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

EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

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

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OMB No. 1545-0047 **2019**One to Fulling Inspection

For calendar year 2019 or tax year beginning , and ending A Employer identification number Name of foundation CHARLES H. HOOD FOUNDATION 04 - 3507847Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2 BOYLSTON STREET, 4TH FLOOR 617-695-9439 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02116 **D** 1. Foreign organizations, check here **G** Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ...▶ 66,826,889 . (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received ...... Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,628,228. 1,628,228 STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 304,760. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 26,098,024. 7 Capital gain net income (from Part IV, line 2) 304,760. 8 Net short-term capital gain 33,892. Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 55,413. STATEMENT 11 Other income 0. 1,988,401. 1,932,988. 33,892. Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 13,245. 0. 13,245. Expenses **16a** Legal fees **STMT** b Accounting fees STMT 6 25,651. 25,651. 0. 39,025. 159,454. 120,429. c Other professional fees STMT 7 17 Interest Taxes STMT 40,704. 40,704. 0. 18 Depreciation and depletion 19 20 Occupancy 15,965. 0. 15,965. 21 Travel, conferences, and meetings ..... and 22 Printing and publications ...... 23 Other expenses STMT 9 219,329. 219,329. 0. 24 Total operating and administrative 474,348. 161,133. 313,215. expenses. Add lines 13 through 23 2,125,000. 2,125,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,599,348 161,133. 2,438,215. Add lines 24 and 25 27 Subtract line 26 from line 12: -610,947 **a** Excess of revenue over expenses and disbursements 1,771,855. **b Net investment income** (if negative, enter -0-) 33,892. C Adjusted net income (if negative, enter -0-)

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Rook Volue		T year (a) Foir Morket Volus
			(a) Book Value	( <b>b</b> ) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	30 COO EEO	E00 210	E02 210
		Savings and temporary cash investments	30,608,552.	502,310.	502,310.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts >			
şţ		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
⋖		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 11	18,679,652.	47,014,599.	
	C	Investments - corporate bonds STMT 12	7,042,568.	15,038,832.	15,038,832.
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans Investments - other STMT 13	1 000 100		
	13	Investments - other STMT 13	1,388,137.	2,964,148.	2,964,148.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation	1 055 000	1 200 000	1 200 000
		Other assets (describe $\triangleright$ STATEMENT 14)	1,057,000.	1,307,000.	1,307,000.
	16	Total assets (to be completed by all filers - see the	FO 775 000	66 006 000	66 006 000
_		instructions. Also, see page 1, item I)	58,775,909.	66,826,889.	66,826,889.
		Accounts payable and accrued expenses			
		Grants payable			
ies		Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		Tatal liabilities (add lines 47 Abraugh 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow FASB ASC 958, check here	0.	· · · · · · · · · · · · · · · · · · ·	
"		and complete lines 24, 25, 29, and 30.			
nces	24	Net assets without donor restrictions			
lan		Net assets with donor restrictions			
Fund Bala	20	Foundations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 26 through 30.			
ρF	26	Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	-524,846.	7,526,134.	
Ţ	29	Total net assets or fund balances	58,775,909.	66,826,889.	
Š				,,	
	30	Total liabilities and net assets/fund balances	58,775,909.	66,826,889.	
P	art	Analysis of Changes in Net Assets or Fund I	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	e 29		
		t agree with end-of-year figure reported on prior year's return)		1	58,775,909.
2	Enter	amount from Part I, line 27a			-610,947.
3	Othe	increases not included in line 2 (itemize)   UNREALIZED	GAINS	3	8,665,485.
		ines 1, 2, and 3			66,830,447.
		eases not included in line 2 (itemize)		ATEMENT 10 5	3,558.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 29	6	66,826,889.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948 - :	see inst	ructi	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1		35,	437.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	L	2			0.
3 Add lines 1 and 2	[	3		35,	437.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	[	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	[	5		35,	437.
6 Credits/Payments:	_				
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 74,95					
b Exempt foreign organizations - tax withheld at source 6b	0.				
c Tax paid with application for extension of time to file (Form 8868)	0.				
d Backup withholding erroneously withheld 6d	0.				
7 Total credits and payments. Add lines 6a through 6d		7		74,	<u>953.</u>
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		39,	516.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax > 39,516. Refunded		11			0.
Part VII-A Statements Regarding Activities				127 -	-181-
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter					s No
any political campaign?			1		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	defini	tion	1	)	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
distributed by the foundation in connection with the activities.					V
c Did the foundation file Form 1120-POL for this year?			1	;	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	Λ				
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •					
managers. ► \$ 0 .  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
If "Yes," attach a detailed description of the activities.			······		12
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporat	ion or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?					$\frac{11}{X}$
b If "Yes," has it filed a tax return on Form 990-T for this year?					+
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				_	X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	state	law			
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					
MA					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation			8	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) fo					
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	)	X

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 15	11	Х	
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address TMFGRANTS.ORG/HOOD		100	
	The books are in care of ► AAFCPAS  Telephone no. ► 508-36		100	
	Located at ► 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ► 01			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		.,,,,▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country  The value of the country represents the country of the country o			
			Voo	Na
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years \( \) ,			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? X Yes No  If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions X 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?  $oxed{oxed}$  Yes  $oxed{oxed{X}}$  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 Х 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? old X Yes old NoIf "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?  $oxed{oxed}$  Yes  $oxed{f X}$  No **b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 6b 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? 7b **b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Yes X No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense (If not paid, enter -0-) account, other (a) Name and address allowances compensation SEE STATEMENT 16 0 0 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (d) Contributions to employee benefit plans and deferred (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	131,104.
US TRUST	INVESTMENT CUSTODIAN	
225 FRANKLIN STREET, BOSTON, MA 02110	FEES	78,050.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE	INVESTMENT ADVISORY	
250, PORTSMOUTH, NH 03801	SERVICES	75,000.
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 STINGRAY THERAPEUTICS - HOUSTON, TX		
SERIES SEED PREFERRED STOCK PURCHASE		
		250,000.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	250,000.

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

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4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,		, , , , , , , , , , , , , , , , , , ,		
line 7				3,087,709.
2 Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only			2,512,466.	
<b>b</b> Total for prior years:			, , , , , , , , , , , , , , , , , , , ,	
		0.		
3 Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: $\triangleright$ \$ 2,688,215.				
a Applied to 2018, but not more than line 2a			2,512,466.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				175,749.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract	· ·			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			0.	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				2,911,960.
be distributed in 2020				2,911,900.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	•			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
<b>b</b> Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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

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

RESTRICTED TO PEDIATRIC RESEARCH

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

				UNIVENTRICULAR HEARTS	82,500.
Total	SEE CON	TINUATION	SHEET(S)	► 3a	2,125,000.
<b>b</b> Approved for future payment					
YALE UNIVERSITY			PC	CHILD HEALTH RESEARCH	
PO BOX 1873				AWARD - MICROVASCULAR	
NEW HAVEN, CT 06508-1873				NETWORKS ON A CHIP TO	
				INVESTIGATE HOW	
				HYPERGLYCEMIA INDUCES	82,500.
YALE UNIVERSITY			PC	CHILD HEALTH RESEARCH	
PO BOX 1873				AWARD - REAL-TIME	
NEW HAVEN, CT 06508-1873				PREDICTION AND	
NEW HAVEN, CI 00300-1073				INTERVENTION FOR	
				IMPENDING ACUTE KIDNEY	82,500.
				IMPENDING ACUTE RIDNET	02,300.
MASSACHUSETTS EYE AND EAR			PC	CHILD HEALTH RESEARCH	
PO BOX 412356				AWARD - GENE THERAPY	
BOSTON, MA 02241-2356				FOR PERIPHERAL NERVE	
-				REPAIR	82,500.
Total	SEE CON	TINUATION	SHEET(S)	▶ 3b	825,000.

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
chief gross amounts unless otherwise mulcateu.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a	0000		0000		
h					
d					
<u> </u>					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,628,228.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			4		
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	304,760.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SETTLEMENT PROCEEDS					1,709.
b RETURNED GRANT FUNDS					33,892.
c NONDIVIDEND					
d DISTRIBUTIONS					19,774.
e MISCELLANEOUS INCOME					38.
12 Subtotal. Add columns (b), (d), and (e)		0.		1,932,988.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,988,401.
(See worksheet in line 13 instructions to verify calculations.)					

