract?				6a		X		
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a positive \boldsymbol{b}	ersonal benefit contract?			6b		X		
If "Yes" to 6b, file Form 8870.				7a		X		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?								
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A								
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year? Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly								
Paid Employees, and Contractors	oo, roundation me	ago.o,g	,					
1 List all officers, directors, trustees, and foundation managers and the	neir 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 paid to position						ense other		
(a) Name and address	to position	enter -0-)	and deterred compensation	allowance				
CDE CONTRACTOR 14			0			^		
SEE STATEMENT 14		0.	U	•		0.		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions		7 -) Evn	0000		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions t employee benefit plan and deferred	ns a	(e) Exp ccount,	other		
NONE	devoted to position		compensation		allowar	nces		
NONE								
				+				
				+				
				Ш.				
Total number of other employees paid over \$50,000						0		
			Foi	m 99 0)-PF	(2022)		

Part VII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	199,378.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
	7	
	7	
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti		Evnancea
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expenses
1_ N/A		
2		
3		
4		
D. IVIII D. C.		
Part VIII-B Summary of Program-Related Investments	in and and O	A
Describe the two largest program-related investments made by the foundation during the tax year on li	ines i and 2.	Amount
1 INKSPACE IMAGING, INC PLEASANTON, CA		
CONVERTIBLE PROMISSORY NOTE		250 000
DEON WHED A DELIGITOR THO HILDON MY		250,000.
DECK THERAPEUTICS, INC HUDSON, NY SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY		
SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY		200 000
All other are many related in vertice to Occiliate with the		200,000.
All other program-related investments. See instructions.		
3		
SEE STATEMENT 15		349,997.
Total Add lines 1 through 3		799.997.

Р	Minimum Investment Return (All domestic foundar	tions must com	plete this part. Foreign f	oundation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out cha	ritable, etc., purp	oses:		
а	Average monthly fair market value of securities			1a	55,574,961.
	Average of monthly cash balances			1b	377,542.
C	Fair market value of all other assets (see instructions)			1c	12,208,432.
d	Total (add lines 1a, b, and c)			1d	68,160,935.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	68,160,935.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for great	ter amount, see ir	nstructions)	4	1,022,414.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	67,138,521.
6	Minimum investment return. Enter 5% (0.05) of line 5			6	3,356,926.
P	Distributable Amount (see instructions) (Section 4942) foreign organizations, check here and do not complete this	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rivate operating foundations	and certair	
1	Minimum investment return from Part IX, line 6			1	3,356,926.
2a	Tax on investment income for 2022 from Part V, line 5	2a	25,483.		
b		2b			
C	Add lines 2a and 2b			2c	25,483.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,331,443.
4	Recoveries of amounts treated as qualifying distributions			4	31,917.
5	Add lines 3 and 4			5	3,363,360.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on	Part XII, line 1		7	3,363,360.
P	Part XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc.	, purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	3,154,332.
b	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 ch	aritable, etc., purp	ooses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4				4	3,954,329.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
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.			2 000 077	
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.			61 452
d Applied to 2022 distributable amount	0.		¥	61,452.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line			_	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				3,301,908.
be distributed in 2023				3,301,300.
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				

223581 12-06-22

Page 10

Part XIII Private Operating	Foundations (see inst	tructions and Part VI-	A, question 9)	N/A			
1 a If the foundation has received a ruling	or determination letter that i	t is a private operating					
foundation, and the ruling is effective f	or 2022, enter the date of th	e ruling					
b Check box to indicate whether the four	ıdation is a private operatinç	g foundation described in	section	4942(j)(3) or 49	42(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years				
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total		
investment return from Part IX for							
each year listed							
b 85% (0.85) of line 2a							
c Qualifying distributions from Part XI,							
line 4, for each year listed							
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the			4				
alternative test relied upon:							
a "Assets" alternative test - enter: (1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		4					
b "Endowment" alternative test - enter 2/3 of minimum investment return							
shown in Part IX, line 6, for each year listed							
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public							
and 5 or more exempt							
organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from							
an exempt organization							
(4) Gross investment income							
Part XIV Supplementary Inf	ormation (Complet	e this part only i	f the foundation	had \$5,000 or mo	ore in assets		
at any time during				40,000 0			
Information Regarding Foundation		,					
a List any managers of the foundation w	-	nan 2% of the total contr	ibutions received by the t	oundation before the clos	se of any tax		
year (but only if they have contributed			ibations received by the	oundation bololo the olo	oo or arry tax		
NONE	, , ,						
b List any managers of the foundation w	ho own 10% or more of the	stock of a cornoration (or an equally large portion	n of the ownership of a na	artnershin or		
other entity) of which the foundation h			or air equally large portio	ii oi tiio owiioisiiip oi a pt	artificially of		
NONE	•						
2 Information Regarding Contribu	tion Grant Gift Loan (Scholarship etc. Dr	ograme:				
		• • • •	-	not accent uncolicited re	augete for funde If		
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 nur	·		, , ,	* *			
CHARLENE MANCUSI, D					G		
2 BOYLSTON STREET,				ODIGIMIA.OK	G		
b The form in which applications should APPLICATION FORMS A							
c Any submission deadlines:	ATTENDED WI A	····· · IHI GIAII	10 · ORG/ HOOD				
ANNUALLY MARCH AND	OCTOBER						
d Any restrictions or limitations on awar			kinds of institutions, or o	ther factors:			
RESTRICTED TO PEDIA	TRIC RESEARCH	I					

3 Grants and Contributions Paid During the Year	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				
BOSTON MEDICAL CENTER		PC	MAJOR GRANT - BEYOND	
660 HARRISON AVENUE, 2ND FLOOR			WATCHING AND WAITING:	
BOSTON, MA 02118			A NOVEL COLLABORATION	
			TO PREVENT AND REDUCE	
			THE BURDEN OF MENTAL	225,00
TRUSTEES OF DARTMOUTH COLLEGE		PC	MAJOR GRANT -	
OFFICE OF SPONSORED PROJECTS, 11 ROPE			DECREASING HARMS AND	
FERRY ROAD HANOVER, NH 03755-1421			IMPROVING CHILD	
			HEALTH: AN	
		4	INTERVENTION TO REDUCE	379,75
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - DYSREGULATED T	
BOSTON, MA 02241-4413			AND B CELL	
			INTERACTIONS IN	
			EARLY-ONSET	82,50
DANA-FARBER CANCER INSTITUTE		PC	CHILD HEALTH RESEARCH	
450 BROOKLINE AVE, BP437		FC	AWARD - MACHINE	
BOSTON, MA 02215-5450			LEARNING-BASED RISK	
DODION, IMI OPPIS 5150			PREDICTION FOR	
			CHILDREN WITH	82,50
YALE SCHOOL OF MEDICINE		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873		l FC	AWARD - DYSREGULATED	
NEW HAVEN, CT 06508-1873			RNA MODIFICATIONS IN	
			THE CONTEXT OF HUMAN	
			DEVELOPMENT	82,50
	TINUATION SHEE	T(S)	3a	2,662,00
b Approved for future payment				
HARVARD MEDICAL SCHOOL		PC	CHARLES AWARD [CHARLES	
25 SHATTUCK ST			H. HOOD ALUMNI	
BOSTON, MA 02115			RECOGNITION FOR	
			LEADERSHIP, EXCELLENCE	
			AND SERVICE] -	100,00
TRUSTEES OF DARTMOUTH COLLEGE		PC	MAJOR GRANT -	
OFFICE OF SPONSORED PROJECTS, 11 ROPE			DECREASING HARMS AND	
FERRY ROAD HANOVER, NH 03755-1421			IMPROVING CHILD	
			HEALTH: AN	
			INTERVENTION TO REDUCE	70,25
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH RESEARCH	
SCHOOL			AWARD - THE ROLE OF	
C/O BANK OF AMERICA, 222 BROADWAY ST			MARCO IN PEDIATRIC	
NEW YORK, NY 10038			CANCER	82,50
Total SEE CON	TINUATION SHEE	T(S)	3b	905,2

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

CHARLES H. HOOD FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)	
Enter gross amounts unless otherwise mulcated.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
a	0000					
h						
·						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	1,335,080.		
5 Net rental income or (loss) from real estate:				, ,		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	612,940.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a RETURNED GRANT FUNDS					31,917. 5,343.	
b OTHER INVESTMENT INCOME					5,343.	
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0.		1,948,020.	37,260.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,985,280.	
(See worksheet in line 13 instructions to verify calculations.)						

