

**Return of Private Foundation**

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

**2017**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning , and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		A Employer identification number <b>04-3507847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2 BOYLSTON STREET, 4TH FLOOR</b>	Room/suite	B Telephone number <b>617-695-9439</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>66,619,146.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
		(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received .....				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....		1,475,426.	1,475,426.		STATEMENT 3
5a Gross rents .....					
b Net rental income or (loss) .....					
6a Net gain or (loss) from sale of assets not on line 10 .....		2,780,485.			
b Gross sales price for all assets on line 6a <b>10,588,593.</b>					
7 Capital gain net income (from Part IV, line 2) .....			2,780,485.		
8 Net short-term capital gain .....					
9 Income modifications .....				25,296.	
10a Gross sales less returns and allowances .....					
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....		67,895.	0.		STATEMENT 4
12 Total. Add lines 1 through 11 .....		4,323,806.	4,255,911.	25,296.	
13 Compensation of officers, directors, trustees, etc. ....		0.	0.		0.
14 Other employee salaries and wages .....					
15 Pension plans, employee benefits .....					
16a Legal fees <b>STMT 5</b> .....		8,854.	0.		8,854.
b Accounting fees .....					
c Other professional fees <b>STMT 6</b> .....		182,358.	106,296.		76,062.
17 Interest .....					
18 Taxes <b>STMT 7</b> .....		45,800.	20,800.		0.
19 Depreciation and depletion .....					
20 Occupancy .....					
21 Travel, conferences, and meetings .....		8,732.	0.		8,732.
22 Printing and publications .....					
23 Other expenses <b>STMT 8</b> .....		294,266.	0.		294,266.
24 Total operating and administrative expenses. Add lines 13 through 23 .....		540,010.	127,096.		387,914.
25 Contributions, gifts, grants paid .....		2,492,665.			2,492,665.
26 Total expenses and disbursements. Add lines 24 and 25 .....		3,032,675.	127,096.		2,880,579.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....		1,291,131.			
b Net investment income (if negative, enter -0-) .....			4,128,815.		
c Adjusted net income (if negative, enter -0-) .....				25,296.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,057,980.	2,034,631.	2,034,631.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 9 43,882,732.	51,276,443.	51,276,443.
	c Investments - corporate bonds	STMT 10 2,934,141.	3,019,723.	3,019,723.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 11 11,093,006.	9,631,349.	9,631,349.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	STATEMENT 12 400,000.	657,000.	657,000.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	59,367,859.	66,619,146.	66,619,146.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	67,104.	7,318,391.		
30 Total net assets or fund balances	59,367,859.	66,619,146.		
31 Total liabilities and net assets/fund balances	59,367,859.	66,619,146.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	59,367,859.
2 Enter amount from Part I, line 27a	2	1,291,131.
3 Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	5,960,156.
4 Add lines 1, 2, and 3	4	66,619,146.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	66,619,146.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 10,588,593.		7,808,108.	2,780,485.	
b				
c				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			2,780,485.	
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 2,780,485.
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). If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3 N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	3,243,649.	57,828,769.	.056091
2015	2,995,208.	61,131,794.	.048996
2014	2,807,969.	62,041,873.	.045259
2013	2,640,653.	57,319,731.	.046069
2012	2,648,672.	53,084,393.	.049895
2 Total of line 1, column (d) .....			2 .246310
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....			3 .049262
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....			4 62,466,670.
5 Multiply line 4 by line 3 .....			5 3,077,233.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....			6 41,288.
7 Add lines 5 and 6 .....			7 3,118,521.
8 Enter qualifying distributions from Part XII, line 4 .....			8 3,137,579.

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

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

Table with 11 rows for excise tax calculation. Includes sub-rows 6a-6d for credits. Total tax due is 13,312. Includes a 'Refunded' amount of 13,312.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Columns for 'Yes' and 'No'. Includes questions about political campaigns, unrelated business income, and state reporting. MA is listed as the state.

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

	Yes	No	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <span style="float: right;">STMT 13</span>	11	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶ TMFGRANTS.ORG/HOOD</b>	13	X	
14 The books are in care of <b>▶ US TRUST FIDUCIARY TAX SERVICES</b> Telephone no. <b>▶ 617-695-9439</b> Located at <b>▶ 225 FRANKLIN STREET, BOSTON, MA</b> ZIP+4 <b>▶ 02110</b>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>▶ 15</b> <span style="float: right;">N/A</span>			
16 At any time during calendar year 2017, 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 <b>▶</b>	16		X

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

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

	Yes	No	
<b>1a</b> During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1b		X
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b> At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> _____, _____, _____, _____			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) <span style="float: right;">N/A</span>	2b		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> _____, _____, _____, _____			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b		X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

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

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

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

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

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

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET NO. 201, BOSTON, MA 02116	ADMINISTRATIVE FEES	152,751.
US TRUST 225 FRANKLIN STREET, BOSTON, MA 02110	INVESTMENT CUSTODIAN FEES	119,094.

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

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONINVASIX - GALVESTON, TX CONVERTIBLE PROMISSORY NOTE	7,000.
2 BREEGI - WOBURN, MA CONVERTIBLE PROMISSORY NOTE	250,000.
3 All other program-related investments. See instructions.	

**Total.** Add lines 1 through 3 ..... **257,000.**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	61,872,693.
b	Average of monthly cash balances	1b	1,442,700.
c	Fair market value of all other assets	1c	102,546.
d	<b>Total</b> (add lines 1a, b, and c)	1d	63,417,939.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	63,417,939.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	951,269.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	62,466,670.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	3,123,334.

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

1	Minimum investment return from Part X, line 6	1	3,123,334.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	41,288.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	41,288.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,082,046.
4	Recoveries of amounts treated as qualifying distributions	4	25,296.
5	Add lines 3 and 4	5	3,107,342.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,107,342.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,880,579.
b	Program-related investments - total from Part IX-B	1b	257,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,137,579.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	41,288.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	3,096,291.

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



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,107,342.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			2,929,775.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 3,137,579.				
a Applied to 2016, but not more than line 2a			2,929,775.	
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 2017 distributable amount				207,804.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				2,899,538.
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 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

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

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

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

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

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

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

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

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - NEURAL CIRCUIT-LEVEL MECHANISMS THAT CONTROL PERSISTENT	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - IMPROVED 3D CINE CARDIOVASCULAR MAGNETIC RESONANCE IMAGING FOR CHILDREN	75,000.
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - FROM VIRTUAL REALITY TO REAL LIFE SKILL: ENHANCING THE POTENTIAL OF VIRTUAL	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06520-8020		PC	CHILD HEALTH RESEARCH AWARD - MECHANISMS OF DISEASE IN PEDIATRIC LYMPHOCYTE DISORDERS CAUSED BY PI3K GENE	75,000.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - MICROBIAL AND DIETARY REPROGRAMMING OF INTESTINAL IMMUNE MEMORY	75,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,492,665.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A' in column (c).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A' in column (a).

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: CARLA M. MCCALL, CPA. Title: PRESIDENT AND TREASURER.

Paid Preparer Use Only: Print/Type preparer's name: CARLA M. MCCALL, CPA. Preparer's signature: CARLA M. MCCALL. Date: 06/18/18. Check self-employed: [ ]. PTIN: P00535908. Firm's name: ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN: 04-2571780. Firm's address: 50 WASHINGTON STREET WESTBOROUGH, MA 01581. Phone no.: 508-366-9100.