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

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

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

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

1	Did the org	ganization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than	n section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers	from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash		1a(1)		X
			1a(2)		X
b					
	(1) Sales	of assets to a noncharitable exempt organization	1b(1)		X
			1b(2)		
			1b(3)		
	<b>(4)</b> Reimb	oursement arrangements	1b(4)		
	(5) Loans	s or loan guarantees	1b(5)		
			1b(6)		
			1c		X
d				ets,	
			now in		
/ - <b>\</b>	•				
(a)∟	ine no.		sharing arr	angeme	nts
		N/A			
			-		
2a	Is the four	idation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described			
			Yes	X	No
b					
		(a) Name of organization (b) Type of organization (c) Description of relations	nip		
		N/A			
	Under and be	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge lief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	the IRS c	iscuss 1	this
Sig	gn ere	· · · · · · · · · · · · · · · · · · ·	wn below?	See in:	er str.
пе		Other assets  of transactions:  transactions:  lb (1)			
	Sign		relating to political organizations?		
		· · · · · ·     · · · · · · · · · · ·	3) organizations) or in section 527, relating to political organizations?  gloundation to a noncharitable exempt organization of:  1a(1)		
Pa	id		) F 4 O	E 0 1	
		then section 501(c)(3) organizations) or in section 527, relating to pollitical organizations?  tests from the reporting foundation to a noncharitable exempt organization or:  ash  1a(2)			
	-	Firm's name ► AAFCPAS, INC. Firm's EIN ► U4-25	) / ፲ /	σU	
US	o Office	Firm's address > 50 WACUTNOMON CODEED			
			56 O	1 0 0	
		MESTBOROUGH, MA UISOI Phone no. 508-36	<u> </u>	$T \cap \Omega$	

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

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

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

BELOW
٠.

Results of Verification

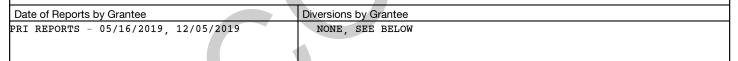
THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

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

Recipient's Name and Address	NO.	2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC.						
120 BEDFORD ROAD						
WOBURN, MA 01801			250,000.	06/26/17	188,265.	09/16/20

Purpose of Grant

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



Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 02/14/2019, 05/01/2019,	NONE, SEE BELOW
08/14/2019, 04/16/2020	

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 12/02/2019, 04/15/2020	NONE, SEE BELOW

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORT - 02/14/2019, 05/01/2019,	NONE, SEE BELOW
08/14/2019, 04/16/2020	

Results of Verification

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

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

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

Purpose of Grant

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

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

Results of Verification

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

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

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

Purpose of Grant

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

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Results of Verification

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

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

Recipient's Name and Address	NO.	8	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS						
2450 HOLCOMBE BLVD., SUITE X						
HOUSTON, TX 77021			250,000.	04/08/19	153,341.	10/05/20

Purpose of Grant

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

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

Results of Verification

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

Part XV | Supplementary Information

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

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

Total from continuation sheets

Part XV | Supplementary Information

Part XV   Supplementary Information   3   Grants and Contributions Approved for Future   1   1   1   1   1   1   1   1   1				
Recipient	If recipient is an individual,	1		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
,	or substantial contributor	recipient		
THE CHILDREN'S HOSPITAL CORPORATION		PC	CHILD HEALTH RESEARCH	
D/B/A BOSTON CHILDRENS HOSPITAL			AWARD - SYSTEMATIC	
PO BOX 414413			DISCOVERY AND	
BOSTON, MA 02241-4413			CORRECTION OF SPLICING	00 500
NACA CANADARA TACATAMAN OF MACINIOLOGY		7.0	DEFECTS CAUSED BY	82,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	CHILD HEALTH RESEARCH	
77 MASSACHUSETTS AVENUE, W98-300			AWARD - A CIRCULATORY	
CAMBRIDGE, MA 02139			SUPPORT DEVICE FOR	
			CHILDREN WITH	00 500
TRITIUD CITY OF CONDIDENT CUM		7.0	UNIVENTRICULAR HEARTS	82,500
UNIVERSITY OF CONNECTICUT		PC	CHILD HEALTH RESEARCH	
438 WHITNEY RD EXT, UNIT 1133			AWARD - NEXT	
STORRS, CT 06269			GENERATION TARGETING	
			OF ONCOMIRS FOR	
			PEDIATRIC GLIOMA	82,500
RHODE ISLAND HOSPITAL		PC	CHILD HEALTH RESEARCH	
BOX 42, SUITE 1.300, 1 HOPPIN STREET			AWARD - EVALUATION OF	
PROVIDENCE, RI 02903-4141			POST-TUBERCULOSIS LUNG	
			FUNCTION IN	
			ADOLESCENTS	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
PO BOX 414413			AWARD - BACK TO THE	
BOSTON, MA 02241-4413			BASICS OF ANTI-FOLATE	
			THERAPY FOR IMPROVED	
			CURE OF PEDIATRIC	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
PO BOX 1873			AWARD - NOVEL MRI	
NEW HAVEN, CT 06508-1873			MARKERS TO PREDICT	
			MULTIPLE SCLEROSIS IN	
			CHILDREN AT RISK	82,500
TRUSTEES OF BOSTON UNIVERSITY		PC	CHILD HEALTH RESEARCH	
PO BOX 28763			AWARD - PROBING	
NEW YORK, NY 10087-8763			PATHOMECHANISMS OF	
			ENTEROVIRUS D68	
			INFECTION	82,500
			1	
Total from continuation sheets				577,500

Part XV Supplementary Information

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

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

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

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

CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF

SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN

WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY

NAME OF RECIPIENT - YALE UNIVERSITY

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

DEVELOPMENTAL SIGNALING AND CILIUM-BASED DISEASE

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - ELUCIDATING MECHANISMS UNDERLYING

PHENOTYPIC VARIATION IN CRANIOFACIAL DISORDERS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF OPA1 MEMBRANE

Part XV Supplementary Information

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

PHENOTYPES IN CHILDHOOD BLINDNESS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - IDENTIFICATION OF THE EMBRYONIC LYMPHOID

PROGENITORS OF NEONATAL IL-17 PRODUCING T CELLS

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - A MOBILE APPLICATION TO ENGAGE FAMILIES

OF HOSPITALIZED CHILDREN IN SAFETY REPORTING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

FOR IMPROVED CURE OF PEDIATRIC CANCER

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - ESTABLISHING THE C1Q-LIKE PROTEIN

SIGNALING PATHWAY AS A NOVEL TARGET FOR ADHD TREATMENTS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - GENETIC ETIOLOGY STUDY OF NEUROENDOCRINE

CELL HYPERPLASIA OF INFANCY (NEHI) ON DISH

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

SCHOOL PUBLIC HEALTH

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

Part XV Supplementary Information

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO

INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1

DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

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

IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN

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

CHILDRENS HOSPITAL

CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF

SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN

WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT

CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR

PEDIATRIC GLIOMA THERAPY

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

FOR IMPROVED CURE OF PEDIATRIC CANCER

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECU	JRITIES S	TATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	
DIVIDEND INCOME INTEREST INCOME	1,580,861. 47,367.			1,580,861. 47,367.	
TO PART I, LINE 4	1,628,228.		1,628,228	1,628,228.	
FORM 990-PF		OTHER II	NCOME	S	TATEMENT 4
DESCRIPTION		I	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SETTLEMENT PROCEEDS RETURNED GRANT FUND NONDIVIDEND DISTRIE MISCELLANEOUS INCOM	S BUTIONS		1,709. 33,892. 19,774. 38.	0. 0. 0. 0.	
TOTAL TO FORM 990-F	PF, PART I,	LINE 11	55,413.	0.	
FORM 990-PF		LEGAL	FEES	S	TATEMENT 5
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES		13,245.	0.	·	13,245.
TO FM 990-PF, PG 1,	 LN 16A	13,245.	0.		13,245.

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

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

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

2 BOYLSTON STREET, 4TH FLOOR

BOSTON, MA 02116

	CONTROLLED ENTITI: II-A, LINE 11	ES 	STATI	EMENT 1
NAME OF CONTROLLED ENTITY			EMPLOY	ER ID NO
CH INNOVATIONS LLC			04-35	507847
ADDRESS	EXCESS BUSI	NESS HOLDING	G [ ] YES	[X] NO
2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116				
	IST OF OFFICERS, D		STATI	EMENT 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND	TREASURER 0.	0.	0
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT 1.00	AND CLERK 0.	0.	0
JEFFREY BOUTWELL, PHD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.	0
BRENDON BULA	TRUSTEE	0	0	0

1.00

0. 0. 0.

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



### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

3	,		,			
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
nust use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Гуре or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification num	nber (TIN)
orint	CHARLES H. HOOD FOUNDATION			04-3507847		47
File by the due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, s 2 BOYLSTON STREET, 4TH FLOOR		tions.			
nstructions.	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02116	_				
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
<sup>-</sup> orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individual)			09
orm 990	-PF	04	Form 5227			10
orm 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above) AAFCPAS	06	Form 8870			12
Teleph	books are in the care of $\blacktriangleright$ 50 WASHINGTON shows No. $\blacktriangleright$ 508-366-9100 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group,	
	quest an automatic 6-month extension of time until			the exem	npt organization re	turn for
	organization named above. The extension is for the org $X$ calendar year $2019$ or	anization's	s return for:			
►L	tax year beginning	, an	d ending		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	☐ Change in accounting period					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
esti	imated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instruction	ons.	3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO	for payment
nstructio	ns.					