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

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

Page 13

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

1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in secti	ion 501(c)		Yes	No
					g to political organizations?		· ,			
а	Transfers	from the reporting founda	ation to a noncharitab	le exempt or	ganization of:					
	(1) Cash							1a(1)		X
								1a(2)		X
b	Other tran									
	(1) Sales	of assets to a noncharitat	ble exempt organizati	on				1b(1)		X
	(2) Purch	hases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
								1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
					ons			1b(6)		X
					ployees			1c		X
		-		_	• •	-	narket value of the goods, of		ets,	
		is given by the reporting id i) the value of the goods, (ed less than fair market valu	ie in any transaction	or sharing arrangement, sh	OW III		
		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and si			
ω, <u>ω</u>	10 110.	(b)/illiount illivolvou	(o) Numo or	N/A	o oxompt or gamzation	(a) Description	i oi transiers, transactions, and si	iai ii iy ai i	angeme	1113
				14/21						
										
				5070	or more tax-exempt organi			٦.,	v	٦.,
		501(c) (other than section	. , . , ,	ction 527?				_ Yes	LA	No
D	it "Yes," co	omplete the following sche (a) Name of org			(b) Type of organization	ı	(c) Description of relationsh	in		
		N/A	amzation		(b) Type of organization		(6) Description of relationsh	ıμ		
		14/11								
					ing accompanying schedules and			the IRS o	iscuss t	his
Sig		belief, it is true, correct, and co	implete. Declaration of pi	reparer (other th	an taxpayer) is based on all infor	PRESIDEN	return	n with the	prepare	er
He	re					TREASURE		Yes		No
	Sigr	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
							self- employed		- 6 -	
Pai		JOYCE RIPIA		JOYCE	RIPIANZI, C	10/24/23		548		
	eparer	Firm's name AAFC	PAS, INC.				Firm's EIN 04-257	T.18	U	
US	e Only	Firmle address FO		AT CORD	TIM.					
		Firm's address 50					E00 36	<i>c</i> ^	1 0 0	
		I WES	TBOROUGH,	MA UI	201		Phone no. 508-36			(0000)
							FOI	m 990	,-PF ((2022)

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

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

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

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

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

Date of Reports by Grantee

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

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

04 - 3507847

CHARLES H. HOOD FOUNDATION

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

5/30/2023

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

04 - 3507847

CHARLES H. HOOD FOUNDATION

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

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

Total from continuation sheets

652,500.

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

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

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

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN

INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND

POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

223655 04-01-22

Part XIV Supplementary Information

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

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL

DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO

DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR

PERSONALIZED URINARY TRACT INFECTION CARE IN CHILDREN

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD

VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN

CILIA ASSEMBLY AND PATHOGENESIS OF NEURODEVELOPMENTAL DISORDERS

NAME OF RECIPIENT - YALE UNIVERSITY

223655 04-01-22

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

Part XIV Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

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

FOUNDATION'S 85TH ANNIVERSARY EVENT

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN

INTERVENTION TO REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTICS AND

POLYPHARMACY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL

DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO

DISCOVER NOVEL STRATEGY TO MODULATE INFLAMMATION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

FINGER PROTEIN 3 IN CHILDREN WITH DELAYED PUBERTY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

223651 04-01-22

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

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

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

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

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



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

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116

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

CHARLES H. HOOD FOUNDATION			04-35	507847
CLAY SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VII	0.	0.	0.



FORM 990-PF C	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 15
DESCRIPTION		AMOUNT
SMOLTAP - PROVIDENCE SERIES SEED PREFERRE		99,997.
DESCRIPTION		AMOUNT
NOVONATE - SOUTH SAN SAFE - SIMPLE AGREEN	N FRANCISCO, CA MENT FOR FUTURE EQUITY	150,000.
DESCRIPTION		AMOUNT
BIOROSA TECHNOLOGIES UNSECURED CONVERTIBI		100,000.
TOTAL TO FORM 990-PE	F, PART VIII-B, LINE 3	349,997.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

CARRIOVER DATA TO 2025		
Name CHARLES H. HOOD FOUNDATION	Employer Identification Number 04-3507847	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN	LIMITED 11	5,388.
FEDERAL CONTRIBUTION - 50% CASH		87.
MA NET OPERATING LOSS		.5,388.
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Гуре а	nd Entity: INVE	STMENT IN LI	MITED POST-20)17 NO	DETAIL (CARRYOVER SCH	EDULE				
ection 3 ear Origi-	Original Carryover Amount	Total Amount	Section 382 Carryover Amount Used for		Amount Used for	Amoun Used fo					
ated 2020	10,850.	Used								+	
2021	10,850. 80,625. 23,913.										
2022	23,913.										
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
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ao. CI		D FOUNDATION								FEIN:	04-35078
ype and	Entity: CONT	RIBUTION - 5			DETAIL C	ARRYOVER SCH	EDULE				
rear Origi- ated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amour Used fo						
2021 2022	51. 36.										
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212571 04-01-22

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

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

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

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

instructions.

EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

Form **990-PF**

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

For (aler	idar year 2021 or tax year beginning		, and end	ling		
Nar	ne of	foundation	A Employer identification number				
C	HA.	RLES H. HOOD FOUNDATION	04-3507847				
Nun	ber a	nd street (or P.O. box number if mail is not delivered to street	loom/suite	B Telephone number			
_2	В	OYLSTON STREET, 4TH FLO	OR			617-279-22	30
		own, state or province, country, and ZIP or foreign p ${f TON}$, ${f MA}$ 02116	ostal code			C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmor public cho	rity	D 1. Foreign organizations	c chack hara
u c	IIGUN	Final return	Amended return	inner public cha	ırıty	1. I Oreigii Organizations	s, check here
		Address change	Name change			2. Foreign organizations me check here and attach co	eeting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex					
	_	ction 4947(a)(1) nonexempt charitable trust		ition		E If private foundation sta under section 507(b)(1)	
I Fa			ng method: X Cash	Accrua	ı	, , , ,	
			ther (specify)	/1001u0		F If the foundation is in a under section 507(b)(1)	
\		78,962,541. (Part I, colun	nn (d), must be on cash basi	is.)		under 500tion 507 (b)(1)	(b), oncok noro >
Pa		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements
		 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) 	expenses per books	incom		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	1 400 200	1 100	200		
	4	Dividends and interest from securities	1,409,322.	1,409	,322.		STATEMENT 3
Revenue		Gross rents					
		Net rental income or (loss)	F 212 20F				
	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.		E 212	205		
Re				5,213	, 200.		
_	8	Net short-term capital gain				1,021.	
	100	Income modifications Gross sales less returns and allowances		-		1,021.	
		and allowances Less: Cost of goods sold					
		Gross profit or (loss)					
	11		73,725.	72	,704.		STATEMENT 4
	12	Total. Add lines 1 through 11	6,696,332.	6,695		1,021.	
	13	Compensation of officers, directors, trustees, etc.	0.		0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	16a	Legal fees STMT 5	6,919.		0.		6,919.
pen	b	Accounting fees STMT 6	20,722.		0.		20,722.
E		Other professional fees STMT 7	110,918.	92	,959.		17,959.
tive	17	Interest Taxes STMT 8	102 225		000		
tra			123,306.	52	,006.		0.
inis	19	Depreciation and depletion					
щþ	20	Occupancy	6 671				6 671
d A	21	Travel, conferences, and meetings	6,671.		0.		6,671.
yan	22	Printing and publications Other expenses STMT 9	259,460.		0.		259,460.
ţiuć	23 24	Total operating and administrative	237, 400.		<u> </u>		237,400.
Operating and Administrative Expens	-4	expenses. Add lines 13 through 23	527,996.	144	,965.		311.731.
Q	25	Contributions, gifts, grants paid	2,365,000.		7200		311,731.
	26	Total expenses and disbursements.	, ,				, , , , , , , , ,
	-	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	Net investment income (if negative, enter -0-)		6,550	,346.		
	C	Adjusted net income (if negative, enter -0-)				1.021.	