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

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		7,000.	07/27/17	7,000.	04/11/18
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 - 12/15/17		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC. 120 BEDFORD ROAD WOBURN, MA 01801		250,000.	06/26/17	29,473.	04/10/18
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 - 10/10/17, 12/6/17, AND 12/20/17.			NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

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



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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 4</b></p> <p>ALDATU BIOSCIENCES            C/O HARVARD LIFELAB 127 WESTERN AVE            ALLSTON, MA 02134</p>	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 - 6/21/17, 7/28/17, 9/11/17, 10/25/17, 12/15/17		NONE, SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH ALDATU BIOSCIENCE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.				

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

Recipient's Name and Address	NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/26/16	150,000.	12/15/17
Purpose of Grant  TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORT - 12/15/17		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE, BP437 BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - PEDICARE: FEASIBILITY OF NOVEL POVERTY-TARGETED INTERVENTION TO REDUCE	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - ZIKAVIRUS ALTERS CENTROSOME ARCHITECTURE TO ABROGATE DEVELOPMENTAL	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06520-8020		PC	CHILD HEALTH RESEARCH AWARD - ASSESSMENT AND MECHANISMS OF BLOOD VESSEL DYSFUNCTION IN CRITICALLY ILL	75,000.
MASSACHUSETTS EYE AND EAR 243 CHARLES STREET, ROOM 468 BOSTON, MA 02114		PC	CHILD HEALTH RESEARCH AWARD - ADVANCING PEDIATRIC TYMPANOPLASTY WITH 3-Dimensionally	75,000.
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - ACTIVATION OF NONSENSE-MEDIATED DECAY IN GENETIC DISEASES AND CHILDHOOD	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - IDENTIFYING MECHANISMS OF CARTILAGE HOMEOSTASIS AND DEGENERATION	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06520-8020		PC	CHILD HEALTH RESEARCH AWARD - BRAIN MECHANISMS UNDERLYING COGNITIVE DEVELOPMENT DURING CHILDHOOD	75,000.
UNIVERSITY OF VERMONT, ROBERT LARNER, M.D. COLLEGE OF MEDICINE 89 BEAUMONT AVE BURLINGTON, VT 05405-0068		PC	CHILD HEALTH RESEARCH AWARD - THE EFFECTS OF INCREASED INOCULUM ON ORAL ROTAVIRUS VACCINE TAKE AND	75,000.
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114		PC	CHILD HEALTH RESEARCH AWARD - REMOTE DIAGNOSIS OF PEDIATRIC EPILEPSY THROUGH A SMARTPHONE-BASED EEG	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - ZEBRAFISH MODELS OF PCDH19-RELATED PEDIATRIC EPILEPSY	75,000.
<b>Total from continuation sheets</b>				<b>2,117,665.</b>

**Part XV Supplementary Information**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - THE FUNCTION OF IMMUNE CELLS AND SENSORY EXPERIENCE ON BRAIN CIRCUIT	75,000.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02115-5418		PC	CHILD HEALTH RESEARCH AWARD - MECHANISM OF STING SIGNALING AND AUTO-ACTIVATION DURING PEDIATRIC INFLAMMATORY	75,000.
BRANDEIS UNIVERSITY MS 009, 415 SOUTH STREET WALTHAM, MA 02454		PC	CHILD HEALTH RESEARCH AWARD - REGULATION OF MRNA TRANSLATION INITIATION IN DEVELOPMENT	75,000.
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06520		PC	CHILD HEALTH RESEARCH AWARD - TARGETING BACTERIAL INFECTIONS IN CYSTIC FIBROSIS BY IMAGING ELECTRICAL	75,000.
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - USING MOBILE HEALTH TECHNOLOGY TO IMPROVE THE CONTINUUM OF NEONATAL CARE IN	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	CHILD HEALTH RESEARCH AWARD - ANTIBIOTIC-FREE TREATMENT AND PROPHYLAXIS OF OTITIS	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	MAJOR GRANT - ROLE OF RECURRENT DNA BREAK CLUSTER GENES IN BRAIN DEVELOPMENT AND DISEASE	285,000.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, 76-561A CAMBRIDGE, MA 02139		PC	MAJOR GRANT - DEVELOPMENT OF GENE THERAPY APPROACHES FOR NEURODEVELOPMENTAL DISORDERS	285,000.
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, #97 BOSTON, MA 02111		PC	MAJOR GRANT - ESTABLISHING RISK IN NEONATAL ABSTINENCE SYNDROME	90,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	MAJOR GRANT - PRETERM BIRTH: LUNG COMPLICATIONS AND STEM CELLS	90,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114		PC	HIV INFECTION, ANTIRETROVIRAL THERAPY AND PLACENTAL INFLAMMATION IN UGANDA: POTENTIAL	57,970.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		PC	MECHANISMS OF MICROTUBULE-BASED TRANSPORT VIA ORGANELLE CONTACTS	56,020.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	EPIGENETIC INHERITANCE OF PATERNAL ENVIRONMENTAL CONDITIONS	53,675.
<b>Total from continuation sheets</b> .....				

**Part XV** 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 - NEURAL CIRCUIT-LEVEL MECHANISMS THAT  
CONTROL PERSISTENT CONSEQUENCES OF EARLY LIFE STRESS.

NAME OF RECIPIENT - NORTHEASTERN UNIVERSITY

CHILD HEALTH RESEARCH AWARD - FROM VIRTUAL REALITY TO REAL LIFE SKILL:  
ENHANCING THE POTENTIAL OF VIRTUAL ENVIRONMENTS FOR REHABILITATION IN  
CHILDREN WITH CEREBRAL PALSY

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH AWARD - MECHANISMS OF DISEASE IN PEDIATRIC  
LYMPHOCYTE DISORDERS CAUSED BY PI3K GENE MUTATIONS

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE, INC.

CHILD HEALTH RESEARCH AWARD - PEDICARE: FEASIBILITY OF NOVEL  
POVERTY-TARGETED INTERVENTION TO REDUCE CHILDHOOD CANCER DISPARITIES

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ZIKAVIRUS ALTERS CENTROSOME ARCHITECTURE  
TO ABROGATE DEVELOPMENTAL SIGNALING IN THE BRAIN

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH AWARD - ASSESSMENT AND MECHANISMS OF BLOOD VESSEL  
DYSFUNCTION IN CRITICALLY ILL CHILDREN

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR

CHILD HEALTH RESEARCH AWARD - ADVANCING PEDIATRIC TYMPANOPLASTY WITH  
3-Dimensionally Printed Eardrums

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - ACTIVATION OF NONSENSE-MEDIATED DECAY IN  
GENETIC DISEASES AND CHILDHOOD DEVELOPMENT

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING MECHANISMS OF CARTILAGE  
HOMEOSTASIS AND DEGENERATION THROUGH THE USE OF PATIENT SPECIFIC IPSCSNAME OF RECIPIENT - UNIVERSITY OF VERMONT, ROBERT LARNER, M.D. COLLEGE OF  
MEDICINECHILD HEALTH RESEARCH AWARD - THE EFFECTS OF INCREASED INOCULUM ON ORAL  
ROTAVIRUS VACCINE TAKE AND IMMUNOGENICITY

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - THE FUNCTION OF IMMUNE CELLS AND SENSORY  
EXPERIENCE ON BRAIN CIRCUIT DEVELOPMENT

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MECHANISM OF STING SIGNALING AND  
AUTO-ACTIVATION DURING PEDIATRIC INFLAMMATORY DISEASE