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

Form 8868 (Rev. 1-2020)

## Form **990-PF**

EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

 Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning , and ending

Name of foundation						A Employer identification number	
CUARLES H HOOD EQUINDAMION						04-3507847	
CHARLES H. HOOD FOUNDATION  Number and street (or P.O. box number if mail is not delivered to street address)  Room/suite							
2 BOYLSTON STREET, 4TH FLOOR						B Telephone number 617-695-9439	
City or town, state or province, country, and ZIP or foreign postal code						C If exemption application is pending, check here	
BOSTON, MA 02116						i exemption application is p	chaing, check field
G Check all that apply: Initial return Initial return of a former public charity						D 1. Foreign organizations	s, check here
Final return Amended return						2 5	
Address change Name change						2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization: X Section 501(c)(3) exempt private foundation						E If private foundation status was terminated	
Ļ			ther taxable private foundation			under section 507(b)(1)(A), check here	
		rket value of all assets at end of year J Accounting				F If the foundation is in a 6	
(Tr		art II, col. (c), line 16) Ot	her (specify) nn (d) must be on cash basis )			under section 507(b)(1)	(B), cneck nere▶∟
<u> </u>	rt I	Analysis of Revenue and Expenses	(a) Revenue and (b) Net investment		(c) Adjusted net (d) Disbursements		
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	inco		(c) Adjusted net income	for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received				N/A	,
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,300,053.	1,30	0,053.		STATEMENT 3
	5a	Gross rents					
		Net rental income or (loss)	14 520 650				
	6a	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a 61,520,193.	14,538,652.				
	7	assets on line 6a OI, JZU, IJJ  Capital gain net income (from Part IV, line 2)		14 53	8,652.		
	8	Net short-term capital gain		11,55	0,052.		
	9	Income modifications				34,480.	
		Gross sales less returns and allowances				5 = 7 = 5 = 5	
		Less: Cost of goods sold					
		Gross profit or (loss)					
	11	Other income	89,384.	1 = 00	0.		STATEMENT 4
	12	Total. Add lines 1 through 11	15,928,089.	15,83		34,480.	0
	13	Compensation of officers, directors, trustees, etc.	0.		0.		0.
		Other employee salaries and wages Pension plans, employee benefits					
nses	16a	Legal fees STMT 5	12,092.		0.		12,092.
Operating and Administrative Expens	b	Accounting fees STMT 6	17,485.		0.		17,485.
	C	Other professional fees STMT 7	236,563.	16	8,994.		67,569.
	17	Interest					
	18	Interest Taxes STMT 8	253,953.	3	5,453.		0.
	19	Depreciation and depletion					
		Occupancy	17 070				17 070
		Travel, conferences, and meetings	17,878.		0.		17,878.
	22 23	Printing and publications Other expenses STMT 9	227,243.		0.		227,243.
		Total operating and administrative	221,245.		<u> </u>		227,245.
		expenses. Add lines 13 through 23	765,214.	20	4,447.		342,267.
	25	Contributions, gifts, grants paid	2,752,970.		•		2,752,970.
		Total expenses and disbursements.	l expenses and disbursements.				
		Add lines 24 and 25	3,518,184.	20	4,447.		3,095,237.
	27	Subtract line 26 from line 12:	10 400 005				
		Excess of revenue over expenses and disbursements	12,409,905.	15 62	4 250		
		Net investment income (if negative, enter -0-)		тэ,63	4,258.	34,480.	
	C	Adjusted net income (if negative, enter -0-)				J4,40U•	

Pa	ırt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	·
=		Column should be for end-or-year amounts only.	(a) Book Value	( <b>b</b> ) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2 024 621	20 600 552	30 600 FE3
		Savings and temporary cash investments	2,034,631.	30,608,552.	30,608,552.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
Ass		1 1 0			
1		Investments - U.S. and state government obligations	51,276,443.	10 670 652	18,679,652.
	D	Investments - corporate stock STMT 11	3,019,723	7,042,568.	7,042,568.
		Investments - corporate bonds STMT 12	3,019,723.	7,042,300.	7,042,300.
	11	Investments - land, buildings, and equipment: basis  Less: accumulated depreciation			
	10	Less: accumulated depreciation			
	12	Investments - mortgage loans Investments - other STMT 13	9,631,349.	1,388,137.	1,388,137.
	14		J, 031, 3431	1,300,1371	1,300,137
	14	Less: accumulated depreciation			
	15	Other assets (describe ► STATEMENT 14)	657,000.	1,057,000.	1,057,000.
		Total assets (to be completed by all filers - see the	037,000.	1,037,000	1,037,000.
	10	instructions. Also, see page 1, item I)	66,619,146.	58,775,909.	58,775,909.
$\dashv$	17	Accounts payable and accrued expenses		007.707000	3077.07202
		Grants payable			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe  )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
,,		and complete lines 24 through 26, and lines 30 and 31.			
ces	24	Unrestricted			
aar		Temporarily restricted			
or Fund Balanc	26	Permanently restricted			
Ĕ.		Foundations that do not follow SFAS 117, check here 🕨 🗓			
卢		and complete lines 27 through 31.	FO 200 7FF	EO 200 7EE	
		Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
ι		, , , , , , , , , , , , , , , , , , , ,	7,318,391.	-524,846.	
<u>+</u>		Retained earnings, accumulated income, endowment, or other funds	66,619,146.	58,775,909.	
Ž	30	Total net assets or fund balances	00,019,140.	30,113,303.	
	31	Total liabilities and net assets/fund balances	66,619,146.	58,775,909.	
=		Analysis of Changes in Net Assets or Fund B			
				, ,	
		net assets or fund balances at beginning of year - Part II, column (a), line			CC C10 14C
		st agree with end-of-year figure reported on prior year's return)			66,619,146.
		r amount from Part I, line 27a		——————————————————————————————————————	12,409,905.
		r increases not included in line 2 (itemize)		3 4	79,029,051.
4 A	iuu l Iocr	lines 1, 2, and 3eases not included in line 2 (itemize)	מהב כתו	ATEMENT 10 5	20,253,142.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			58,775,909.
0 1	uial	The assets of fund balances at end of year (line 4 fillings line 3) - Palt II, Cl	Julii (D), iiile 30	0	Form <b>990-PF</b> (2018)

│Part IV│ Capital Gain	s and Lo	sses for Tax on In	vestment	Income					
		s) of property sold (for exar or common stock, 200 shs		te,	( <b>b)</b> Ho P - F D -	w acquired Purchase Donation		acquired lay, yr.)	( <b>d)</b> Date sold (mo., day, yr.)
1a PUBLICLY TRAI	ED SE	CURITIES							
b									
C									
<u>d</u>									
e	(4)	Danuaciation allowed	(=\ C==	4 au athau baaia			/h\ 0	ain au (lana	<b>\</b>
(e) Gross sales price		Depreciation allowed (or allowable)	plus e	t or other basis xpense of sale				ain or (loss) s (f) minus (	(g))
a 61,520,193	3 • <u> </u>		4	6,981,54	1.			1	4,538,652.
<u>b</u>					_				
c d					_				
Complete only for assets sho	wing gain in	column (h) and owned by t	he foundation	on 12/31/69.			(I) Gains (C	Col. (h) gain	minus
		(j) Adjusted basis		cess of col. (i)	$\neg$		òl. (k), but r	not less that	n -0-) <b>or</b>
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any			Losses	(from col. (	h))
a								1	4,538,652.
b									
С									
d									
e									
2 Capital gain net income or (ne	t capital loss)	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 7	. } L	2		1	4,538,652.
3 Net short-term capital gain or	(loss) as defi				ĺ				
If gain, also enter in Part I, line	8, column (	c).	` '		) [				
If (loss), enter -0- in Part I, lin	e 8	) L' 4040(-) (	D - 1 1	T	<u>. ]   </u>	3		N/A	
Part V   Qualification						stment in	come		
(For optional use by domestic pri	vate foundati	ons subject to the section 4	940(a) tax on	net investment in	icome.)				
If section 4940(d)(2) applies, leav	e this part bl	ank.							
Was the foundation liable for the	cartion 1912	tay on the distributable am	ount of any ve	ar in the hase ner	rind2				Yes X No
If "Yes," the foundation doesn't qu					iou.				100 <u>[==</u> NO
1 Enter the appropriate amount		1 /			ntries.				
(a) Base period years		(b)			(c)			Dietrik	(d) oution ratio
Calendar year (or tax year begi	nning in)	Adjusted qualifying dist		Net value of no				(col. (b) div	rided by col. (c))
2017		3,09	6,291.			466,67			.049567
2016			3,649.			828,76			.056091
2015			5,208.			131,79			.048996
2014			7,969.			041,87			.045259
2013		2,64	0,653.		57,	319,73	1.		.046069
									0.45000
2 Total of line 1, column (d)							2		.245982
3 Average distribution ratio for t	-	•	-		-				.049196
the foundation has been in exi	stence if less	tnan 5 years					3		•049196
4 Enter the net value of nenchar	itable use se	anta for 2010 from Dart V I	ino E					6	4,600,558.
4 Enter the net value of nonchar	itable-use as	Sets for 20 to from Part X, i	iiie 5				4		4,000,550
5 Multiply line 4 by line 3							5		3,178,089.
o wulupiy iiile 4 by iiile 5									3,110,003
6 Enter 1% of net investment in	rome (1% of	Part I line 27h)					6		156,343.
C Enter 170 of flet investment in	501116 (170 01	1 art 1, 11110 275)							200,010
7 Add lines 5 and 6							7		3,334,432.
							···   ·		, , , = - =
8 Enter qualifying distributions f							8		3,495,237.
If line 8 is equal to or greater t See the Part VI instructions.	han line 7, ch	neck the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rate.			