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

Page 2

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 388,809 - 679,672 - 679,672 - 679,672 - 388,000 - 679,672 - 679,672 - 679,672 - 388,000 - 679,672 - 679,672 - 679,672 - 388,000 - 679,672	P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
2 Savings and temporary each investments 3 Accounts receivable	<u>'</u>	ar t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Pedges receivable		1	Cash - non-interest-bearing			
Precision receivable Less: allowance for doubtful accounts Less: allowance for allowance for doubtful accounts Less: allowance for allowance for allowance for the second deporation Less: allowance for al		2	Savings and temporary cash investments	388,809.	679,672.	679,672.
Products receivable		3	Accounts receivable ►			
S Grants receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons 7 own cross team sweeth Less allowance for doubtful accounts ▶ 8 Receivables due from officers, directors, trustees, and other disqualified persons 10 Investments of sale or use 10 Investments - Outpoint stock 10 Investments - Outpoint stock 10 Investments - Outpoint stock 11 Investments - Corporate stock 12 Investments - Corporate stock 13 Investments - Corporate stock 14 Land, buildings, and equipment basis ▶ 15 Investments - Investments - Outpoint should be a complete or outpoint of the sale			Less: allowance for doubtful accounts ▶			
6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other retains the secretable		4	Pledges receivable ►			
6 Receivables due from officers, directors, trustees, and other discussified persons 7 Other settant ions remain. 10 Investments - Usa and state opvernment obligations 10 Investments - Usa and state opvernment obligations 10 Investments - Corporate stock 10 Investments - Corporate stock 10 Investments - Corporate stock 11 Investments - corporate stock 12 Investments - corporate stock 13 Investments - corporate stock 14 Lead, buildings, and equipment basis 15 Investments - morticage loans 15 Other assets (describe STATEMENT 13) 16 Other assets (describe STATEMENT 13) 17 Accounts regulated and other ones speake Item 1) 18 Grants payable 19 Deferred revenue 20 Covers from offices, directors, Insteas, and other disqualified persons 21 Morticages and other notes payable 22 Other liabilities (describe STATEMENT 14) 23 Total liabilities (describe STATEMENT 15) 24 Total liabilities (describe STATEMENT 15) 25 Poundations that folion FASS ASS 988, check here Management 15			Less: allowance for doubtful accounts ▶			
6 Receivables due from officers, directors, trustees, and other discussified persons 7 Other settant ions remain. 10 Investments - Usa and state opvernment obligations 10 Investments - Usa and state opvernment obligations 10 Investments - Corporate stock 10 Investments - Corporate stock 10 Investments - Corporate stock 11 Investments - corporate stock 12 Investments - corporate stock 13 Investments - corporate stock 14 Lead, buildings, and equipment basis 15 Investments - morticage loans 15 Other assets (describe STATEMENT 13) 16 Other assets (describe STATEMENT 13) 17 Accounts regulated and other ones speake Item 1) 18 Grants payable 19 Deferred revenue 20 Covers from offices, directors, Insteas, and other disqualified persons 21 Morticages and other notes payable 22 Other liabilities (describe STATEMENT 14) 23 Total liabilities (describe STATEMENT 15) 24 Total liabilities (describe STATEMENT 15) 25 Poundations that folion FASS ASS 988, check here Management 15		5	Grants receivable			
## Description of the property of the propert						
## Description of the property of the propert			disqualified persons			
Bass allowance for doubthul accounts		7				
Numerstrients for sale or use Prepale expenses and deferred charges 10a Investments - corporate stock						
Preparate expenses and deferred charges Through 22 Preparate expenses and deferred charges Through 22 Total Habilities (add lines 17 through 22 Total Habilities (add lonor restrictions and complete lines 22 through 30. Total Habilities and net assets/fund balances Total Habilities and net assets/fund	Ø					
b Investments - corporate bonds	set					
b Investments - corporate stock	Αs					
1 15,513,323 17,200,112				51,980,735.	45,446,070.	45.446.070.
11		ء ا	Investments - corporate bonds STMT 11	15.513.3234	17.200.112.	17.200.112.
12 Investments - ordingage loans 13 Investments - ordiner STMT 12 3,465,892. 13,066,723. 13,066,723. 14 Land, buildings, and equipment basis Leas accumulated expressions 16 Total assets (describe STATEMENT 13) 2,119,964. 2,569,964. 2,569,964. 16 Total assets (describe STATEMENT 13) 2,119,964. 2,569,964. 2,569,964. 17 Accounts payable and accrued expenses 16 Grants payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deterror revenue 20 Leans from officers, directors, rustees, and other disqualified persons 22 Other liabilities (describe STATEMENT 13) 2,119,964. 2,569,964. 78,962,541. 7		11	Investments - land, buildings, and aguinment basis		, ,	, , ,
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14 Land, buildings, and equipment basis		13	Investments - other STMT 12	3.465.892.	13.066.723.	13.066.723.
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 1) 73,468,723. 78,962,541. 78,962,541. 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 21 Mortgages and other notes payable 22 Other liabilities (describe		14	Land huildings and equipment hasis	0 / 100 / 00 1		
16 Other assets (describe						
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, them)		15	Other assets (describe STATEMENT 13)	2.119.964.	2.569.964.	2.569.964.
Total net assets or fund balances Total net assets or fund balances at end or year (itemize)				2,22,73011	2,000,001	2/303/3021
Total liabilities (add lines 17 through 22) Total liabilities (add lines 18 ASC 958, check here		'0		73 468 723	78 962 541	78 962 541.
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Degree De						
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Net assets with other dises 98, check here 25 Net assets with donor restrictions 26 Net assets with donor restrictions 27 Paid-in or capital surplus, or land, bidg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances 30 Total liabilities and net assets/fund balances 30 Total ret 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) 30 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 4 Not gages and other notes payable 20 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 5 Not and the sasets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Total net assets or fund balances at	G					
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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 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) UNREALIZED GAINS 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize) 5 6 78, 962, 541.			Other Habiliage (december)			
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30 Total liabilities and net assets/fund balances 73,468,723. 78,962,541. Part III	SSS			14,167,968.	19,661,786.	
30 Total liabilities and net assets/fund balances 73,468,723. 78,962,541. Part III	χ¥			73,468,723.	78,962,541.	
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3 Other increases not included in line 2 (itemize) ► UNREALIZED GAINS 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 3 1,690,482. 4 78,962,541. 5 0. 6 78,962,541.						73,468,723.
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29						
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Farma 000 DE (0004)	6	ıotal	net assets or tund datances at end of year (line 4 minus line 5) - Part II, co	Diumin (D), line 29	6	Form 990-PF (2021)

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

1,	During the tay year did the foundation attempt to influence any national, state, or level legislation or did it participate or intervene in		Yes	No
16	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	10	103	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 1b		X
L		10		Λ
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	4.		v
	Did the foundation file Form 1120-POL for this year?	1c		X
(I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ U •			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	ı Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
88	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA			
t	olf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	$oxed{oxed}$
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 14	11	Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTPS://HRIA.ORG/TMF/HOOD/			
14	The books are in care of ► AAFCPAS Telephone no. ► 508 – 36		100	
	Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01	581		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
	Fo	m 99 ()-PF	(2021)

Part VI-B	Statements Regarding Activities for which Form 4720 May be Required			
File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the	year, did the foundation (either directly or indirectly):			
(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrov	v money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqı	ialified person?	1a(2)		X
(3) Furnis	n goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(5) Transf	er any income or assets to a disqualified person (or make any of either available			
for the	benefit or use of a disqualified person)?			
(6) Agree	to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
if the f	oundation agreed to make a grant to or to employ the official for a period after			
termin	ation of government service, if terminating within 90 days.)	1a(6)		Х
b If any answ	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.	4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
c Organizatio	ns relying on a current notice regarding disaster assistance, check here			
	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the	irst day of the tax year beginning in 2021?	1d		Х
	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in s	section 4942(j)(3) or 4942(j)(5)):			
a At the end	of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e)	for tax year(s) beginning before 2021?	2a		X
	the years > , , ,			
b Are there a	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement -	see instructions.) N/A	2b		
c If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
▶				
3a Did the fou	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the	/ear?	3a	Х	
b If "Yes," did	it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 19	69; (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
4a Did the fou	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the fou	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not bee	en removed from jeopardy before the first day of the tax year beginning in 2021?	4b		Х
	Fo	rm 99 0)-PF	(2021)

123541 12-10-21

Page 6

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

Part VII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	186,560.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	,
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
		-
	-	
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 statisti		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	'
1 N/A		
2		
3		
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 l	ines 1 and 2.	Amount
1 ARGUS COGNITIVE, INC LEBANON, NH		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
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.