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - TARGETING BACTERIAL INFECTIONS IN CYSTIC  
FIBROSIS BY IMAGING ELECTRICAL INTERACTIONS BETWEEN HOST SURFACE AND A  
PATHOGEN

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

**Part XV** | **Supplementary Information**

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

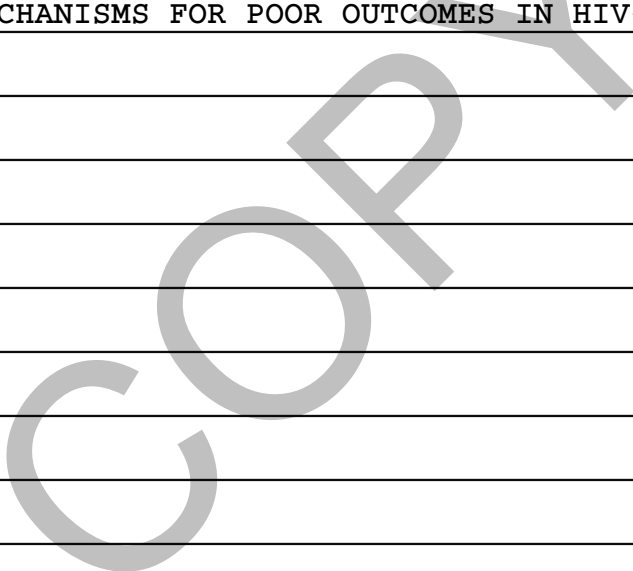
CHILD HEALTH RESEARCH AWARD - USING MOBILE HEALTH TECHNOLOGY TO IMPROVE  
THE CONTINUUM OF NEONATAL CARE IN RURAL GUATEMALA

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ANTIBIOTIC-FREE TREATMENT AND PROPHYLAXIS  
OF OTITIS MEDIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

HIV INFECTION, ANTIRETROVIRAL THERAPY AND PLACENTAL INFLAMMATION IN  
UGANDA: POTENTIAL MECHANISMS FOR POOR OUTCOMES IN HIV-EXPOSED INFANTS





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 FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT    3
 

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DOMESTIC DIVIDENDS	1,163,031.	0.	1,163,031.	1,163,031.	
FOREIGN DIVIDENDS	237,034.	0.	237,034.	237,034.	
INTEREST INCOME	75,361.	0.	75,361.	75,361.	
TO PART I, LINE 4	1,475,426.	0.	1,475,426.	1,475,426.	

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 FORM 990-PF                                      OTHER INCOME                                      STATEMENT    4
 

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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SETTLEMENT PROCEEDS	237.	0.	
PRIOR-YEAR TAX REFUND	677.	0.	
NONDIVIDEND DISTRIBUTIONS	10,880.	0.	
OTHER INCOME	30,805.	0.	
RETURNED GRANT FUNDS	25,296.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	67,895.	0.	

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 FORM 990-PF                                      LEGAL FEES                                      STATEMENT    5
 

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	8,854.	0.		8,854.
TO FM 990-PF, PG 1, LN 16A	8,854.	0.		8,854.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES - STATE STREET	46,749.	46,749.		0.
INVESTMENT FEES - US TRUST	119,094.	59,547.		59,547.
TAX PREPARATION FEES	16,515.	0.		16,515.
TO FORM 990-PF, PG 1, LN 16C	182,358.	106,296.		76,062.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	20,800.	20,800.		0.
EXCISE TAX ESTIMATES	25,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	45,800.	20,800.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MASS PC FILING FEE	530.	0.		530.
MISCELLANEOUS EXPENSES	1,736.	0.		1,736.
HRIA ADMINISTRATIVE COSTS	152,751.	0.		152,751.
MEMBERSHIPS	8,520.	0.		8,520.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	16,562.	0.		16,562.
MARKETING	14,417.	0.		14,417.
75TH ANNIVERSARY EVENT	82,250.	0.		82,250.
HONORARIA	17,500.	0.		17,500.
TO FORM 990-PF, PG 1, LN 23	294,266.	0.		294,266.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES		43,845,388.	43,845,388.
FOREIGN SECURITIES		7,431,055.	7,431,055.
TOTAL TO FORM 990-PF, PART II, LINE 10B		51,276,443.	51,276,443.

FORM 990-PF	CORPORATE BONDS	STATEMENT	10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		3,019,723.	3,019,723.
TOTAL TO FORM 990-PF, PART II, LINE 10C		3,019,723.	3,019,723.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LOOMIS SAYLES MUTUAL FUND	FMV	8,355,218.	8,355,218.
HEDGE FUNDS	FMV	47,471.	47,471.
REAL ESTATE	FMV	1,126,114.	1,126,114.
ALTERNATIVE INVESTMENTS	FMV	102,546.	102,546.
TOTAL TO FORM 990-PF, PART II, LINE 13		9,631,349.	9,631,349.

FORM 990-PF	OTHER ASSETS	STATEMENT	12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	400,000.	657,000.	657,000.
TO FORM 990-PF, PART II, LINE 15	400,000.	657,000.	657,000.

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 13

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR  
BOSTON, MA 02116

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND CLERK 1.00	0.	0.	0.
JEFFREY BOUTWELL, PHD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
BRENDON BULA 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 REVENUE

STATEMENT 15

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
SETTLEMENT PROCEEDS					237.
PRIOR-YEAR TAX REFUND					677.
NONDIVIDEND DISTRIBUTIONS					10,880.
OTHER INCOME					30,805.
RETURNED GRANT FUNDS					25,296.
TOTAL TO FORM 990-PF, PG 12, LN 11					67,895.

COPY

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**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/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on 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.

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

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

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

**US TRUST FIDUCIARY TAX SERVICES**

• The books are in the care of ▶ **225 FRANKLIN STREET - BOSTON, MA 02110**  
Telephone No. ▶ **617-695-9439** 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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>41,200.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>54,600.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

**Return of Private Foundation**

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

**2016**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2016 or tax year beginning , and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		A Employer identification number <b>04-3507847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>95 BERKELEY STREET</b>	Room/suite <b>202</b>	B Telephone number <b>617-695-9439</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>59,367,859.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	1,478,352.	1,478,352.		STATEMENT 3
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	1,000,810.			
	b Gross sales price for all assets on line 6a .....	7,832,518.			
	7 Capital gain net income (from Part IV, line 2) .....		1,000,810.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	351,739.	3,594.		STATEMENT 4	
12 <b>Total.</b> Add lines 1 through 11 .....	2,830,901.	2,482,756.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....	21,529.	21,529.		0.
	b Accounting fees .....				
	c Other professional fees .....	204,360.	149,379.		54,981.
	17 Interest .....				
	18 Taxes .....	29,397.	21,897.		0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....	23,066.	0.		23,066.
	22 Printing and publications .....				
	23 Other expenses .....	197,202.	0.		197,202.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	475,554.	192,805.		275,249.
	25 Contributions, gifts, grants paid .....	2,741,300.			2,741,300.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	3,216,854.	192,805.		3,016,549.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-385,953.				
b <b>Net investment income</b> (if negative, enter -0-) .....		2,289,951.			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	2,712,796.	1,057,980.	1,057,980.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock	STMT 9	43,974,896.	43,882,732.	43,882,732.	
	c	Investments - corporate bonds	STMT 10	2,803,218.	2,934,141.	2,934,141.	
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 11	9,659,845.	11,093,006.	11,093,006.		
14	Land, buildings, and equipment: basis						
	Less: accumulated depreciation						
15	Other assets (describe)	STATEMENT 12)	150,000.	400,000.	400,000.		
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		59,300,755.	59,367,859.	59,367,859.		
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
23	<b>Total liabilities</b> (add lines 17 through 22)		0.	0.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds		59,300,755.	59,300,755.		
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.		
29	Retained earnings, accumulated income, endowment, or other funds		0.	67,104.			
30	<b>Total net assets or fund balances</b>		59,300,755.	59,367,859.			
31	<b>Total liabilities and net assets/fund balances</b>		59,300,755.	59,367,859.			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	59,300,755.
2	Enter amount from Part I, line 27a	2	-385,953.
3	Other increases not included in line 2 (itemize) <b>UNREALIZED GAINS</b>	3	1,439,396.
4	Add lines 1, 2, and 3	4	60,354,198.
5	Decreases not included in line 2 (itemize) <b>OUTSTANDING CHECKS</b>	5	986,339.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	59,367,859.