Form 990-PF (2018) CHARLES H. HOOD FOUNDATION		04-350			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a		4948 - see	instru	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter					
Date of ruling or determination letter: (attach copy of letter if necess					
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	15	<u>6,3</u>	<u>43.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% or	f Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	,	2			0.
3 Add lines 1 and 2		3	15	6,3	<u>43.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	15	6,3	<u>43.</u>
6 Credits/Payments:					
· · · · · · · · · · · · · · · · · · ·	6a 231,812.	<u>-</u>			
	6b 0	<u>-</u>			
· / /	6c 0	<u>-</u>			
	6d 0 .	<u>.</u>			
7 Total credits and payments. Add lines 6a through 6d		7	23	<u>1,8</u>	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attache	ed	8		5	16.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10	7	4,9	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	74,953 Refunded	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation				Yes	
any political campaign?			1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		nition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	ny materials published or				
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
(1) On the foundation. ► \$ (2) On foundation managers. ►		<u>-</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed on foundation				
managers. ► \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	?		2		_X_
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing inst					
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					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?			4b		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes," attach the statement required by General Instruction T.					
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eithe	r:				
<ul> <li>By language in the governing instrument, or</li> </ul>					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory di</li> </ul>					
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	e Part II, col. (c), and Part XV		7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	<b>&gt;</b>				
MA					
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor					
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section					
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comple	te Part XIV		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule li	sting their names and addresses		10		Х

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 15	11	Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► TMFGRANTS.ORG/HOOD			
14	The books are in care of ► AAFCPAS Telephone no. ► 508 – 36		100	
	Located at ▶ 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 ▶01			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year <b>\bigsilon 15</b>		/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
D	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41		v
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
_	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	1.		Х
0	before the first day of the tax year beginning in 2018?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		
2	defined in section 4942(j)(3) or 4942(j)(5)):			
٠	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•				
	Tener and the			
h	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.)  N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? $\overline{X}$ Yes $\overline{\ }$ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; <b>(2)</b> 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 2018.)	3b		Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Part VII-B   Statements Regarding Activities for Which I		Poquirod (contin	04-3307	0 = 7	Paye 6
	Ollii 4720 Way De i	nequired (continu	l lea)	IV.	s No
5a During the year, did the foundation pay or incur any amount to:	40.457. \\0		<b>□</b>	1,	75 110
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🔼 No		
(2) Influence the outcome of any specific public election (see section 4955); o			[32]		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es LAL No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? See instructions		X Ye	es 📖 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	or			
the prevention of cruelty to children or animals?		Ye	es 🔼 No 📗		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions			5b	X
Organizations relying on a current notice regarding disaster assistance, check I					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?			es 🔲 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	nav premiums on				
a personal benefit contract?		□ v	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal henefit contract?		,5 (11)	6b	x
If "Yes" to 6b, file Form 8870.					
	shalter transaction?	□ v,	No IX No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	stable to the transportion?		75 <u>25</u> NU	7h	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			[32]		
excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
1 List all officers, directors, trustees, and foundation managers and t	-	(c) Compensation	(d) Combribustions to	1 (-)	Evnanaa
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Hamo and address	to position	`enter'-0-)´	compensation	allo	wances
		_	_		
SEE STATEMENT 16		0.	0	•	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred		unt, other wances
NONE	devoted to position		compensation	and	wances
HOME					
				-	
	-				
				+	
Total number of other employees paid over \$50,000			<b></b>		0

Paid Employees, and Contractors (continued)	uation managers, nignly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON		
STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE	FEES   142,820.
US TRUST	INVESTMENT CUST	ODIAN
225 FRANKLIN STREET, BOSTON, MA 02110	FEES	135,138.
STATE STREET		
1200 CROWN COLONY DRIVE, QUINCY, MA 02169	INVESTMENT FEES	63,925.
T I I mumb ou of obbots year in in a curry CFO 000 for mysfeed and coming		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	tictical information cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 N/A		
1		-
		7
2		
		7
3		
4		
		_
Part IV-P Common of Disagram Deleted Investments	<u> </u>	
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 PRAPELA, LLC - CONCORD, MA	on lines I and Z.	Amount
CONVERTIBLE PROMISSORY NOTE		-
CONVERTIBLE INOMIDDONI NOTE		250,000.
THINKMD, INC BURLINGTON, VT		230,000
CONVERTIBLE PROMISSORY NOTE		┥
		150,000.
All other program-related investments. See instructions.		· ·
3		
		$\bot$
		1

400,000.

Total. Add lines 1 through 3

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	61,097,937.
b	Average of monthly cash balances	1b	4,255,053.
C	Fair market value of all other assets	1c	231,333.
	Total (add lines 1a, b, and c)	1d	65,584,323.
е	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	65,584,323.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	983,765.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	64,600,558.
6	Minimum investment return. Enter 5% of line 5	6	3,230,028.
P	<b>art XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here	nd certain	
1	Minimum investment return from Part X, line 6	1	3,230,028.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 156,343.		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	156,343.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,073,685.
4	Recoveries of amounts treated as qualifying distributions	4	34,480.
5	Add lines 3 and 4	5	3,108,165.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,108,165.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,095,237.
b		1b	400,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,495,237.
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	156,343.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,338,894.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

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4940(e) reduction of tax in those years.

823581 12-11-18

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2017	(c) 2017	<b>(d)</b> 2018
1 Distributable amount for 2018 from Part XI, line 7				3,108,165.
2 Undistributed income, if any, as of the end of 2018:				3,233,233
a Enter amount for 2017 only			2,899,538.	
<b>b</b> Total for prior years:				
Excess distributions carryover, if any, to 2018:		0.		
<b>a</b> From 2013 <b>b</b> From 2014				
<b>c</b> From 2015				
<b>d</b> From 2016				
<b>e</b> From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from		A		
Part XII, line 4: $\triangleright$ \$ 3,495,237.				
<b>a</b> Applied to 2017, but not more than line 2a			2,899,538.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.			505 600
<b>d</b> Applied to 2018 distributable amount	0			595,699.
e Remaining amount distributed out of corpus	0.			0
Excess distributions carryover applied to 2018 (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:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</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 2017. Subtract line			0.	
4a from line 2a. Taxable amount - see instr  f Undistributed income for 2018. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				2,512,466.
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 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014				
<b>b</b> Excess from 2015 <b>c</b> Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part X	IV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the	e foundation has received a ruling o	r determination letter that	it is a private operating			
foun	dation, and the ruling is effective for	r 2018, enter the date of the	he ruling			
	k box to indicate whether the found				4942(j)(3) or 49	42(j)(5)
	r the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	()/( /	G/C /
	me from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
	stment return from Part X for	, ,	, ,	, ,	, ,	
	year listed					
	of line 2a					
	ifying distributions from Part XII,					
	• •					
	4 for each year listed					
	unts included in line 2c not					
	directly for active conduct of					
	npt activities					
	ifying distributions made directly					
	ctive conduct of exempt activities.					
Subt	ract line 2d from line 2c					
	plete 3a, b, or c for the native test relied upon:					
	ets" alternative test - enter:					
(1)	Value of all assets					
	Value of assets qualifying					
	under section 4942(j)(3)(B)(i) owment" alternative test - enter		4			
	ownient alternative test - enter					
shov	vn in Part X, line 6 for each year					
	j			· ·		
	port" alternative test - enter:					
	Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
(2)	Support from general public			*		
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
(3)	Largest amount of support from					
٠,	an exempt organization					
	Gross investment income					
Part X		rmation (Comple	te this part only	if the foundation	had \$5.000 or mo	ore in assets
	at any time during t				<b>,.,</b>	
1 Info	rmation Regarding Foundatio	n Managers:				
	any managers of the foundation wh	•	than 2% of the total contr	ributions received by the f	foundation before the clos	e of any tax
	(but only if they have contributed m			•		•
NONE						
<b>b</b> List	any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (	or an equally large portio	n of the ownership of a pa	ırtnership or
	r entity) of which the foundation has	s a 10% or greater interes	it.			
NONE						
	rmation Regarding Contributi			_		
	k here Lifthe foundation o					ests for funds. If
	oundation makes gifts, grants, etc.,	<u> </u>		, , ,	<del>, ,</del>	
	name, address, and telephone numl					
	LENE MANCUSI, PR				, CMANCUSI@	HRIA.ORG
2 BOY	LSTON STREET, 4	TH FLOOR, B	OSTON, MA 0	2116		
<b>b</b> The	form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
	CATION FORMS AV					
	submission deadlines:					
	ALLY MARCH AND O	CTOBER				
	restrictions or limitations on awards		l areas, charitable fields,	kinds of institutions, or o	ther factors:	