Р	Minimum Investment Return (All domestic foundations in	nust compl	ete this part. Foreign fou	ındations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purp	oses:		
а	Average monthly fair market value of securities			1a	70,817,897.
	Average of monthly cash balances			1b	699,726.
C	Fair market value of all other assets (see instructions)			1c	10,171,342.
d	Total (add lines 1a, b, and c)			1d	81,688,965.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.	,	
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	81,688,965.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater and	nount, see ir	structions)	4	1,225,334.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	80,463,631.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,023,182.		
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) ar foreign organizations, check here ► and do not complete this part.		ate operating foundations a	nd certain	
1	Minimum investment return from Part IX, line 6			1	4,023,182.
2a	Tax on investment income for 2021 from Part V, line 5	2a	91,050		
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_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part			7	3,933,153.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	2,676,731.
b	Program-related investments - total from Part VIII-B			1b	450,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitate	le, etc., purp	oses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4			4	3,126,731.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,	острис	Tours prior to 2020	2020	2021
line 7				3,933,153.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			3,086,455.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: \blacktriangleright \$ 3,126,731.				
a Applied to 2020, but not more than line 2a			3,086,455.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2021 distributable amount				40,276.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021				
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.	· ·		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				3,892,877.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

123581 12-10-21

Part XIII Private Operating F	oundations (see inst	ructions and Part VI-	A, question 9)	N/A			
1 a If the foundation has received a ruling or determination letter that it is a private operating							
foundation, and the ruling is effective for 2021, enter the date of the ruling							
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	.,,,	,,,,,		
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total		
investment return from Part IX for							
each year listed							
b 85% (0.85) of line 2a							
c Qualifying distributions from Part XI,							
line 4, for each year listed							
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the			4				
alternative test relied upon:							
a "Assets" alternative test - enter:							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		4					
b "Endowment" alternative test - enter 2/3 of minimum investment return							
shown in Part IX, line 6, for each year listed				•			
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public							
and 5 or more exempt							
organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from							
an exempt organization							
(4) Gross investment income							
Part XIV Supplementary Info	ormation (Complet	e this part only i	f the foundation	had \$5 000 or m	ore in assets		
at any time during			i ine roundation	11dd \$0,000 01 111	ore in access		
1 Information Regarding Foundation	on Managers:						
a List any managers of the foundation w			ibutions received by the t	foundation before the clo	se of any tax		
year (but only if they have contributed	more than \$5,000). (See sec	ction 507(d)(2).)					
NONE							
b List any managers of the foundation when the bull of the foundation when the found	no own 10% or more of the	stock of a corporation (or an equally large portio	n of the ownership of a pa	artnership or		
other entity) of which the foundation ha	as a 10% or greater interest.	•					
NONE							
2 Information Regarding Contribut	tion, Grant, Gift, Loan, S	Scholarship, etc., Pr	ograms:				
Check here ► ☐ if the foundation				ot accept unsolicited requ	ests for funds. If		
the foundation makes gifts, grants, etc.							
a The name, address, and telephone nun	nber or email address of the	person to whom applic	ations should be address	ed:			
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 AV							
c Any submission deadlines: ANNUALLY MARCH AND (CTOBER						
d Any restrictions or limitations on award		areas charitable fields	kinds of institutions or o	ther factors			
RESTRICTED TO PEDIAT				and luctors.			

BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON, MA 02118 BOSTON, MA 02118 BOSTON, MA 02118 PC CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN BARLY-ONSET BEYOND WATCHING AND WAITING: A NOVEL COLLABORATION TO PREVENT AND REDUCE THE BURDEN OF MENTAL 225, BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR BOSTON, MA 0211872908 CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 134 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 136 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF 82, CURES WITHIN REACH 137 NORTH LASALLE, SUITE 1130 CHILDREN WITH ADHD: THE ROLE OF CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 AND DYSREGULATED T AND BOSTON MARCH CHILDREN'S HOSPITAL AWARD - DYSREGULATED T AND BOSTON MARCH CHILDREN'S HOSPITAL AWARD DYSREGULATED T AWARD DYSREGU	Part XIV Supplementary Information	(continued)			
Show any relationship to any foundation manager of salus of contribution (salus of contribution) a Paid during the year BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 021182308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 021182308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER PC CHILD HEALTH RESEARCH MARD - NISHING BUICIDES IN BLACK CHILDREN WITH ADMD: THE ROLE OF BE ROLE OF BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH MARD - DISTRIBUTED TO PEDIATRIC REPURPOSING FROM CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH MARD - NISHING BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH MARD - NISHING BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH MARD - DISTRIBUTED TO PC HILD HEALTH RESEARCH MARD - DISTRIBUTED TO PC CHILD HEALTH RESEARCH MARD - NISHING BOSTON CHILDREN'S HOSPITAL PC CHILD HEALTH RESEARCH MARD - DISTRIBUTED TO PC HILD HEALTH RESEARCH MARD - DISTRIBUTED TO PC HILD HEALTH RESEARCH MARD - NISHING MA	3 Grants and Contributions Paid During the Y		Payment		
Name and address (home or business) a Paid during the year BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON, MA 02118 BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 02118 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 CURES WITHIN REACH 134 HORTH LASALLE, SUITE 1130 CHICAGO, IL 60602 TOTAL BOSTON MEDICAL CENTER 670 CHILLDREN WITH ADDIC: THE ROLE OF BRANT FUNDS APPLIED TO PEDIATRIC REPURPOSING PROJECTS 100, TOTAL BOSTON MEDICAL CENTER 680 HARRISON AVENUE, 2ND FLOOR BOSTON, MA 0211872308 CURES WITHIN REACH 134 HORTH LASALLE, SUITE 1130 CHICAGO, IL 60602 TOTAL BOSTON MEDICAL CENTER PC GRANT FUNDS APPLIED TO PEDIATRIC REPURPOSING PROJECTS 100, TOTAL BOSTON MEDICAL CENTER BOSTON MEDICAL CENTER PC CHILLD HEALTH RESEARCH AWARD DISTRIBUTIONS IN BRAILY-ONSET AND B CELL INTERACTIONS IN BRAILY-ONSET BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BRAINT - BEYOND WATCHING AND WAITING, BRAINT-ONSET 82, BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BRAINT-ONSET 82, BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BRAINT-ONSET 82, BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR BRAINT-ONSET 82, BRAINT-ONSET 84 CONTINUATION SHEET (S) 84 CONTINUATION SHEET 85 CONTINUATION SHEET 86 CHILCH MARKED 87 CHILCH MARKED 88 CONTINUATION SHEET 88 CONTINUATION SHEET 88 CONTINUATION SHEET 89 CONTINUATION SHEET 89 CONTINUATION SHEET 80 CHILCH MARKED 80 CONTINUATION SHEET 80 CHILCH MARKED	Recipient		Foundation	Purpose of grant or	
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b Approved for future payment BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER FC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR PC MAJOR GRANT - BEYOND WATCHING AND WAITING:		I COLOR CITE	 	·	100,000.
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR PC CHILD HEALTH RESEARCH AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET 82, MAJOR GRANT - BEYOND WATCHING AND WAITING:		NTINUATION SHEE	T(S)	▶ 3a	2,365,000.
P.O. BOX 414413 BOSTON, MA 02241-4413 BOSTON MEDICAL CENTER BOSTON MEDICAL CENTER 660 HARRISON AVENUE, 2ND FLOOR AWARD - DYSREGULATED T AND B CELL INTERACTIONS IN EARLY-ONSET 82, MAJOR GRANT - BEYOND WATCHING AND WAITING:	• Approved for future payment				
BOSTON, MA 02241-4413 AND B CELL INTERACTIONS IN EARLY-ONSET 82, BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:	BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND 660 HARRISON AVENUE, 2ND FLOOR MATCHING AND WAITING:	P.O. BOX 414413			AWARD - DYSREGULATED T	
BOSTON MEDICAL CENTER PC MAJOR GRANT - BEYOND WATCHING AND WAITING:	BOSTON, MA 02241-4413			AND B CELL	
BOSTON MEDICAL CENTER 60 HARRISON AVENUE, 2ND FLOOR PC MAJOR GRANT - BEYOND WATCHING AND WAITING:				INTERACTIONS IN	
660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:				EARLY-ONSET	82,500.
660 HARRISON AVENUE, 2ND FLOOR WATCHING AND WAITING:	BOSTON MEDICAL CENTER		PC	MAJOR GRANT - BEYOND	
,	•				
TO PREVENT AND REDUCE	,				
THE BURDEN OF MENTAL 225,				THE BURDEN OF MENTAL	225,000.
DANA_WADDED CANCED INCRIMINE	DANA PADDED CANCED INCOMPRISE		DC.	CUTID UDVIMO DEGENDAT	
DANA-FARBER CANCER INSTITUTE PC CHILD HEALTH RESEARCH 450 BROOKLINE AVE BP437 AWARD - MACHINE			FC		
,	•				
BOSTON, MA 02215-5450 LEARNING-BASED RISK PREDICTION FOR	DODION, MA 02213-3430				
					82,500.
	Total SEE COI	NTINUATION SHEE	T(S)	· · · · · · · · · · · · · · · · · · ·	1,050,000.