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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICALLY TRADED SECURITIES</b>				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 7,832,518.		6,831,708.	1,000,810.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			1,000,810.	
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 1,000,810.
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). If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3 N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	2,995,208.	61,131,794.	.048996
2014	2,807,969.	62,041,873.	.045259
2013	2,640,653.	57,319,731.	.046069
2012	2,648,672.	53,084,393.	.049895
2011	2,482,248.	53,250,132.	.046615
2 Total of line 1, column (d) .....			2 .236834
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....			3 .047367
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 .....			4 57,828,769.
5 Multiply line 4 by line 3 .....			5 2,739,175.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....			6 22,900.
7 Add lines 5 and 6 .....			7 2,762,075.
8 Enter qualifying distributions from Part XII, line 4 .....			8 3,266,549.

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

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>		
<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	22,900.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
<b>3</b> Add lines 1 and 2	3	22,900.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	22,900.
<b>6 Credits/Payments:</b>		
<b>a</b> 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	52,500.
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	6c	
<b>d</b> Backup withholding erroneously withheld	6d	
<b>7</b> Total credits and payments. Add lines 6a through 6d	7	52,500.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	29,600.
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2017 estimated tax</b> 29,600.   <b>Refunded</b>	11	0.

<b>Part VII-A Statements Regarding Activities</b>			Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a			X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>	1b			X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	1c			X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.				
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.				
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2			X
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>	3			X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a			X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A	4b			
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5			X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X		
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	X		
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <b>MA</b>				
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	8b	X		
<b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9			X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10			X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) <span style="float: right;">STMT 13</span>	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶ TMFGRANTS.ORG/HOOD</b>	X	
14 The books are in care of <b>▶ US TRUST FIDUCIARY TAX SERVICES</b> Telephone no. <b>▶ 617-695-9439</b> Located at <b>▶ 225 FRANKLIN STREET, BOSTON, MA</b> ZIP+4 <b>▶ 02110</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>▶ 15</b> <span style="float: right;">N/A</span>		
16 At any time during calendar year 2016, 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 <b>▶</b>		X

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

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

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	X
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) <span style="float: right;">N/A</span>	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) <span style="float: right;">N/A</span>	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	X

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  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 pay premiums on a personal benefit contract?  Yes  No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No  N/A

7b

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

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

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

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET NO. 201, BOSTON, MA 02116	ADMINISTRATIVE FEES	149,756.
US TRUST 225 FRANKLIN STREET, BOSTON, MA 02110	INVESTMENT CUSTODIAN FEES	109,192.
STATE STREET CORPORATION 1 LINCOLN STREET, BOSTON, MA 02111	INVESTMENT FEES	98,698.

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

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONINVASIX - GALVESTON, TX CONVERTIBLE PROMISSORY NOTE	150,000.
2 ALDATU BIOSCIENCES - ALLSTON, MA CONVERTIBLE PROMISSORY NOTE	100,000.
All other program-related investments. See instructions.	
3	

**Total.** Add lines 1 through 3 ..... **250,000.**

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	56,493,049.
b	Average of monthly cash balances .....	1b	2,216,361.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	58,709,410.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	58,709,410.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	880,641.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	57,828,769.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	2,891,438.

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

1	Minimum investment return from Part X, line 6 .....	1	2,891,438.
2a	Tax on investment income for 2016 from Part VI, line 5 .....	2a	22,900.
b	Income tax for 2016. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	22,900.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	2,868,538.
4	Recoveries of amounts treated as qualifying distributions .....	4	329,441.
5	Add lines 3 and 4 .....	5	3,197,979.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	3,197,979.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	3,016,549.
b	Program-related investments - total from Part IX-B .....	1b	250,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	3,266,549.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	22,900.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	3,243,649.

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

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

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				3,197,979.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			2,998,345.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 3,266,549.				
a Applied to 2015, but not more than line 2a			2,998,345.	
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 2016 distributable amount				268,204.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				2,929,775.
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 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2016	(b) 2015	Prior 3 years		
			(c) 2014	(d) 2013	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

ROBERT SEGE, EXECUTIVE DIRECTOR, 617-695-9439, GLOCKWOOD@HRIA.ORG  
95 BERKELEY STREET NO. 202, BOSTON, MA 02110

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

**c** Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH



**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - HYPOTHALAMIC CIRCUITS UNDERLYING BRAIN DEVELOPMENT DURING CHILDHOOD	75,000.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - TARGETING FBW7 FOR THE TREATMENT OF PEDIATRIC T-CELL ACUTE LYMPHOBLASTIC LEUKEMIA	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - HOST AND BACTERIAL FACTORS IN STAPHYLOCOCCUS AUREUS SKIN INFECTIONS IN	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - RESPONSIVENESS OF THE PEDIATRIC EVALUATION OF DISABILITY INVENTORY	75,000.
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - IMPROVING CHILD-CAREGIVER INTERACTIONS FOR YOUNG CHILDREN WITH AUTISM	75,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,741,300.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



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

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one entry with 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one entry with 'N/A'.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date Title

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

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	12/30/15	150,000.	09/12/16
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 3/31/16, 6/30/16, 9/30/16&12/3/16. FS 12/31/16, BD REPORT 12/16		Diversions by Grantee NONE, SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<p style="text-align: center;"><b>NO. 2</b></p> <p>ALDATU BIOSCIENCES            C/O HARVARD LIFELAB 127 WESTERN AVE            ALLSTON, MA 02134</p>	100,000.	02/23/16	100,000.	12/31/16
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		
DECEMBER 31		NONE SEE BELOW		
Results of Verification  THE TRUSTEES MEET WITH ALDATU BIOSCIENCE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/26/16	150,000.	09/12/16
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 3/31/16, 6/30/16, 9/30/16&12/3/16. FS 12/31/16, BD REPORT 12/16		Diversions by Grantee NONE SEE BELOW			
Results of Verification  THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	"CHILD HEALTH RESEARCH AWARD - HOMEOSTATIC REGULATION OF INNATE IMMUNE ACTIVATION IN INTESTINAL	75,000.
UCONN HEALTH 263 FARMINGTON AVENUE FARMINGTON, CT 06030		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - INFLAMMATORY MECHANISMS IN ENTERIC BACTERIAL DISEASE	75,000.
MGH CENTER FOR REGENERATIVE MEDICINE 55 FRUIT STREET BOSTON, MA 02114		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - THE ROLE OF A NOVEL PATHWAY IN VERTEBRATE TENDON DEVELOPMENT	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - RESPONSIVENESS OF THE PEDIATRIC EVALUATION OF DISABILITY INVENTORY	75,000.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - MECHANISM OF STING SIGNALING AND AUTO-ACTIVATION DURING PEDIATRIC INFLAMMATORY	75,000.
YALE UNIVERSITY 149 ELM STREET NEW HAVEN, CT 06511		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - TARGETING BACTERIAL INFECTIONS IN CYSTIC FIBROSIS BY IMAGING ELECTRICAL	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - ANTIBIOTIC-FREE TREATMENT AND PROPHYLAXIS OF OTITIS	75,000.
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - REGULATION OF MRNA TRANSLATION INITIATION IN DEVELOPMENT	75,000.
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - USING MOBILE HEALTH TECHNOLOGY TO IMPROVE THE CONTINUUM OF NEONATAL CARE IN	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - ZEBRAFISH MODELS OF PCDH19-RELATED PEDIATRIC EPILEPSY	75,000.
<b>Total from continuation sheets</b> .....				<b>2,366,300.</b>