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RESTRICTED TO PEDIATRIC RESEARCH

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BOSTON CHILDREN'S HOSPITAL PC. CHILD HEALTH RESEARCH PO BOX 414413 AWARD - NEURAL BOSTON, MA 02441 CIRCUIT-LEVEL MECHANISMS THAT CONTROL PERSISTENT 75,000. BOSTON CHILDREN'S HOSPITAL CHILD HEALTH RESEARCH PC. AWARD - IMPROVED 3D PO BOX 414413 CINE CARDIOVASCULAR BOSTON, MA 02441 MAGNETIC RESONANCE IMAGING FOR CHILDREN 75,000. NORTHEASTERN UNIVERSITY PC CHILD HEALTH RESEARCH 360 HUNTINGTON AVENUE AWARD - FROM VIRTUAL BOSTON, MA 02115 REALITY TO REAL LIFE SKILL: ENHANCING THE POTENTIAL OF VIRTUAL 75,000. YALE UNIVERSITY CHILD HEALTH RESEARCH 2C 333 CEDAR STREET, PO BOX 208020 AWARD - MECHANISMS OF NEW HAVEN, CT 06520-8020 DISEASE IN PEDIATRIC LYMPHOCYTE DISORDERS CAUSED BY PI3K GENE 75,000. UNIVERSITY OF MASSACHUSETTS MEDICAL CHILD HEALTH RESEARCH PC. AWARD - MICROBIAL AND DIETARY REPROGRAMMING 55 LAKE AVENUE NORTH WORCESTER, MA 01655 OF INTESTINAL IMMUNE MEMORY 75,000. SEE CONTINUATION SHEET(S) ➤ 3a 2,752,970. Total **b** Approved for future payment NONE Total ➤ 3b

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Litter gross amounts unless otherwise mulcated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:		Amount	sion	Amount	function income
-	code		Code		
a					
d					
<u> </u>					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,300,053.	
5 Net rental income or (loss) from real estate:				2,000,000	
a Debt-financed property			4		
b Not debt-financed property			4		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	14,538,652.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SETTLEMENT PROCEEDS					7,308.
b RETURNED GRANT FUNDS					34,480.
c NONDIVIDEND					
d DISTRIBUTIONS					47,596.
e					•
12 Subtotal. Add columns (b), (d), and (e)		0.		15,838,705.	89,384.
13 Total. Add line 12, columns (b), (d), and (e)					15,928,089.
(See worksheet in line 13 instructions to verify calculations.)					

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

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

Form **990-PF** (2018) 823621 12-11-18

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									Yes	No	
					g to political organizations?		( )				
а	•	ansfers from the reporting foundation to a noncharitable exempt organization of:									
	(1) Cash									Х	
								1a(2)		Х	
b	Other tran										
(1) Sales of assets to a noncharitable exempt organization										X	
(2) Purchases of assets from a noncharitable exempt organization										X	
(3) Rental of facilities, equipment, or other assets										Х	
	<b>(4)</b> Reiml	bursement arrangements						1b(4)		Х	
	(5) Loans	s or loan guarantees						1b(5)		X	
					ons			1b(6)		Х	
					ployees			1c		X	
d				_	• • •	-	market value of the goods, o		ets,		
						ue in any transactior	or sharing arrangement, s	now in			
۵۱.	•	(b) Amount involved	•			(4) -					
.a)∟	ine no.	(b) Amount involved	(C) Name of		e exempt organization	(u) Description	n of transfers, transactions, and s	sharing ar	rangeme	ents	
				N/A		_					
2a	Is the four	ndation directly or indirectl	ly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described	_				
	in section	501(c) (other than section	n 501(c)(3)) or in sec	ction 527?			L	Yes	X	No	
b	If "Yes," co	omplete the following sche									
		(a) Name of orga	anization		(b) Type of organization		(c) Description of relationsh	nip			
		N/A									
	Under	penalties of periury I declare t	hat I have examined this	return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge				
Sig	and be	elief, it is true, correct, and com	plete. Declaration of pre	parer (other tha	an taxpayer) is based on all inform	nation of which prepare	r has any knowledge. May	the IRS or rn with th	e prepar	er	
He	re				1	TREASU		wn below <b>Yes</b>			
		nature of officer or trustee			I Date	Title		ı res		J No	
	I oigi	Print/Type preparer's na	me	Preparer's s		Date	Check   if PTIN				
					.9		self- employed				
Pa	id	JOYCE RIPT	ANZI. CPA	JOYCE	RIPIANZI, C	07/08/19	' '	548	581		
	eparer				I, FINNING &						
	e Only		<b>,</b>		,	· , - · ·					
	-	Firm's address ▶ 50	WASHINGT	ON STR	REET						
			STBOROUGH				Phone no. 508-36	6-9	100		
		-						rm <b>99</b> (		(2010)	

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

	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
JONINVASIX, INC.					
L700 THE STRAND, SUITE 1200					
GALVESTON, TX 77555		7,000	. 07/27/17	7,000.	12/15/17
Purpose of Grant					
O FUND NONINVASIX'S PARTICIPAT	TION IN THE PHILIPS' MA	ATERNAL AND INFANT			
HEALTHWORKS START-UP PROGRAM.					
		ns by Grantee			
		ns by Grantee			
Date of Reports by Grantee PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19					
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19					
PRI REPORTS - 2/21/18, 4/20/18,					
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification	NONE	, SEE BELOW			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification  THE TRUSTEES MEET WITH NONIVASI	NONE  IX MANAGEMENT ON A REGI	, SEE BELOW  JLAR BAS1S, ATTEND			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification  THE TRUSTEES MEET WITH NONIVAS BOARD MEETINGS AS AN OBSERVER A	NONE  IX MANAGEMENT ON A REGULAND REVIEW THE PRI REPO	, SEE BELOW  JLAR BAS1S, ATTEND  DRTS AND FINANCIALS.			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19	NONE  IX MANAGEMENT ON A REGULAND REVIEW THE PRI REPO	ULAR BAS1S, ATTEND ORTS AND FINANCIALS. RTED ANY OF THE FUNDS			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification  THE TRUSTEES MEET WITH NONIVASION MEETINGS AS AN OBSERVER AS TO THE TRUSTEES KNOWLEDGE, THE	NONE  IX MANAGEMENT ON A REGULAND REVIEW THE PRI REPO	ULAR BAS1S, ATTEND ORTS AND FINANCIALS. RTED ANY OF THE FUNDS			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification  THE TRUSTEES MEET WITH NONIVASIONARD MEETINGS AS AN OBSERVER AND THE TRUSTEES KNOWLEDGE, THE	NONE  IX MANAGEMENT ON A REGULAND REVIEW THE PRI REPO	ULAR BAS1S, ATTEND ORTS AND FINANCIALS. RTED ANY OF THE FUNDS			
PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19  Results of Verification  THE TRUSTEES MEET WITH NONIVASIONARD MEETINGS AS AN OBSERVER AS THE TRUSTEES KNOWLEDGE, THE	NONE  IX MANAGEMENT ON A REGULAND REVIEW THE PRI REPO	ULAR BAS1S, ATTEND ORTS AND FINANCIALS. RTED ANY OF THE FUNDS			

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

Recipient's Name and Address N	0. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC.					
120 BEDFORD ROAD					
WOBURN, MA 01801		250,000.	06/26/17	58,927.	05/16/19

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 - 2/8/18, 5/14/18,	NONE, SEE BELOW
7/15/18, 9/15/18, 10/31/18, 12/7/18,	
12/11/18	

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 2/21/18, 4/20/18,	NONE, SEE BELOW
9/30/18, 2/14/19	

Results of Verification

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

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

Recipient's Name and Address NO • 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES				
C/O HARVARD LIFELAB 127 WESTERN AVE				
ALLSTON, MA 02134	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 - 2/6/18, 5/22/18,	NONE, SEE BELOW
6/26/18, 1/15/19	

Results of Verification

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

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

Recipient's Name and Address	NO.	5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	07/26/16	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	Diversions by Grantee
PRI REPORT - 2/21/18, 4/20/18,	NONE, SEE BELOW
9/30/18, 2/14/19	

Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 7/12/18, 8/17/18,	NONE, SEE BELOW
10/2/18, 11/6/18, 12/31/18, 2/11/19	

Results of Verification

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

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

Recipient's Name and Address NO • 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC				
625 LOWELL ROAD				
CONCORD, MA 01742	250,000.	07/02/18	178,788.	05/14/19

Purpose of Grant

THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S SLEEP TECH.