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

CHARLES H. HOOD FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouilt	Tunction income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,409,322.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					72,704.
8 Gain or (loss) from sales of assets other than inventory			18	5,213,285.	•
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					1,021.
b					·
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		6,622,607.	73,725.
13 Total. Add line 12, columns (b), (d), and (e)					6,696,332.
(See worksheet in line 13 instructions to verify calculations.)					3,030,0021
1000 Workshoot III lillo To liloti deliono to verify calculations.)					

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

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

Page 13

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

(a) Earn no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, and shaling arrangements 1a (b) Amount involved (c) Name of noncharitable exempt organization 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship N/A (d) Parountal ordinary of predatedule. (a) The none of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (c) Description of relationship N/A (d) Remained of facilities, equipment, making solicitations 1b(0) X 1b(0) X 1b(0) X 1b(0) X 1b(0) X 1c X 1	1	Did the or	nanization directly or indire	ectly engage in any o	f the followin	na with any other organization	on described in section	on 501(c)		Yes	Nο
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash. (2) Other assets 5 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets to an anoncharitable exempt organization (3) Rential of tallities, outpinent, or other assets (4) Reinbursement arrangements (5) Loans of the angustanties (5) Loans of the angustanties (5) Loans of the angustanties (5) Salary of Edition, equipment, mailing lists, other assets, or paid employees (6) Performance of services or membership or fundrising solicitations (6) Performance of services or membership or fundrising solicitations (6) Performance of services or membership or fundrising solicitations (6) Amount involved (7) Karne of noncharitable exempt organization (8) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Description of reationship (6) Description of reationship (7) Amount involved	•							on 50 1(c)			
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N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which penalties any knowledge. TREASURER TREASURER TREASURER Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if self- employed Self- employed Firm's name AAFCPAS, INC. Firm's EIN O4-2571780 Phone no. 508-366-9100	b	If "Yes," co	omplete the following sche	edule.							
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT AND TREASURER T						(b) Type of organization	1 ((c) Description of relationshi	ip		
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Here Signature of officer or trustee Date TREASURER Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN self- emp		Under	penalties of perjury, I declare t	hat I have examined this	return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	the IPC	igeriee •	this
Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed self- employed self- employed self- employed Prim's name ► AAFCPAS, INC. Firm's name ► AAFCPAS, INC. Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Print/Type preparer's name Preparer's signature Date Check if self- employed self- employed self- employed PO0548581 Prim's saddress ► 50 WASHINGTON STREET Phone no. 508-366-9100	Sig	and be	elief, it is true, correct, and com	plete. Declaration of pre	parer (other tha	n taxpayer) is based on all inforn	nation of which preparer PRESID	has any knowledge. ENT AND return	n with the	e prepar	er etr
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Preparer Use Only Firm's name ►AAFCPAS, INC. Firm's ellN ►04-2571780 Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100	Pa	id	JOYCE RIPT	ANZI. CPA	JOYCE	RIPIANZT C		· • I	548	581	
Use Only Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100											
Firm's address ► 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100		-	THIT S HAIN F 23231 V	,	-			I I I I I I I I I I I I I I I I I I I	,	20	
WESTBOROUGH, MA 01581 Phone no. 508-366-9100		y	Firm's address ► 50	WASHINGTO	ON STE	EET					
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			WE;	PIPOMOGH	, ma 0	<u> </u>					(2021)

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

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

Purpose of Grant

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

 Date of Reports by Grantee
 Diversions by Grantee

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

 Date of Reports by Grantee
 Diversions by Grantee

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

Recipient's Name and Address NO • 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC.				
DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH 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

PRI REPORT - 11/2021, 6/24/2022

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

Total from continuation sheets

1,792,500.

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

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

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS

AND MACROPHAGE ACTIVATION SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

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

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD

CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

123655 11-18-21

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

NAME OF RECIPIENT - MCLEAN HOSPITAL

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

CHILDREN AND ADOLESCENTS

NAME OF RECIPIENT - TUFTS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO

UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID

EXPOSURE ON THE BRAIN REWARD SIGNALING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO

PREVENT RECURRENT PEDIATRIC METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

INFECTIONS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL

XENOBIOTICS IN FOOD ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR

SEVERE AND EARLY ONSET FSHD

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

EARLY-ONSET OLIGOARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

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

UNDERSERVED YOUTH WITH EPILEPSY

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MACHINE LEARNING-BASED RISK PREDICTION

FOR CHILDREN WITH MEDULLOBLASTOMA

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD

CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - ILLUMINATING THE FUNCTION OF POLYCYSTINS

AS CILIARY MECHANOTRANSDUCERS IN LEFT-RIGHT AXIS DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING NEONATAL INDUCTION OF

PROALLERGIC T FOLLICULAR HELPER CELLS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR

SEVERE AND EARLY ONSET FSHD

123651 11-18-21

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

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

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

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

FORM 990-PF		CONTROLLED ENTITI -A, LINE 11	ES 	STATI	EMENT	14
NAME OF CONTROLLED	ENTITY			EMPLOY	ER ID N	Ю
CH INNOVATIONS LLC				04-35	507847	_
ADDRESS		EXCESS BUSI	NESS HOLDING	G [] YES	[X] NO)
2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR					
FORM 990-PF I		T OF OFFICERS, DII		STATI	EMENT	15
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
NEIL SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	PRESIDENT AND 1	TREASURER 0.	0.		0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, BOSTON, MA 02116		VICE PRESIDENT 1.00	AND CLERK 0.	0.		0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.
BARBARA BULA 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.
BRENDON BULA 2 BOYLSTON STREET,	4TH FLOOR	TRUSTEE 1.00	0.	0.		0.

TRUSTEE

1.00

0. 0.

0.

BOSTON, MA 02116

BOSTON, MA 02116

2 BOYLSTON STREET, 4TH FLOOR

ELIZABETH HOOD

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



Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

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

Form 8868 (Rev. 1-2022)

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

EXTENDED TO NOVEMBER 15, 2021
Return of Private Foundation

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

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

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

OMB No. 1545-0047 **2020**Chan to Public Inspection

For calendar year 2020 or tax year beginning , and ending A Employer identification number Name of foundation CHARLES H. HOOD FOUNDATION 04 - 3507847Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2 BOYLSTON STREET, 4TH FLOOR 617-695-9439 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02116 **D** 1. Foreign organizations, check here **G** Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ...▶ 73,468,723. (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,302,685. 1,302,685 STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 860,251. 6a Net gain or (loss) from sale of assets not on line 10. b Gross sales price for all assets on line 6a 5,970,212. 7 Capital gain net income (from Part IV, line 2) 860,251. 8 Net short-term capital gain 175,535. Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 180,014. STATEMENT 11 Other income 0. 2,342,950 2,162,936. 175,535. Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 28,703. 28,703. 16,253. 0. Expenses **16a** Legal fees **STMT** 16,253 b Accounting fees STMT 6 0. 15,763. 106,525. 90,762. c Other professional fees STMT 7 17 Interest Taxes STMT 36,521. 36,521. 0. 18 Depreciation and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 4,456. 0. 4,456. and 22 Printing and publications 23 Other expenses STMT 9 210,764. 210,764. 0. 24 Total operating and administrative 403,222 275,939. 127,283. expenses. Add lines 13 through 23 2,059,212. 2,059,212. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,462,434 127,283. 2,335,151. Add lines 24 and 25 27 Subtract line 26 from line 12: -119,484**a** Excess of revenue over expenses and disbursements 2,035,653. **b Net investment income** (if negative, enter -0-) 175,535. C Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	,
	arı	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	502,310.	388,809.	388,809.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
ğ		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 11	47,014,599.	51,980,735.	
	C	Investments - corporate bonds STMT 12	15,038,832.	15,513,323.	15,513,323.
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 13	2,964,148.	3,465,892.	3,465,892.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe STATEMENT 14)	1,307,000.	2,119,964.	2,119,964.
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	66,826,889.	73,468,723.	73,468,723.
	17	Accounts payable and accrued expenses			
		Grants payable			
S		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
_		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
ince	24	Net assets without donor restrictions			
Fund Balan	25	Net assets with donor restrictions			
βĒ		Foundations that do not follow FASB ASC 958, check here ▶ X			
Ē		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	28	Retained earnings, accumulated income, endowment, or other funds \dots	7,526,134.	14,167,968.	
Net Assets	29	Total net assets or fund balances	66,826,889.	73,468,723.	
z					
	30	Total liabilities and net assets/fund balances	66,826,889.	73,468,723.	
P	art	Analysis of Changes in Net Assets or Fund B	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		t agree with end-of-year figure reported on prior year's return)		1	66,826,889.
		amount from Part I, line 27a			-119,484.
		increases not included in line 2 (itemize) UNREALIZED	GAINS	3	6,877,676.
		ines 1, 2, and 3			73,585,081.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 10 5	116,358.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		73,468,723.