**Part XV Supplementary Information**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - BRAIN MECHANISMS UNDERLYING COGNITIVE DEVELOPMENT DURING CHILDHOOD	75,000.
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE 89 BEAUMONT AVENUE BURLINGTON, VT 05405		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - THE EFFECTS OF INCREASED INOCULUM ON ORAL ROTAVIRUS VACCINE TAKE AND	75,000.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - THE FUNCTION OF IMMUNE CELLS AND SENSORY EXPERIENCE ON BRAIN CIRCUIT	75,000.
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - REMOTE DIAGNOSIS OF PEDIATRIC EPILEPSY THROUGH A SMARTPHONE-BASED EEG	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - IDENTIFYING MECHANISMS OF CARTILAGE HOMEOSTASIS AND DEGENERATION	75,000.
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIP - DISSECTING MOLECULAR MECHANISMS UNDERLYING ERYTHROID PROGENITOR BFU-E SELF-RENEWAL	52,000.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIP - EPIGENETIC INHERITANCE OF PATERNAL ENVIRONMENTAL CONDITIONS"	53,675.
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIP - MODELING AND DISRUPTING NON-CODING REGULATORY DNA SEQUENCES TO INFORM	55,625.
YALE UNIVERSITY 149 ELM STREET NEW HAVEN, CT 06511		SCIENTIFIC RESEARCH	MAJOR GRANT - DISCOVERING GENE REGULATORY NETWORKS IN EARLY HUMAN BRAIN DEVELOPMENT THAT	180,000.
UMASS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	MAJOR GRANT - PROTECTION OF NEONATES FROM RESPIRATORY SYNCYTIAL VIRUS INFECTION	180,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111		SCIENTIFIC RESEARCH	MAJOR GRANT - ESTABLISHING RISK IN NEONATAL ABSTINENCE SYNDROME	360,000.
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	MAJOR GRANT - PRETERM BIRTH: LUNG COMPLICATIONS AND STEM CELLS	360,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - BETH ISRAEL DEACONESS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - TARGETING FBW7 FOR THE TREATMENT OF  
PEDIATRIC T-CELL ACUTE LYMPHOBLASTIC LEUKEMIA (T-ALL)

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - HOST AND BACTERIAL FACTORS IN  
STAPHYLOCOCCUS AUREUS SKIN INFECTIONS IN AUTOSOMAL DOMINANT-HYPER IGE  
SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - RESPONSIVENESS OF THE PEDIATRIC  
EVALUATION OF DISABILITY INVENTORY COMPUTER ADAPTIVE TEST IN CHILDREN  
WITH CEREBRAL PALSY

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH AWARD - RESPONSIVENESS OF THE PEDIATRIC  
EVALUATION OF DISABILITY INVENTORY COMPUTER ADAPTIVE TEST IN CHILDREN  
WITH CEREBRAL PALSY

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

CHILD HEALTH RESEARCH AWARD - MECHANISM OF STING SIGNALING AND  
AUTO-ACTIVATION DURING PEDIATRIC INFLAMMATORY DISEASE

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - TARGETING BACTERIAL INFECTIONS IN CYSTIC  
FIBROSIS BY IMAGING ELECTRICAL INTERACTIONS BETWEEN HOST SURFACE AND A  
PATHOGEN

**Part XV** 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 - ANTIBIOTIC-FREE TREATMENT AND PROPHYLAXIS  
OF OTITIS MEDIA

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - USING MOBILE HEALTH TECHNOLOGY TO IMPROVE  
THE CONTINUUM OF NEONATAL CARE IN RURAL GUATEMALA

NAME OF RECIPIENT - UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

CHILD HEALTH RESEARCH AWARD - THE EFFECTS OF INCREASED INOCULUM ON ORAL  
ROTAVIRUS VACCINE TAKE AND IMMUNOGENICITY

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - THE FUNCTION OF IMMUNE CELLS AND SENSORY  
EXPERIENCE ON BRAIN CIRCUIT DEVELOPMENT

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING MECHANISMS OF CARTILAGE  
HOMEOSTASIS AND DEGENERATION THROUGH THE USE OF PATIENT SPECIFIC IPSCS

NAME OF RECIPIENT - BOSTON CHILDRENS HOSPITAL

PEDIATRIC FELLOWSHIP - MODELING AND DISRUPTING NON-CODING REGULATORY  
DNA SEQUENCES TO INFORM SICKLE CELL DISEASE THERAPY

NAME OF RECIPIENT - YALE UNIVERSITY

MAJOR GRANT - DISCOVERING GENE REGULATORY NETWORKS IN EARLY HUMAN BRAIN  
DEVELOPMENT THAT CONTRIBUTE TO AUTISM SPECTRUM DISORDERS

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 FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT    3
 

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DOMESTIC DIVIDENDS	1,120,780.	0.	1,120,780.	1,120,780.	
FOREIGN DIVIDENDS	278,625.	0.	278,625.	278,625.	
INTEREST INCOME	78,947.	0.	78,947.	78,947.	
TO PART I, LINE 4	1,478,352.	0.	1,478,352.	1,478,352.	

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 FORM 990-PF                                      OTHER INCOME                                      STATEMENT    4
 

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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	3,594.	3,594.	
RETURNED GRANTS	329,442.	0.	
SETTLEMENT PROCEEDS	1,001.	0.	
PRIOR-YEAR TAX REFUND	14,981.	0.	
NONDIVIDEND DISTRIBUTIONS	2,721.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	351,739.	3,594.	

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 FORM 990-PF                                      LEGAL FEES                                      STATEMENT    5
 

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	21,529.	21,529.		0.
TO FM 990-PF, PG 1, LN 16A	21,529.	21,529.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES - STATE STREET	94,783.	94,783.		0.
INVESTMENT FEES - US TRUST	109,192.	54,596.		54,596.
CONSULTING SERVICES	385.	0.		385.
TO FORM 990-PF, PG 1, LN 16C	204,360.	149,379.		54,981.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	21,897.	21,897.		0.
EXCISE TAX ESTIMATES	7,500.	0.		0.
TO FORM 990-PF, PG 1, LN 18	29,397.	21,897.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MASS PC FILING FEE	500.	0.		500.
MISCELLANEOUS EXPENSES	1,078.	0.		1,078.
HRIA ADMINISTRATIVE COSTS	149,755.	0.		149,755.
MEMBERSHIPS	6,900.	0.		6,900.
PROGRAM RELATED INVESTMENT ADMINSTRATIVE COSTS	11,932.	0.		11,932.
MARKETING	16,875.	0.		16,875.
75TH ANNIVERSARY EVENT	10,162.	0.		10,162.
TO FORM 990-PF, PG 1, LN 23	197,202.	0.		197,202.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES		36,595,570.	36,595,570.
FOREIGN SECURITIES		7,287,162.	7,287,162.
TOTAL TO FORM 990-PF, PART II, LINE 10B		43,882,732.	43,882,732.