Date of Reports by Grantee	Diversions by Grantee
PRI REPORTS - 7/19/18, 12/10/18,	NONE, SEE BELOW
1/30/19, 2/24/19	

#### Results of Verification

THE TRUSTEES MEET WITH PRAPELA 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

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y	<del>, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del>	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
333 CEDAR STREET, PO BOX 208020			AWARD - DEFINING A	
NEW HAVEN, CT 06520-8020			CILIA-LYSOSOME AXIS IN	
			DEVELOPMENTAL	
			SIGNALING AND	82,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	CHILD HEALTH RESEARCH	
77 MASSACHUSETTS AVENUE, 76-561A			AWARD - ELUCIDATING	
CAMBRIDGE, MA 02139			MECHANISMS UNDERLYING	
			PHENOTYPIC VARIATION	
			IN CRANIOFACIAL	82,500
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
55 FRUIT STREET			AWARD -	
BOSTON, MA 02114			CHARACTERIZATION OF	
			OPA1 MEMBRANE	
			PHENOTYPES IN	82,500
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH RESEARCH	
SCHOOL			AWARD - IDENTIFICATION	
55 LAKE AVENUE NORTH			OF THE EMBRYONIC	
WORCESTER, MA 01655			LYMPHOID PROGENITORS	
			OF NEONATAL IL-17	82,500
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
PO BOX 414413			AWARD - A MOBILE	
BOSTON, MA 02441			APPLICATION TO ENGAGE	
			FAMILIES OF	
			HOSPITALIZED CHILDREN	82,500
BOSTON CHILDREN'S HOSPITAL		PC	MAJOR GRANT - ROLE OF	
PO BOX 414413		, i	RECURRENT DNA BREAK	
BOSTON, MA 02441			CLUSTER GENES IN BRAIN	
			DEVELOPMENT AND	
			DISEASE	165,000
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	MAJOR GRANT -	
77 MASSACHUSETTS AVENUE, 76-561A			DEVELOPMENT OF GENE	
CAMBRIDGE, MA 02139			THERAPY APPROACHES FOR	
			NEURODEVELOPMENTAL	
			DISORDERS	165,000
BRIGHAM AND WOMEN'S HOSPITAL		PC	MAJOR GRANT - THE	
75 FRANCIS STREET			EVOLUTION AND	
BOSTON, MA 02115			CONSEQUENCES OF	
			PERINATAL ISCHEMIC	
			BRAIN INJURY	325,000
BOSTON CHILDREN'S HOSPITAL		₽C	MAJOR GRANT -	
PO BOX 414413			HARNESSING THE LUNG	
BOSTON, MA 02441			MICROENVIRONMENT TO	
			FIGHT BRONCHOPULMONARY	
		<u> </u>	DYSPLASIA	325,000
DANA-FARBER CANCER INSTITUTE, INC.		₽C	CHILD HEALTH RESEARCH	
450 BROOKLINE AVENUE, BP411			AWARD - PEDICARE:	
BOSTON, MA 02215-5450			FEASIBILITY OF NOVEL	
			POVERTY-TARGETED	
			INTERVENTION TO REDUCE	75,000
Total from continuation sheets				2,377,970.

Part XV | Supplementary Information

Part XV Supplementary Information			1	
3 Grants and Contributions Paid During the Yo	<del> </del>	_		
Recipient  Name and address (home or hydross)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
PO BOX 414413			AWARD - ZIKA VIRUS	
BOSTON, MA 02441			ALTERS CENTROSOME	
			ARCHITECTURE TO	
			ABROGATE DEVELOPMENTAL	75,000
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
PO BOX 1873			AWARD - ASSESSMENT AND	
NEW HAVEN, CT 06030-5335			MECHANISMS OF BLOOD	
			VESSEL DYSFUNCTION IN	
			CRITICALLY ILL	75,000
MASSACHUSETTS EYE AND EAR		PC	CHILD HEALTH RESEARCH	
243 CHARLES STREET			AWARD - ADVANCING	
BOSTON, MA 02114			PEDIATRIC	
			TYMPANOPLASTY WITH	
			3-DIMENSIONALLY	75,000
PRESIDENT & FELLOWS OF HARVARD		PC	CHILD HEALTH RESEARCH	
COLLEGE, HARVARD MEDICAL SCHOOL			AWARD - ACTIVATION OF	
PO BOX 415649			NONSENSE-MEDIATED	
BOSTON, MA 02241-5649			DECAY IN GENETIC	
			DISEASES AND CHILDHOOD	75,000
NIVERSITY OF CONNECTICUT HEALTH		PC	CHILD HEALTH RESEARCH	
CENTER			AWARD - ESTABLISHING	
263 FARMINGTON AVENUE			THE C1Q-LIKE PROTEIN	
FARMINGTON, CT 06030-5335			SIGNALING PATHWAY AS A	
			NOVEL TARGET FOR ADHD	82,500
ASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
55 FRUIT STREET			AWARD - GENETIC	
BOSTON, MA 02114			ETIOLOGY STUDY OF	
			NEUROENDOCRINE CELL	
			HYPERPLASIA OF INFANCY	82,500
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
55 FRUIT STREET			AWARD - PROTECTIVE	
BOSTON, MA 02114			ANTIBODIES IN	
			IMMUNOTHERAPY FOR	
			PEANUT ALLERGY	82,500
RESIDENT & FELLOWS OF HARVARD		PC	CHILD HEALTH RESEARCH	
COLLEGE/HARVARD CHAN SCHOOL OF PUBLIC			AWARD - ROLE OF	
IEALTH			APOPTOSIS IN CHILDHOOD	
PO BOX 415649			TRAUMATIC BRAIN	
BOSTON, MA 02241-5649			INJURIES: BLOCKING	82,500
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
333 CEDAR STREET, PO BOX 208020			AWARD - MECHANISM OF	
NEW HAVEN, CT 06520-8020			CHIMERIC ANTIGEN	
			RECEPTOR (CAR)	
			SIGNALING	82,500
OSTON CHILDREN'S HOSPITAL		PC	BRIDGE FUNDING AWARD -	
PO BOX 414413			DYSREGULATION OF THE	
BOSTON, MA 02241-4413			TELOMERASE RNA	
			COMPONENT IN	
		1	CONGENITAL DISEASES	50,000.
Total from continuation sheets				

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient BRIDGE FUNDING AWARD BOSTON COLLEGE 140 COMMONWEALTH AVE ROLE OF TACC3 IN CHESTNUT HILL, MA 02467 CRANIAL NEURAL CREST CELL MIGRATION: IMPLICATIONS FOR 10,000. BOSTON UNIVERSITY SCHOOL OF MEDICINE РC BRIDGE FUNDING AWARD -PO BOX 28763 UNDERSTANDING THE NEW YORK, NY 10087-8763 MOLECULAR MECHANISMS CONTROLLING MULTI-CILIA 80,000. MASSACHUSETTS GENERAL HOSPITAL РC FELLOWSHIP - HIV 55 FRUIT STREET INFECTION, BOSTON, MA 02114 ANTIRETROVIRAL THERAPY AND PLACENTAL INFLAMMATION IN 57,970. Total from continuation sheets

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 UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MECHANISMS OF DISEASE IN PEDIATRIC

LYMPHOCYTE DISORDERS CAUSED BY PI3K GENE MUTATIONS

NAME OF RECIPIENT - YALE UNIVERSITY

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

DEVELOPMENTAL SIGNALING AND CILIUM-BASED DISEASE

NAME OF RECIPIENT - MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CHILD HEALTH RESEARCH AWARD - ELUCIDATING MECHANISMS UNDERLYING

PHENOTYPIC VARIATION IN CRANIOFACIAL DISORDERS

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF OPA1 MEMBRANE

PHENOTYPES IN CHILDHOOD BLINDNESS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - IDENTIFICATION OF THE EMBRYONIC LYMPHOID

PROGENITORS OF NEONATAL IL-17 PRODUCING T CELLS

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 - A MOBILE APPLICATION TO ENGAGE FAMILIES

OF HOSPITALIZED CHILDREN IN SAFETY REPORTING

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 - ZIKA VIRUS ALTERS CENTROSOME ARCHITECTURE

TO ABROGATE DEVELOPMENTAL SIGNALING IN THE BRAIN

NAME OF RECIPIENT - YALE UNIVERSITY

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

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

MEDICAL SCHOOL

CHILD HEALTH RESEARCH AWARD - ACTIVATION OF NONSENSE-MEDIATED DECAY IN

GENETIC DISEASES AND CHILDHOOD DEVELOPMENT

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - ESTABLISHING THE C1Q-LIKE PROTEIN

Part XV   Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
SIGNALING PATHWAY AS A NOVEL TARGET FOR ADHD TREATMENTS
NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL
CHILD HEALTH RESEARCH AWARD - GENETIC ETIOLOGY STUDY OF NEUROENDOCRINE
CELL HYPERPLASIA OF INFANCY (NEHI) ON DISH
NAME OF RECIPIENT - PRESIDENT & FELLOWS OF HARVARD COLLEGE/HARVARD CHAN
SCHOOL OF PUBLIC HEALTH
CHILD HEALTH RESEARCH AWARD - ROLE OF APOPTOSIS IN CHILDHOOD TRAUMATIC
BRAIN INJURIES: BLOCKING CELL DEATH TO IMPROVE OUTCOMES
NAME OF RECIPIENT - BOSTON COLLEGE
BRIDGE FUNDING AWARD - ROLE OF TACC3 IN CRANIAL NEURAL CREST CELL
MIGRATION: IMPLICATIONS FOR CRANIOFACIAL DISORDERS
NAME OF RECIPIENT - BOSTON UNIVERSITY SCHOOL OF MEDICINE
BRIDGE FUNDING AWARD - UNDERSTANDING THE MOLECULAR MECHANISMS
CONTROLLING MULTI-CILIA DEVELOPMENT
NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL
FELLOWSHIP - HIV INFECTION, ANTIRETROVIRAL THERAPY AND PLACENTAL
INFLAMMATION IN UGANDA: POTENTIAL MECHANISMS FOR POOR OUTCOMES IN
HIV-EXPOSED INFANTS