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

	ection 4940(a), 4940(b), or 4948 - see instruct	ions)		
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach cop				
b Reserved		2	8,2	96.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign orga				
of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun	ndations only; others, enter -0-)			0.
3 Add lines 1 and 2		2	8,2	96.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less		2	8,2	96.
6 Credits/Payments:				
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a 39,516.			
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld	6d 0.			
7 Total credits and payments. Add lines 6a through 6d	7	3	9,5	16.
8 Enter any penalty for underpayment of estimated tax. Check here if Fo	orm 2220 is attached 8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo		1	1.2	20.
	11,220 • Refunded 11			0.
Part VII-A Statements Regarding Activities	, instances , in			
1a During the tax year, did the foundation attempt to influence any national, sta	te, or local legislation or did it participate or intervene in		Yes	No
any political campaign?		1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for		1b		Х
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activit				
distributed by the foundation in connection with the activities.	, and a series of the series o			
c Did the foundation file Form 1120-POL for this year?		1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imp				
(1) On the foundation. \triangleright \$ 0 • (2) On found				
e Enter the reimbursement (if any) paid by the foundation during the year for				
managers. ► \$ 0.	o managed and an analysis of the second and the sec			
2 Has the foundation engaged in any activities that have not previously been re	eported to the IRS?	2		х
If "Yes," attach a detailed description of the activities.		_		
3 Has the foundation made any changes, not previously reported to the IRS, in	n its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more			Х	
b If "Yes," has it filed a tax return on Form 990-T for this year?			Х	
5 Was there a liquidation, termination, dissolution, or substantial contraction of	during the year?	5		Х
If "Yes," attach the statement required by General Instruction T.				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4	945) satisfied either:			
By language in the governing instrument, or	,			
 By state legislation that effectively amends the governing instrument so th 	nat no mandatory directions that conflict with the state law			
remain in the governing instrument?		6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year	? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
	, , , , , , ,			
8a Enter the states to which the foundation reports or with which it is registered	d. See instructions.			
MA				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explana	· · · · · · · · · · · · · · · · · · ·	8b	Х	
9 Is the foundation claiming status as a private operating foundation within the				
year 2020 or the tax year beginning in 2020? See the instructions for Part X	,	9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes		10		Х

Yes No	Pá	art VII-A Statements Regarding Activities (continued)			
11 A any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 5 1200 (1)191 ff Yes, statisch scheduls. See instructions 12 Did the roundation make a distribution to a donor advised fund over which the foundation or a dequalified person had advisory privileges? 11 Yes, attach stationers. See instructions 12 Did the foundation comply with the public inspection requirements for its anneal returns and exemption application? 13 X 13 X 14 The books are in care of ▶ AAFCPAS 15 Location 45 NAFCPAS 16 A any time during in care of the AAFCPAS 17 Seaton 4897(42) (1) nonearong fundation to tak-exempt interest received or accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, seen or other financial account in a foreign country? See the instructions for exceptions and fling requirements for FinCEN Form 114. If Yes, enter the name of the foreign country ▶ Plant WIL-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 frany item is checked in the Yest' column, unless an exception applies. 14 During the year, did the foundation (either directly or indirectly): 15 In gape in the sale or exchange, or leasing for property with a disqualified person? 16 Agree to any money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 17 Even in the case or exchange, or facilities to (or accept them from) a disqualified person? 18 Formish poods, services, or facilities to (or accept them from) a disqualified person? 19 Formish poods, services, or facilities to (or accept them from) a disqualified person? 20 Formish poods, services, or facilities to (or accept them from) a disqualified person? 21 Formish poods, services, or facilities to (or accept them from) a disqualified person? 22 Formish poods, services, or facilities to (or accept them from) a disqualified person? 23 Formish poods, services, or faci				Yes	No
section of 2(b) (1/32) if 1/45, and active should. See instructions 2	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
12 bit the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 11 "Yes, 'fattor's talemer. See instructions 12			11	Х	
If Yes, a tracent statement. See instructions 12	12				
13 X			12		Х
Website address ► HTTPS://IRITA.ORG/TMF/HODD/	13		13	Х	
14 The books are in care of ▶ ARFCPAS Located at ▶ 50 WASHINGTON STREET, WESTBOROUGH, MA It is Section 4947(a)(1) nonexempt charitable trusts fling form 990-PF in file of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year Afford form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here and enter the amount of tax-exempt interest received or accrued the form 1041 - check here 16 A ray mire during a check ed in the "Yes" column, unless an exception applies. Yes IX No 17 Enghore interest received in the "Yes" column, unless an exception applies. Yes IX No 18 Derived form 4720 if any item is checked in the "Yes at a singular for person? Yes IX No 19 Enghore interest received in the accrued the form 4720 May Be Required The part of the foundation agreed to make a grant to or to employ the original form of the person? 10 Farmels podd, services, or facilities to (or accept them from) a disqualified person? 10 Farmels podd, and podd podd person for make any of originary and originary a					
Located at \$\sigma\$ 50 WASHINGTON STREET, WESTBOROUGH, MA Section 4947(a)(1) nonexempt chartable trusts filling Form 990-PF in lieu of Form 1041 - check here and either the amount of tax-exempt interest received or accrued during the year 16	14	The books are in care of ► AAFCPAS Telephone no. ► 508 – 36	6-9	100	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VI-IB Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 16 Unity in the year, did the foundation (either directly in indicated); 17 Engage in the sale or exchange, or leasing of property with a disqualified person? 18 Derrow money from, lend money to, or otherwise extend credit to (or accept them) a disqualified person? 19 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 19 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 19 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 10 Furnish gray in known or assets to a disqualified person? 10 Furnish gray in known or assets to a disqualified person? 10 Furnish gray in known or assets to a disqualified person? 10 Furnish gray in known or assets to a disqualified person? 11 Furnish gray in known or assets to a disqualified person? 12 Furnish gray in known or assets to a disqualified person? 13 Furnish goods, services, or facilities to for enclopy the official for a period after termination of government service, if terminating within 90 days.) 12 Furnish gray in the development of the exception segribed in Regulations 13 Furnish gray in the gray of the acts fall to quality under the exceptions despited in Regulations 19 Furnish gray in the gray of the acts fall to quality under the exceptions despited person? 10 Furnish gray in the gray		Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01	581		
And onter the amount of tax-exempt interest received or accrued during the year A tary time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, Securities, or other financial account in a foreign country? See the instructions for exceptions and filling requirements for FINCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year, did the foundation (either directly or indirectly); (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer ary income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 disps.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations sections 33.941 (19)-3 or in a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the list day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 1 Texts its day of the tax year beginning before 2020? 2 Taxes on failure to distribute income (section 4942(a)(2) to all y	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
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See the instructions for exceptions and filling requirements for FinCEN Form 114. If 'Yes,' enter the name of the forcigin country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. 1a buring the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or asset to a disqualified person (or make any of other available for the benefit or use of a disqualified person)? Yes X No (6) Agree to pay money or property to a government official? (Exception, Check No' If the foundation or make a grant to or to employ the dical for a period after termination of government service, if terminating within 90 days.) Yes X No b If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.494 (10)-3 or in a current notice regarding disaster assistance? See instructions Yes X No C Did the foundation engage in a prior year in any of the earts escribed in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? If Yes, "Ist the years Yes X No Yes X No Yes X No Yes X No	16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
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a disqualified person?		(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
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(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions despribed in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5): a At the end of tax year(5) beginning before 2020? If "Yes," list the years \[\] b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? No If "Yes," did the foundation hold more than a 2% direct or indirect		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
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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 © Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. D D D D D D D D D D D D D					
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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.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	38				
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			44		- 22
			4h		х