FORM 990-PF	CORPORATE BONDS	STATEMENT	10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		2,934,141.	2,934,141.
TOTAL TO FORM 990-PF, PART II, LINE 10C		2,934,141.	2,934,141.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LOOMIS SAYLES MUTUAL FUND	FMV	7,706,460.	7,706,460.
HEDGE FUNDS	FMV	1,433,480.	1,433,480.
REAL ESTATE	FMV	1,480,647.	1,480,647.
COMMODITIES	FMV	472,419.	472,419.
TOTAL TO FORM 990-PF, PART II, LINE 13		11,093,006.	11,093,006.

FORM 990-PF	OTHER ASSETS	STATEMENT	12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	150,000.	400,000.	400,000.
TO FORM 990-PF, PART II, LINE 15	150,000.	400,000.	400,000.

FORM 990-PF

LIST OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 13

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

95 BERKLEY STREET  
BOSTON, MA 02116

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
JOHN O. PARKER, JR. 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	VICE PRESIDENT AND CLERK 1.00	0.	0.	0.
JEFFREY BOUTWELL, PHD 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
ROBERT C. BOUTWELL 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
BARBARA BULA 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
BRENDON BULA 95 BERKELEY STREET NO. 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.

CHARLES H. HOOD, II  
 95 BERKELEY STREET NO. 202  
 BOSTON, MA 02116

PRESIDENT EMERITUS  
 1.00

0. 0. 0.

JOHN O. PARKER  
 95 BERKELEY STREET NO. 202  
 BOSTON, MA 02116

PAST PRESIDENT  
 1.00

0. 0. 0.

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

0. 0. 0.

COPY



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**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/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on 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.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CHARLES H. HOOD FOUNDATION</b>	Employer identification number (EIN) or <b>04-3507847</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>95 BERKELEY STREET, NO. 202</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

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

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

**US TRUST FIDUCIARY TAX SERVICES**

• The books are in the care of ▶ **225 FRANKLIN STREET - BOSTON, MA 02110**  
Telephone No. ▶ **617-695-9439** 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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	22,900.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	52,500.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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



**AAFCPAs**  
great minds | great hearts

21 East Main Street  
Westborough, MA 01581  
508.366.9100  
aafcpa.com

October 17, 2017

Charles H. Hood Foundation  
95 Berkeley Street No. 208  
Boston, MA 02116

Charles H. Hood Foundation:

Enclosed are the original and one copy of the 2015 Exempt Organization return, as follows...

**2015 Form 990-PF**

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

CARLA M. MCCALL, CPA

# TAX RETURN FILING INSTRUCTIONS

**FORM 990-PF**

**FOR THE YEAR ENDING**  
December 31, 2015

<b>Prepared for</b>	Charles H. Hood Foundation 95 Berkeley Street No. 208 Boston, MA 02116
<b>Prepared by</b>	ALEXANDER, ARONSON, FINNING & CO., P.C. 50 WASHINGTON STREET WESTBOROUGH, MA 01581
<b>Amount due or refund</b>	Overpayment of \$60,519 with \$45,000 applied to the estimated tax payments and the balance of \$15,519 refunded
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	As soon as possible
<b>Special Instructions</b>	<p>The return should be signed and dated.</p> <p>Please note that there is \$2,998,345 of undistributed income for 2015 on Form 990-PF. The organization must distribute this amount by the end of its 2016 tax year to avoid the excise tax on undistributed income.</p>

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

**(Worksheet)**  
Department of the Treasury  
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-PF**  
(Keep for your records. Do not send to the Internal Revenue Service.)

**2016**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2015 return (see instructions). <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	42,193.
c	<b>2016 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	42,200.
			<b>ADJUSTED TO</b>

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions) .....	11	05/16/16	06/15/16	09/15/16	12/15/16
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	10,550.	10,550.	10,550.	10,550.
13	2015 Overpayment (see instructions) .....	13				
14	Payment due (Subtract line 13 from line 12) .....	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2016)

ESTIMATED TAX	42,200.
OVERPAYMENT APPLIED	60,519.
AMOUNT DUE	0.

**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.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning

, and ending

Name of foundation <b>CHARLES H. HOOD FOUNDATION</b>		<b>A</b> Employer identification number <b>**-***7847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>95 BERKELEY STREET</b>	Room/suite <b>208</b>	<b>B</b> Telephone number <b>888-866-3275</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>59,300,755.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received			N/A	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	1,402,706.	1,352,554.		STATEMENT 1
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a	11,417,475.			
	<b>7</b> Capital gain net income (from Part IV, line 2)		3,056,474.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss)					
<b>11</b> Other income	323.	0.		STATEMENT 2	
<b>12 Total.</b> Add lines 1 through 11	4,459,503.	4,409,028.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0.	0.		0.
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees				
	<b>b</b> Accounting fees				
	<b>c</b> Other professional fees	STMT 3 204,163.	150,275.		53,888.
	<b>17</b> Interest				
	<b>18</b> Taxes	STMT 4 155,055.	27,055.		0.
	<b>19</b> Depreciation and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	44,938.	0.		44,938.
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses	STMT 5 188,523.	12,448.		176,075.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	592,679.	189,778.		274,901.
	<b>25</b> Contributions, gifts, grants paid	2,612,500.			2,612,500.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,205,179.	189,778.		2,887,401.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	1,254,324.				
<b>b</b> Net investment income (if negative, enter -0-)		4,219,250.			
<b>c</b> Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	1,426,325.	2,712,796.	2,712,796.	
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
		b Investments - corporate stock STMT 8	36,684,309.	36,863,006.	49,195,441.	
		c Investments - corporate bonds				
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other STMT 9	7,259,183.	7,529,306.	7,242,518.		
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation					
15	Other assets (describe STATEMENT 10)	0.	150,000.	150,000.		
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	45,369,817.	47,255,108.	59,300,755.		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
23	<b>Total liabilities</b> (add lines 17 through 22)	0.	0.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	45,369,817.	47,255,108.		
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
29	Retained earnings, accumulated income, endowment, or other funds	0.	0.			
30	<b>Total net assets or fund balances</b>	45,369,817.	47,255,108.			
31	<b>Total liabilities and net assets/fund balances</b>	45,369,817.	47,255,108.			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	45,369,817.
2	Enter amount from Part I, line 27a	2	1,254,324.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 6	3	1,092,984.
4	Add lines 1, 2, and 3	4	47,717,125.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	462,017.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	47,255,108.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 11,417,475.		8,361,001.	3,056,474.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			3,056,474.	
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 3,056,474.
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). If (loss), enter -0- in Part I, line 8 .....		} ..... }		3 N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	2,807,969.	62,041,873.	.045259
2013	2,640,653.	57,319,731.	.046069
2012	2,648,672.	53,084,393.	.049895
2011	2,482,248.	53,250,132.	.046615
2010	2,238,194.	50,546,753.	.044280
2 Total of line 1, column (d) .....			2 .232118
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....			3 .046424
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 .....			4 61,131,794.
5 Multiply line 4 by line 3 .....			5 2,837,982.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....			6 42,193.
7 Add lines 5 and 6 .....			7 2,880,175.
8 Enter qualifying distributions from Part XII, line 4 .....			8 3,037,401.