Form 990-PF (2020) CHARLES H. HOOD FOUNDATI			04-35078	847	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🔼 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		Ye	es X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🔼 No 📗		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		ı		
4945(d)(4)(A)? See instructions		X_ Y	es 📖 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for	ı		
the prevention of cruelty to children or animals?		Ye	es 🛛 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions			5b	X
Organizations relying on a current notice regarding disaster assistance, check h	nere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		X Ye	es 🔲 No 📗		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870.			Ī		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			İ		
excess parachute payment(s) during the year?		Y	es X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<u>, </u>		•
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	-			_	
() News and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E>	rpense nt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allow	ances
SEE STATEMENT 16		0.	0	•	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E>	rpense nt, other
(a) warne and address of each employee paid more than 400,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allow	ances
NONE					
				<u>l</u>	
				<u>l</u>	
Total number of other employees paid over \$50,000			>		0

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	131,820.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	-
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
· ·		<u> </u>
	1	
	1	
	1	
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Firmanaaa
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 MESENTECH, INC BRITISH COLUMBIA, CANADA		
SAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY		
		250,000.
2 ANIDA PHARMA - CAMBRIDGE, MA		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
All other program-related investments. See instructions.		
3		
SEE STATEMENT 17		300,000.
Total. Add lines 1 through 3	•	300,000.

Form **990-PF** (2020)

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

Form **990-PF** (2020)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				3,309,198.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			2,911,960.	
b Total for prior years:				
Excess distributions carryover, if any, to 2020:		0.		
a From 2015 b From 2016				
5 0047				
4F 0040				
eFrom 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from		1		
Part XII, line 4: ▶\$3,135,151.				
a Applied to 2019, but not more than line 2a			2,911,960.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2020 distributable amount				223,191.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2019. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2021				3,086,007.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2015	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021.	0.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	0.			
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

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

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

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

RESTRICTED TO PEDIATRIC RESEARCH

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

82,500.

1,050,000.

PREVENT RECURRENT

CONTINUATION SHEET(S)

Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	7 in our	code	Aimount	Turiotion moonio
a					
D					
·					
a					
e					
†					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,302,685.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	860,251.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					175,535.
b MISCELLANEOUS INCOME					4,479.
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,162,936.	180,014.
13 Total . Add line 12, columns (b), (d), and (e)					2,342,950.
(See worksheet in line 13 instructions to verify calculations.)					-
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	

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

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

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

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

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

10/30/2020, 02/18/2021

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 04/16/2020, 07/31/2020,	NONE, SEE BELOW
10/30/2020, 02/18/2021	

Results of Verification

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

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

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

Purpose of Grant

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

liversions by Grantee
NONE, SEE BELOW
)i

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 04/16/2020, 07/31/2020,	NONE, SEE BELOW
10/30/2020, 02/18/2021	

Results of Verification

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

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

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

Purpose of Grant

FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES.

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

Results of Verification

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

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

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

Purpose of Grant

THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") - A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN.

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

Results of Verification

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

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

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

Purpose of Grant

FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, TO TEST BLOOD BRAIN BARRIER PENETRATION, TO TEST WHETHER BLOOD BRAIN BARRIER PENETRATION IS EVEN NEEDED, AND IN PARALLEL, TO DO THE REGULATORY STUDIES REQUIRED TO FILE AN IND TO STUDY IN A PHASE 1-2 CLINICAL SETTING AND THE DRUG SUBSTANCE AND DRUG PRODUCT DEVELOPMENT AND MANUFACTURING REQUIRED FOR, AND TO BE USED SOLELY FOR THE PURPOSES OF, CLINICAL STUDY.

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

Results of Verification

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

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

Recipient's Name and Address	NO.	9	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC.						
1173 MAIN STREET						
BOLTON, MA 01740			150,000.	04/17/20	145,921.	06/08/21

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 04/27/2020, 07/27/2020,	NONE, SEE BELOW
12/10/2020, 06/08/2021	

Results of Verification

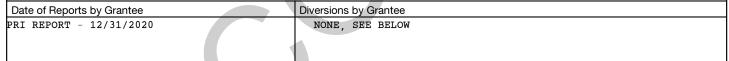
THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

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

Recipient's Name and Address	NO.	10	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC.						
155 BROOKLINE STREET, SUITE 005						
CAMBRIDGE, MA 02139			250,000.	12/21/20	40,000.	05/24/21

Purpose of Grant

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



Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee

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

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

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

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

Recipient's Name and Address NO. 12	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC.				
2222 HEALTH SCIENCES RD				
VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	80,755.	05/18/21

Purpose of Grant

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

Date of Reports by Grantee

PRI REPORT - 05/18/2021

NONE, SEE BELOW

Results of Verification

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

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

on			
Year (Continuation)			
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
or substantial contributor	recipient		
	PC	CHILD HEALTH	
		SUPPLEMENTAL	
		ASSISTANCE DUE TO	
		COVID IMPACTS -	
		PROTECTIVE ANTIBODIES	24,200.
	PC	CHILD HEALTH	
		SUPPLEMENTAL	
		ASSISTANCE DUE TO	
		COVID IMPACTS -	
		MECHANISM OF CHIMERIC	40,135.
	PC	CHILD HEALTH RESEARCH	
		AWARD - NEXT	
		GENERATION TARGETING	
		OF ONCOMIRS FOR	
		PEDIATRIC GLIOMA	82,500.
	PC	CHILD HEALTH RESEARCH	
		AWARD - BACK TO THE	
		BASICS OF ANTI-FOLATE	
		THERAPY FOR IMPROVED	
		CURE OF PEDIATRIC	82,500.
	PC	CHILD HEALTH RESEARCH	
		AWARD - NOVEL MRI	
		MARKERS TO PREDICT	
		MULTIPLE SCLEROSIS IN	
		CHILDREN AT RISK	82,500.
	PC	CHILD HEALTH AWARD	
	· ·	FUNDS TO BE HELD IN	
		ESCROW (FUNDS TO BE	
		PAID TO GRANTEES AT A	
		LATER DATE)	165,000.
	PC	CHILD HEALTH RESEARCH	
		AWARD - MTORC1 AS A	
		MEDIATOR OF	
		HEMOPHAGOCYTOSIS AND	
		MACROPHAGE ACTIVATION	82,500.
	PC	CHILD HEALTH RESEARCH	
		AWARD - PRECISION	
		MEDICINE FOR PEDIATRIC	
		ACUTE LEUKEMIA	82,500.
	PC	CHILD HEALTH RESEARCH	
		AWARD - MEDS2:	
		MEDICATION EDUCATION	
		FOR DOSING SAFETY	82,500.
	PC	FOR DOSING SAFETY CHILD HEALTH RESEARCH	82,500.
	PC	FOR DOSING SAFETY CHILD HEALTH RESEARCH AWARD - RISING	82,500.
	PC	FOR DOSING SAFETY CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK	82,500.
	PC	FOR DOSING SAFETY CHILD HEALTH RESEARCH AWARD - RISING	82,500. 82,500.
	If recipient is an individual, show any relationship to any foundation manager	PYear (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor PC PC PC PC PC PC PC PC PC	Pear (Continuation)