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

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	42,193.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	42,193.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	42,193.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	102,712.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	102,712.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	60,519.
11 Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> 45,000.   <b>Refunded</b>		11	15,519.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <b>MA</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X



Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) STMT 11
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address TFMGRANTS.ORG/HOOD
14 The books are in care of US TRUST FIDUCIARY TAX SERVICES Telephone no. 617-695-9439 Located at 95 BERKELEY ST. SUITE 208, BOSTON, MA ZIP+4 02116
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2015, 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 VII-B Statements Regarding Activities for Which Form 4720 May Be Required

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 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
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2015?

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **SEE STATEMENT 13**  Yes  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 pay premiums on a personal benefit contract?  Yes  No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET NO. 201, BOSTON, MA 02116	ADMINISTRATIVE FEES	146,820.
BANK OF AMERICA 1 FINANCIAL PLAZA, PROVIDENCE, RI 02903	INVESTMENT ADVISOR	107,776.
STATE STREET 1 LINCOLN STREET, BOSTON, MA 02111	INVESTMENT ADVISOR FOR FIDUCIARY	96,387.

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

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONINVASIX, INC. CONVERTIBLE PROMISSORY NOTE	150,000.
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3 .....	<b>150,000.</b>

<b>Part X</b>		<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	60,944,101.
b	Average of monthly cash balances .....	1b	1,118,634.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	62,062,735.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	62,062,735.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	930,941.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	61,131,794.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	3,056,590.

<b>Part XI</b>		<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part X, line 6 .....	1	3,056,590.
2a	Tax on investment income for 2015 from Part VI, line 5 .....	2a	42,193.
b	Income tax for 2015. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	42,193.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,014,397.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	3,014,397.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	3,014,397.

<b>Part XII</b>		<b>Qualifying Distributions</b> (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	2,887,401.
b	Program-related investments - total from Part IX-B .....	1b	150,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	3,037,401.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	42,193.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	2,995,208.

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

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

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,014,397.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			3,021,349.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 3,037,401.				
a Applied to 2014, but not more than line 2a			3,021,349.	
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 2015 distributable amount				16,052.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				2,998,345.
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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

ROBERT SEGE, EXECUTIVE DIRECTOR, 617-695-9439  
95 BERKELEY STREET NO. 202, BOSTON, MA 02116

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

**c** Any submission deadlines:

APRIL AND OCTOBER OF EACH YEAR.

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

AWARDS GIVEN FOR PEDIATRIC RESEARCH.

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - INTEGRATING PEDIATRIC CARE DELIVERY IN RURAL HEALTHCARE SYSTEMS	75,000.
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS- THE ROLE OF NUCLEAR POSITIONING IN CENTRONUCLEAR MYOPATHIES	75,000.
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - THE ROLE OF THE DYSKERIN COMPLES IN STEM CELL-SPECIFIC TRANSCRIPTIONAL	75,000.
TUFTS UNIVERSITY SCHOOL OF MEDICINE 145 HARRISON AVENUE BOSTON, MA 02111		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD- MITOCHONDRIA, COGNITIVE DEFECTS, AND CHILD OBESITY	75,000.
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS- ENVIRONMENTAL ANTIMICROBIAL CHEMICALS AND ALLERGIC DISEASE	75,000.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ► <b>3a</b>				<b>2,612,500.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> ..... ► <b>3b</b>				<b>0.</b>







**Part XV Supplementary Information**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GEISEL MEDICAL SCHOOL 1 ROPE FERRY ROAD HANOVER, NH 03755		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS- MOLECULAR MECHANISMS OF SMALL MOLECULE RSV FUSION INHIBITORS	75,000.
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - EFFICACY AND SAFETY OF A SIMPLIFIED TREATMENT TO PREVENT MULTI-DRUG RESISTANT	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - GENOME EDITING OF BCL11A FOR BETA-THALASSEMIA	75,000.
TUFTS UNIVERSITY SCHOOL OF MEDICINE 145 HARRISON AVENUE BOSTON, MA 02111		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - UNDERSTANDING THE PROTECTIVE MECHANISMS OF FAMILY DINNERS: PSYCHOMETRIC	75,000.
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114		SCIENTIFIC RESEARCH	EVOLUTIONARY DYNAMICS OF PEDIATRIC HIV INFECTION UNDERGOING ANTIBODY-MEDIATED SELECTIVE PRESSURE	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - HYPOTHALAMIC CIRCUITS UNDERLYING BRAIN DEVELOPMENT DURING CHILDHOOD	75,000.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - TARGETING FBW7 FOR THE TREATMENT OF PEDIATRIC T-CELL ACUTE LYMPHOBLASTIC	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - HOST AND BACTERIAL FACTORS IN STAPHYLOCOCCUS AUREUS SKIN INFECTIONS IN	75,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - RESPONSIVENESS OF THE PEDIATRIC EVALUATION OF DISABILITY	75,000.
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARD - IMPROVING CHILD-CAREGIVER INTERACTIONS FOR YOUNG CHILDREN WITH AUTISM.	75,000.
<b>Total from continuation sheets</b>				<b>2,237,500.</b>

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - HOMEOSTATIC REGULATION OF INNATE IMMUNE ACTIVATION IN INTESTINAL EPITHELIAL	75,000.
UCONN HEALTH 263 FARMINGTON AVENUE FARMINGTON, CT 06030		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - INFLAMMATORY MECHANISMS IN ENTERIC BACTERIAL DISEASE.	75,000.
MGH CENTER FOR REGENERATIVE MEDICINE 55 FRUIT STREET BOSTON, MA 02114		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - THE ROLE OF A NOVEL PATHWAY IN VERTEBRATE TENDON DEVELOPMENT.	75,000.
YALE SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510		SCIENTIFIC RESEARCH	CHILD HEALTH RESEARCH AWARDS - RESPONSIVENESS OF THE PEDIATRIC EVALUATION OF DISABILITY	75,000.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIPS - MOLECULAR MECHANISMS UNDERLYING BEIGH ADIPOCYTE DYNAMICS IN RESPONSE TO THERMAL	52,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIPS - O-GLCNACYLATION: A GLUCOSE SENSING PATHWAY FOR MITOCHONDRIA AND	53,500.
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIPS - DISSECTING MOLECULAR MECHANISMS UNDERLYING ERYTHROID PROGENITOR BFU-E SELF-RENEWAL.	52,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115		SCIENTIFIC RESEARCH	PEDIATRIC FELLOWSHIPS - INTERPLAYS BETWEEN ADAR1 AND MDA5 IN THE PATHOGENESIS OF AICARDI-GOUTIERE	52,000.
GEISEL MEDICAL SCHOOL 1 ROPE FERRY ROAD HANOVER, NH 03755		SCIENTIFIC RESEARCH	MAJOR GRANT - THE EPIDEMIOLOGY AND EFFICIENCY OF NEONATAL INTENSIVE CARE.	219,000.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		SCIENTIFIC RESEARCH	MAJOR GRANT - ALTERING THE TRANSLATIONAL LANDSCAPE TO TREAT FRAGILE X SYNDROME.	219,000.
<b>Total from continuation sheets</b> .....				