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

Part XV Supplementary Information 3 Grants and Contributions Approved for Future 1 1 1 1 1 1 1 1 1				
Recipient	If recipient is an individual,		1	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
UNIVERSITY OF MASSACHUSETTS		PC	CHILD HEALTH RESEARCH	
55 LAKE AVENUE NORTH			AWARD - THE ROLE OF	
WORCESTER, MA 01655			CUTANEOUS INTRINSIC	
			IMMUNITY IN NEONATAL	00 500
			ANTIVIRAL DEFENSE	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
P.O. BOX 1873			AWARD - UNDERSTANDING	
NEW HAVEN, CT 06508-1873			THE ROLE OF	
			ENVIRONMENTAL	
			XENOBIOTICS IN FOOD	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
P.O. BOX 414413			AWARD - MTORC1 AS A	
BOSTON, MA 02241-4413			MEDIATOR OF	
			HEMOPHAGOCYTOSIS AND	
			MACROPHAGE ACTIVATION	82,500
DANA-FARBER CANCER INSTITUTE		PC	CHILD HEALTH RESEARCH	
450 BROOKLINE AVE, BP437			AWARD - PRECISION	
BOSTON, MA 02215-5450			MEDICINE FOR PEDIATRIC	
			ACUTE LEUKEMIA	82,500
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
C/O BANK OF AMERICA N.A., PO BOX			AWARD - MEDS2:	
414876 BOSTON, MA 02241-4876			MEDICATION EDUCATION	
,			FOR DOSING SAFETY	82,500.
BOSTON MEDICAL CENTER		PC	CHILD HEALTH RESEARCH	,
660 HARRISON AVE, 2ND FLOOR			AWARD - RISING	
BOSTON, MA 02118?2908			SUICIDES IN BLACK	
			CHILDREN WITH ADHD:	
			THE ROLE OF	82,500.
TUFTS MEDICAL CENTER		PC	CHILD HEALTH RESEARCH	02,000
800 WASHINGTON STREET, TUFTS MC BOX			AWARD - SALIVARY	
453 BOSTON, MA 02111-1526			TRANSCRIPTOMIC	
155 BOBION, IMI OFFIT 1520			ANALYSIS TO UNDERSTAND	
			SEX-DEPENDENT	82 500
MCLEAN HOSPITAL		PC	MAJOR GRANT -	82,500
P.O. BOX 414248			BRAIN/BEHAVIOR	
BOSTON, MA 02241-4248			MECHANISMS OF	
			IRRITABILITY AND	005 000
			SUICIDE IN CHILDREN	225,000.
		ļ		
Total from continuation shorts				000 500
Total from continuation sheets				802,500

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

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

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

NAME OF RECIPIENT - 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

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

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS -

IDENTIFICATION OF THE EMBRYONIC LYMPHOID PROGENITORS OF NEONATAL IL-17

PRODUCING T CELLS

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - A MOBILE

APPLICATION TO ENGAGE FAMILIES OF HOSPITALIZED CHILDREN IN SAFETY

REPORTING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS -

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

FOR ADHD TREATMENTS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - GENETIC

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

DISH

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - PROTECTIVE

ANTIBODIES IN IMMUNOTHERAPY FOR PEANUT ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - MECHANISM

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

OF CHIMERIC ANTIGEN RECEPTOR (CAR) SIGNALING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

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

FOR IMPROVED CURE OF PEDIATRIC CANCER

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS

AND MACROPHAGE ACTIVATION SYNDROME

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

NAME OF RECIPIENT - TUFTS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO

UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID

EXPOSURE ON THE BRAIN REWARD SIGNALING

NAME OF RECIPIENT - MCLEAN HOSPITAL

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

CHILDREN AND ADOLESCENTS

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

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO

PREVENT RECURRENT PEDIATRIC METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

INFECTIONS

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL

XENOBIOTICS IN FOOD ALLERGY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS

AND MACROPHAGE ACTIVATION SYNDROME

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH

ADHD: THE ROLE OF DISCRIMINATION

NAME OF RECIPIENT - TUFTS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO

UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID

EXPOSURE ON THE BRAIN REWARD SIGNALING

NAME OF RECIPIENT - MCLEAN HOSPITAL

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

CHILDREN AND ADOLESCENTS

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

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT '		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	31,525. 75,000.			15,763.	
TO FORM 990-PF, PG 1, LN 160	106,525.	90,762.		15,763.	
FORM 990-PF	TAX	ES	S'	ratement 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	36,521.	36,521.		0.	
TO FORM 990-PF, PG 1, LN 18	36,521.	36,521.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEES MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS PROGRAM RELATED INVESTMENT	1,039. 5,670. 131,820.	0. 0. 0.		1,039. 5,669. 131,821.	
ADMINISTRATIVE COSTS MARKETING HONORARIA SCIENTIFIC ADVISORS	7,404. 851. 21,238. 42,742.	0. 0. 0.		7,404. 851. 21,238. 42,742.	
TO FORM 990-PF, PG 1, LN 23	210,764.	0.		210,764.	

FORM 990-PF OTHER DECREASES	IN NET ASSETS OR F	UND BALANCES	STATEMENT	10
DESCRIPTION			AMOUNT	
LOSS ON INVESTMENT IN GPG HEALT LOSS ON INVESTMENT IN NEWBURY E LOSS ON INVESTMENT IN ACCOLADE LOSS ON RCP FUND XIV CAYMAN FEE	QUITY PARTNERS V L PARTNERS VIII, L.P	.P.	29,753 22,253 8,569 55,783	
TOTAL TO FORM 990-PF, PART III,	LINE 5		116,3	58.
FORM 990-PF	CORPORATE STOCK		STATEMENT	11
DESCRIPTION		BOOK VALUE	FAIR MARKE'	Г
DOMESTIC EQUITIES FOREIGN SECURITIES		36,997,735. 14,983,000.	36,997,73 14,983,0	
TOTAL TO FORM 990-PF, PART II,	LINE 10B	51,980,735.	51,980,7	35.
FORM 990-PF	CORPORATE BONDS		STATEMENT	12
DESCRIPTION		BOOK VALUE	FAIR MARKE	T
FIXED INCOME		15,513,323.	15,513,3	23.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,513,323.	15,513,32	23.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	13
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	2,863,191. 602,701.	2,863,19	
TOTAL TO FORM 990-PF, PART II,	LINE 13	3,465,892.	3,465,85	92.
	:			

FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF 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.



BOSTON, MA 02116

FORM 990-PF SCHEDULE PAR'	STATI	EMENT	15		
NAME OF CONTROLLED ENTITY			EMPLOYI	ER ID 1	NO
CH INNOVATIONS LLC			04-35	507847	
ADDRESS	EXCESS BUSINESS H	OLDIN	G [] YES	[X] N	0
2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116					
	- LIST OF OFFICERS, DIRECTO S AND FOUNDATION MANAGERS	DRS	STATI	EMENT	16
NAME AND ADDRESS		EN- ON	EMPLOYEE BEN PLAN CONTRIB		
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASU	RER 0.	0.		0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND C	LERK 0.	0.		0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BRENDON BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
ELIZABETH HOOD 2 BOYLSTON STREET, 4TH FLOOR	TRUSTEE 1.00	0.	0.		0 .

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



FORM 990-PF	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 17
DESCRIPTION		AMOUNT
149 MEDICAL - B UNSECURED CONVE	OLTON, MA RTIBLE PROMISSORY NOTE	150,000.
DESCRIPTION		AMOUNT
	OGIES - BELMONT, MA RTIBLE PROMISSORY NOTE	150,000.
TOTAL TO FORM 9	90-PF, PART IX-B, LINE 3	300,000.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

J	,		,				
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				,
All corpor	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trus	ts	
nust use	Form 7004 to request an extension of time to file incom	e tax retu	rns.				
Гуре or	e or Name of exempt organization or other filer, see instructions.			Taxpayer	Faxpayer identification number (TIN)		
orint	CHARLES H. HOOD FOUNDATION				04-3507847		
File by the due date for	by the Name to the state of the				01 30	307017	
ling your eturn. See	2 BOYLSTON STREET, 4TH FLOO	OR					
nstructions.	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02116	oreign add	dress, see instructions.				
Inter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			C) 4
Applicati	on	Return	Application			R	eturn
s For		Code	Is For				Code
	or Form 990-EZ	01	Form 990-T (corporation)				07
orm 990		02	Form 1041-A				08
orm 472	0 (individual)	03	Form 4720 (other than individual)				09
orm 990		04	Form 5227				10
orm 990	990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11			
orm 990	-T (trust other than above) AAFCPAS	06	Form 8870				12
Teleph	boks are in the care of one No. 508-366 9100 organization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box	s in the Ur Group Exe	Fax No. ▶	f this is fo	the whole	group, chec	
	quest an automatic 6-month extension of time until organization named above. The extension is for the org			e the exem	ıpt organiza	ation return f	or
	\overline{X} calendar year 2020 or	ariizatiori	s return for.				
 		, an	d ending				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069.	enter the tentative tax, less				
	nonrefundable credits. See instructions.	,,		3a	\$	28,2	289.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
esti	mated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	39,5	516.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by				
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$		0.
	If you are going to make an electronic funds withdrawal			3453-EO ar	nd Form 88	79-EO for pa	ayment
nstructio			•			•	-

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

Form 8868 (Rev. 1-2020)