**Part XV** | **Supplementary Information**

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

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE OF THE DYSKERIN COMPLES IN STEM  
CELL-SPECIFIC TRANSCRIPTIONAL CONTROL AND THE PATHOGENESIS OF  
DYSKERATOSIS CONGENITA

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARDS - EFFICACY AND SAFETY OF A SIMPLIFIED  
TREATMENT TO PREVENT MULTI-DRUG RESISTANT TUBERCULOSIS IN CHILDREN

NAME OF RECIPIENT - TUFTS UNIVERSITY SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH AWARDS - UNDERSTANDING THE PROTECTIVE MECHANISMS  
OF FAMILY DINNERS: PSYCHOMETRIC TESTING AND EVALUATION OF THE FAMILY  
DINNER INDEX

NAME OF RECIPIENT - BETH ISRAEL DEACONESS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARDS - TARGETING FBW7 FOR THE TREATMENT OF  
PEDIATRIC T-CELL ACUTE LYMPHOBLASTIC LEUKEMIA (T-ALL)

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARDS - HOST AND BACTERIAL FACTORS IN  
STAPHYLOCOCCUS AUREUS SKIN INFECTIONS IN AUTOSOMAL DOMINANT-HYPER IGE  
SYNDROME.

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARDS - RESPONSIVENESS OF THE PEDIATRIC  
EVALUATION OF DISABILITY INVENTORY COMPUTER ADAPTIVE TEST IN CHILDREN  
WITH CEREBRAL PALSY

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARDS - HOMEOSTATIC REGULATION OF INNATE IMMUNE  
ACTIVIATION IN INTESTINAL EPITHELIAL CELLS.

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH AWARDS - RESPONSIVENESS OF THE PEDIATRIC  
EVALUATION OF DISABILITY INVENTORY.

NAME OF RECIPIENT - BETH ISRAEL DEACONESS MEDICAL CENTER

PEDIATRIC FELLOWSHIPS - MOLECULAR MECHANISMS UNDERLYING BEIGH ADIPOCYTE  
DYNAMICS IN RESPONSE TO THERMAL CHALLENGES.

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

PEDIATRIC FELLOWSHIPS - O-GLCNACYLATION: A GLUCOSE SENSING PATHWAY FOR  
MITOCHONDRIA AND ENERGY HOMEOSTASIS.

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

PEDIATRIC FELLOWSHIPS - INTERPLAYS BETWEEN ADAR1 AND MDA5 IN THE  
PATHOGENESIS OF AICARDI-GOUTIERE SYNDROME.

NAME OF RECIPIENT - YALE UNIVERSITY

MAJOR GRANT - DISCOVERING GENE REGULATORY NETWORKS IN EARLY HUMAN BRAIN  
DEVELOPMENT THAT CONTRIBUTE TO AUTISM SPECTRUM DISORDERS.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DOMESTIC DIVIDENDS	639,968.	0.	639,968.	639,968.	
FOREIGN DIVIDENDS	293,587.	0.	293,587.	293,587.	
FOREIGN INTEREST	7,188.	0.	7,188.	7,188.	
MARKET DISCOUNT	5,535.	0.	5,535.	5,535.	
NONDIVIDEND DISTRIBUTIONS	50,152.	0.	50,152.	0.	
NONQUALIFIED DOMESTIC DIVIDENDS	294,537.	0.	294,537.	294,537.	
NONQUALIFIED FOREIGN DIVIDENDS	22,252.	0.	22,252.	22,252.	
OTHER INTEREST	89,237.	0.	89,237.	89,237.	
USGI REPORT AS NONQUALIFIED DIVIDEND	250.	0.	250.	250.	
<b>TO PART I, LINE 4</b>	<b>1,402,706.</b>	<b>0.</b>	<b>1,402,706.</b>	<b>1,352,554.</b>	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
EXCISE TAX REFUND	323.	0.	
<b>TOTAL TO FORM 990-PF, PART I, LINE 11</b>	<b>323.</b>	<b>0.</b>	

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES- STATE STREET	96,387.	96,387.		0.
BANK OF AMERICA	107,776.	53,888.		53,888.
<b>TO FORM 990-PF, PG 1, LN 16C</b>	<b>204,163.</b>	<b>150,275.</b>		<b>53,888.</b>

FORM 990-PF	TAXES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	23,288.	23,288.		0.
EXCISE TAX ESTIMATES	100,000.	0.		0.
EXCISE TAX - PRIOR YEAR	28,000.	0.		0.
FOREIGN TAXES ON QUALIFIED	2,255.	2,255.		0.
FOREIGN TAXES ON NONQUALIFIED	1,512.	1,512.		0.
TO FORM 990-PF, PG 1, LN 18	155,055.	27,055.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MASS PC FILING FEE	500.	0.		500.
MISCELLANEOUS EXPENSES	21,340.	0.		21,340.
MEMBERSHIPS	7,400.	0.		7,400.
FILING FEE MASS ANNUAL REPORT	15.	0.		15.
NON ALLOC. EXPENSES INVESTMENT EXP. ON DIV.	3,680.	3,680.		0.
MULTI STATE HRIA PERSONNEL AND INDIRECT CP	8,768. 146,820.	8,768. 0.		0. 146,820.
TO FORM 990-PF, PG 1, LN 23	188,523.	12,448.		176,075.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
2015 ADJUSTMENT FOR OUTSTANDING CHECKS		986,339.
BAC TYE INCOME ADJ		41,996.
BAC SALES ADJUSTMENT		64,649.
TOTAL TO FORM 990-PF, PART III, LINE 3		1,092,984.



FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
2014 ADJUSTMENT FOR OUTSTANDING CHECKS	420,542.
BAC COST BASIS ADJUSTMENT	37,873.
STATE STREET ADJUSTMENTS	3,602.
TOTAL TO FORM 990-PF, PART III, LINE 5	462,017.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BANK OF AMERICA	19,079,581.	25,490,966.
STATE STREET	17,783,425.	23,704,475.
TOTAL TO FORM 990-PF, PART II, LINE 10B	36,863,006.	49,195,441.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LOOMIS SAYLES	FMV	7,529,306.	7,242,518.
TOTAL TO FORM 990-PF, PART II, LINE 13		7,529,306.	7,242,518.

FORM 990-PF OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	0.	150,000.	150,000.
TO FORM 990-PF, PART II, LINE 15	0.	150,000.	150,000.

FORM 990-PF

LIST OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

\*\* - \*\*\*7847

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

95 BERKLEY STREET  
BOSTON, MA 02116

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NEIL SMILEY 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	PRESIDENT AND TREASURER 1.00	0.	0.	0.
BRENDON BULA 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.
CHARLES H. HOOD, II 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	PRESIDENT EMERITUS 1.00	0.	0.	0.
JOHN O. PARKER, JR. 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	VICE PRESIDENT AND CLERK 1.00	0.	0.	0.
JOHN O. PARKER 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	PAST PRESIDENT 1.00	0.	0.	0.
JEFFREY BOUTWELL, PHD 95 BERKELEY STREET ROOM 202 BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0.

CHARLES H. HOOD FOUNDATION

\*\*-\*\*\*7847

ROBERT C. BOUTWELL  
95 BERKELEY STREET ROOM 202  
BOSTON, MA 02116

TRUSTEE  
1.00

0. 0. 0.

BARBARA BULA  
95 BERKELEY STREET ROOM 202  
BOSTON, MA 02116

TRUSTEE  
1.00

0. 0. 0.

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

0. 0. 0.

COPY

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 13

GRANTEE'S NAME

NONINVASIX, INC.

GRANTEE'S ADDRESS1700 THE STRANT, SUITE 1200  
GALVESTON, TX 77555

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
150,000.	12/30/15	150,000.	01/01/16

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.

DATES OF REPORTS BY GRANTEE

PRI REPORTS 3/31/15, 6/30/15, 9/30/15 &amp; 12/3/15. FS 12/31/15, BD REPORT 12/15

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

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