				OM SECUR		STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
DIVIDEND INCOME INTEREST INCOME	1,207,784.		0. 1,2	207,78 <b>4.</b> 92,269.			
TO PART I, LINE 4	1,300,053.		0. 1,	300,053.	1,300,053	· 	
FORM 990-PF		OTHER I	NCOME			STATEMENT	4
DESCRIPTION			(A) REVENT PER BOO		(B) ET INVEST- ENT INCOME	(C) ADJUSTEI NET INCOM	
SETTLEMENT PROCEEDS RETURNED GRANT FUND NONDIVIDEND DISTRIE	S		34	7,308. 4,480. 7,596.	0. 0. 0.		
TOTAL TO FORM 990-F	F, PART I, I	LINE 11	89	9,384.	0.	· <del></del>	
							<u></u>
FORM 990-PF		LEGAL	FEES			STATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	3) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL EXPENSES		12,092.		0.		12,09	92.
TO FM 990-PF, PG 1,	TN 163	12,092.		0.		12,09	

FORM 990-PF	ACCOUNTI	NG FEES	S'	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & TAX PREPARATION FEES	17,485.	0.		17,485.
TO FORM 990-PF, PG 1, LN 16B	17,485.	0.		17,485.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S'	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES - STATE STREET INVESTMENT FEES - US TRUST INVESTMENT CONSULTING	63,925. 135,138. 37,500.	63,925. 67,569. 37,500.		0. 67,569. 0.
TO FORM 990-PF, PG 1, LN 16C	236,563.	168,994.		67,569.
FORM 990-PF	TAX	ES	S'	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES EXCISE TAX ESTIMATES	35,453. 218,500.	35,453.		0.
TO FORM 990-PF, PG 1, LN 18	253,953.	35,453.		0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
MASS PC FILING FEE MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS MEMBERSHIPS PROGRAM RELATED INVESTMENT	1,045. 6,842. 142,820. 4,306.	0. 0. 0.		1,04 6,84 142,82 4,30	2.
ADMINISTRATIVE COSTS MARKETING 75TH ANNIVERSARY EVENT HONORARIA SCIENTIFIC ADVISORS	23,172. 11,349. 1,315. 20,344. 16,050.	0. 0. 0. 0.		23,17 11,34 1,31 20,34 16,05	9. 5. 4.
TO FORM 990-PF, PG 1, LN 23	227,243.	0.		227,24	3.
FORM 990-PF OTHER DECREASED	ES IN NET AS	SETS OR FUND I	BALANCES	STATEMENT	10
UNREALIZED LOSSES LOSS ON INVESTMENT IN GPG HEA	ALTHCARE OPP	ORTUNITIES FU	ND, LLC	20,239,85	
TOTAL TO FORM 990-PF, PART I	II, LINE 5			20,253,14	2.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	11
DESCRIPTION		BOO	OK VALUE	FAIR MARKET VALUE	1
DOMESTIC EQUITIES FOREIGN SECURITIES			5,193,116. 3,486,536.	15,193,11 3,486,53	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	18	3,679,652.	18,679,65	2.

FORM 990-PF	CORPORATE BONDS	STATEMENT 12	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		7,042,568.	7,042,568.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	7,042,568.	7,042,568.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 13
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV	1,156,804.	1,156,804.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,388,137.	1,388,137.
TORK 000 PE	OWNER AGGREG	······	CENTRAL 14
FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	657,000.	1,057,000.	1,057,000.
TO FORM 990-PF, PART II, LINE 1	657,000.	1,057,000.	1,057,000.

	ONTROLLED ENTITI -A, LINE 11	ES	STAT	EMENT	15
NAME OF CONTROLLED ENTITY			EMPLOY	ER ID 1	NO
CH INNOVATIONS LLC			04-3	507847	
ADDRESS	EXCESS BUSI	NESS HOLDING	G [ ] YES	[X] NO	)
2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116					
	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT	16
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENS	
NEIL SMILEY 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	PRESIDENT AND	TREASURER 0.	0.		0.
JOHN O. PARKER, JR. 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT	AND CLERK 0.	0.		0.
JEFFREY BOUTWELL, PHD 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BARBARA BULA 2 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0.	0.		0.
BRENDON BULA 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 **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### 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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 04 - 3507847CHARLES H. HOOD FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2 BOYLSTON STREET, 4TH FLOOR City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BOSTON, MA 02116 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 **AAFCPAS** The books are in the care of ► 50 WASHINGTON STREET - WESTBOROUGH, MA 01581 Telephone No. $\triangleright$ 508-366-9100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . 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. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning \_\_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 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

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

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**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.

Form **8868** (Rev. 1-2019)

156,343.

231,812.

За

3b

instructions.

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

EXTENDED TO NOVEMBER 15, 2018
Return of Private Foundation

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

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

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

OMB No. 1545-0052 **2017**Open to Public Inspection

For calendar year 2017 or tax year beginning , and ending A Employer identification number Name of foundation CHARLES H. HOOD FOUNDATION 04 - 3507847Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2 BOYLSTON STREET, 4TH FLOOR 617-695-9439 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BOSTON, MA 02116 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ...▶ 66,619,146. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received ...... Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,475,426. 1,475,426. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 2,780,485. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ...... 10,588,593. 7 Capital gain net income (from Part IV, line 2) 2,780,485. 8 Net short-term capital gain 25,296 Income modifications Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 67,895. STATEMENT 11 Other income 0. 323,806. 4,255,911. 25,296. Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 8,854. 0. 8,854. Expenses 16a Legal fees STMT **b** Accounting fees c Other professional fees STMT 6 182,358. 106,296. 76,062. 17 Interest Taxes STMT 45,800. 20,800. 0. 18 Depreciation and depletion 20 Occupancy 8,732. 0. 8,732. 21 Travel, conferences, and meetings ..... and 22 Printing and publications ...... 23 Other expenses STMT 8 294,266. 294,266. 0. 24 Total operating and administrative 540,010. 127,096. 387,914. expenses. Add lines 13 through 23 2,492,665. 2,492,665. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 3,032,675 127,096 2,880,579. Add lines 24 and 25 27 Subtract line 26 from line 12: 1,291,131 **a** Excess of revenue over expenses and disbursements 4,128,815. **b Net investment income** (if negative, enter -0-) 25,296. C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2017)

П	L	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	t year
Р	<u>art</u>	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,057,980.	2,034,631.	2,034,631.
	ı	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ				
	,	disqualified persons			
	l '	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
<b>ISS</b>		Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations		E1 0EC 112	F1 0FC 442
	b	Investments - corporate stock STMT 9	43,882,732.		
	C	Investments - corporate bonds STMT 10	0 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 1	1 11,093,006.	9,631,349.	9,631,349.
	14	Land, buildings, and equipment; basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe ► STATEMENT 1.2	2) 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.
	17	Accounts payable and accrued expenses			
	18				
ý	19				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ë		Other liabilities (describe			
		Carlot maximus (december )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here		•	
		and complete lines 24 through 26, and lines 30 and 31.	<b>1</b>		
ses	24	Unrestricted			
anc anc	25	Temporarily restricted			
Assets or Fund Baland	26	B			
٦	- "	Foundations that do not follow SFAS 117, check here X			
ΨĘ		and complete lines 27 through 31.	<b>'</b>		
ō	27	•	59,300,755.	59,300,755.	
ets				0.	
SS	28			7,318,391.	
Net ⊿	29	Retained earnings, accumulated income, endowment, or other funds		66,619,146.	
ž	30	Total net assets or fund balances	39,307,839.	00,019,140.	
		Total Pob PP or and not accept them disclosure	59,367,859.	66 610 146	
_	31	Total liabilities and net assets/fund balances	33,301,033.	66,619,146.	
P	art	Analysis of Changes in Net Assets or Fund	d Balances		
1		net assets or fund balances at beginning of year - Part II, column (a),			
	(mus	st agree with end-of-year figure reported on prior year's return)		1	59,367,859.
		r amount from Part I, line 27a		2	1,291,131.
3	Othe	r increases not included in line 2 (itemize)   UNREALIZE	D GAINS	3	5,960,156.
4	Add	lines 1, 2, and 3		4	66,619,146.
		eases not included in line 2 (itemize)		5	0.
	Total	I not accets or fund belances at and of year (line 4 minus line 5). Dort	II column (h) line 20		66 610 146

b Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (i) Adjusted basis (k) Excess of col. (i) cover col. (j). If any col. (k), but not less than -0-) or Losses (from col. (h)) or Losses	Fo	orm 990-PF (2017) <b>CHAF</b>	RLES H. HOOD FO	UNDATIO	N			0	4-350	7847	Page 3
10 PUBLICLY TRADED SECURITIES  b  c  d  d  (e) Gross sales price (f) Dispreciation allowed (g) Cost or other basis (h) Gain or (loss) (c) plus (f) minus (g))  1 10, 588, 593.  7, 808, 108.  2, 780, 485.  4  6  Complete only for assets showing gain in column (h) and cound by the foundation on 123150. (f) FAVY as of 123188 (g) Adjusted basis (h) Gains or (loss) (h) Favi or	F	Part IV Capital Gains a	and Losses for Tax on	Investmen <sup>-</sup>	t Income						
10 PUBLICLY TRADED SECURITIES  b  c  d  d  (e) Gross sales price (f) Dispreciation allowed (g) Cost or other basis (h) Gain or (loss) (c) plus (f) minus (g))  1 10, 588, 593.  7, 808, 108.  2, 780, 485.  4  6  Complete only for assets showing gain in column (h) and cound by the foundation on 123150. (f) FAVY as of 123188 (g) Adjusted basis (h) Gains or (loss) (h) Favi or		(a) List and describe to	he kind(s) of property sold (for ex	xample, real esta	te,	( <b>b)</b> Ho	w acquired	(c) Date	acquired		
(e) Gross sales price (f) Depreciation allowed (or allowable) (p) Excess of sale (p) Fig. (p) Part (p) Fig. (p)		2-story brick warehouse, or common stock, 200 sits. wile 60.)			D-i	Donation	(mo., o	ay, yr.)	(mo., d	ay, yr.)	
(e) Gioss sales price (f) Depreciation allowed (g) Cost or other basis (his couples or sales price) (f) Gian or floss) ((e) place (f) minus (g)) (g) Cost or other basis (his couples or sales price) (f) Gian or floss) ((e) place (f) minus (g)) (g) (g) place (f) minus (g) (g) (g) place (	18	a PUBLICLY TRADEI	O SECURITIES								
(a) Gross sales price (b) Depreciation allowed (c) Cost or other basis (b) Edin or (loss) ((e) plus (f) minus (g))  a 10 , 588 , 593 . 7, 808 , 108 . 2, 780 , 485 .  b 7, 808 , 108 . 2, 780 , 485 .  c Complete only for assets showing gain in column (fi) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) Adjusted basis (b) Excess of cot. (i) cot. (ii), the fine the sist han -0-) or Losses (from cot. (iii)).  a 1 (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) cot. (iii) Adjusted basis (b) Excess of cot. (iii) Adjusted (b) Excess	_	b									
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (h) Cosin or discs)  1 0 , 588 , 593 . 7, 808 , 108 . 2, 780 , 485 . 2  1 0 , 588 , 593 . 7, 808 , 108 . 2, 780 , 485 . 2  1 0 , 588 , 593 . 7, 808 , 108 . 2, 780 , 485 . 2  2 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 . (ii) Gains (Col. (h), gain minus col. (h), thin of less than -0-) or Losses (from col.) in the less than Losses (from col.) in t	_										
(e) Gross sales price (1) Depreciation allowed (price allowable) (p) Cost or other basis (p) but common or sale (p) plus (r) minus (p))  a 10,588,593. 7,808,108. 2,780,485.  b	_										
Total of the section 4940(d)(2) applies, leave this part blank.   Same the section 4940(e) for Reduced Tax on Net Investment Income   Text	_	e	(4) Degree inting allowed	(5) 000	-t th h i -	<del></del>		/h\ 0	ain au (laaa)		
10   588   593   7   808   108   2   780   485   6   6   6   6   6   6   6   6   6		(e) Gross sales price	` ' '	glus e	expense of sale						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (i) Agliusted basis (k) Excess of cot. (i) cover cot. (j), ff any cot. (k), but not less than -0-) or Losses (from cot. (h)) or Cover cot. (j), ff any cot. (k), but not less than -0-) or Losses (from cot. (h)) or Cover cot. (j), ff any cover co	_	10 588 593.	(2. 22.)	<b>I</b>		8.		((-)	• • • • •		485.
Gomplete only for assets showing gain in column (f) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis part 12/31/69 (iii) Adjusted basis basis part 12/31/69 (iii) Adjusted basis part 12/31/69 (iii) Adjuste	_	+			7,000,10					2,700	, 400 •
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 (I) Adjusted basis (II) Capital gain net income or (net capital loss)  (II) Gain, also enter in Part I, line # 2 Capital gain net income or (net capital loss) (II) (loss), enter -0- in Part I, line # 2 Capital gain net income or (net capital loss) (II) (loss), enter -0- in Part I, line # 2 Capital gain net income or (net capital loss) (II) (loss), enter -0- in Part I, line # 2 Capital gain net income or (net capital loss) (II) (loss), enter -0- in Part I, line # 2 Capital gain net income or (net capital loss) (II) (loss), enter -0- in Part I, line # 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 # 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?  If he foundation doesn't qualify under section 4940(e). Do not complete mist pair.  Enter the appropriate amount in each columnin for each occurring for each occurri	_										
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of cot. (i) over cot. (ii), if any cover cot. (iii), but not less than -b') or Lesses (from cot. (iii)) as of 12/31/69 (iii)	_										
Complete only for assets showing gain in column (b) and owned by the foundation on 1221 fin8.   (i) Earns (Cot. (it) gain minus cot. (iii) Part (iii) Part (iii) Part (iiii)											
(i) FMV as of 12/31/69 (i) Adjusted basis of 12/31/69 (ver col. (i) over col. (i) if any col. (ii) and col. (ii) col. (ii) any col. (ii) any col. (ii) any col. (ii) and col. (ii) col. (ii) any col. (ii) col. (ii) any col. (ii) col. (iii) col. (	_		g gain in column (h) and owned b	y the foundation	on 12/31/69.			I) Gains (C	Col. (h) gain	minus	
2	_	(1) 51 11 ( 10 10 1 10 0	(j) Adjusted basis	(k) E>	ccess of col. (i)		co	l. (k), but ı	not less thar	ı -0-) <b>or</b>	
December 2   Capital gain net income or (net capital loss)		(i) FMV as of 12/31/69	as of 12/31/69	over	col. (j), if any			Losses	(Itotti cor (i	1))	
Capital gain net income or (net capital loss)	_;	a								2,780	,485.
Capital gain net income or (net capital loss)	ī	b									
e Capital gain net income or (net capital loss)		С			_						
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 8, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, line 6, column (c). If (loss), enter -0 -in Part I, lin		d									
2 Capital gain net income or (net capital loss)	_	e									
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):			∫ If gain, also en	ter in Part I, line	7	7					405
If gain, also enter in Part I, line 8, column (c).	2	Capital gain net income or (net cap	pital loss) $\int $ If (loss), enter	-0- in Part I, line	7	. J L	2			2,780	<u>,485.</u>
It (loss), enter -0- in Part I, line 8	3	Net short-term capital gain or (loss	s) as defined in sections 1222(5)	and (6):		\					
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?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.  1			column (c).			$\downarrow$			37/3		
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)			ndor Soction 4040/o) fo	or Boduose	L Tay on Not	. J	3   otmont in		N/A		
## 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							Sunent in	come			
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.    Enter the appropriate amount in each column for each year; see the instructions before making any entries.    Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   (col. (b) divided by col. (c))	(F	or optional use by domestic private	Toundations subject to the section	n 4940(a) tax on	net investment in	come.)					
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.         (c)         Distribution ratio (col. (b) divided by col. (c))           2 Base period years (or tax year beginning in)         Adjusted qualifying distributions         Net value of noncharitable-use assets         Distribution ratio (col. (b) divided by col. (c))           2016         3,243,649.         57,828,769.         .056091           2015         2,995,208.         61,131,794.         .048,996           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.           <	lf	section 4940(d)(2) applies, leave thi	is part blank.								
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.         (c)         Distribution ratio (col. (b) divided by col. (c))           2 Base period years (or tax year beginning in)         Adjusted qualifying distributions         Net value of noncharitable-use assets         Distribution ratio (col. (b) divided by col. (c))           2016         3,243,649.         57,828,769.         .056091           2015         2,995,208.         61,131,794.         .048,996           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.           <	۱۸/	as the foundation liable for the secti	ion 4042 tay on the distributable s	amount of any ve	aar in the hace ner	choi:				□ Vac	X No
Enter the appropriate amount in each column for each year; see the instructions before making any entries.   (a)   (b)   (b)   (c)						iou:				103	LZZ NO
2016   3, 243,649   57,828,769   .056091	_					ntries.					
2016   3, 243,649   57,828,769   .056091	_	(a)	(b)			(c)			Dietwik	(d)	
2016   3,243,649   57,828,769		Calendar year (or tax year beginnin		distributions	Net value of no		able-use assets	;	(col. (b) divi	ution ratio ided by col.	(c))
2014   2 , 807 , 969		·	3,2					9.	· · · ·		
2013   2,640,653   57,319,731		2015				61,	131,794	1.		.0	48996
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.		2014				62,	041,873	3.			
2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 4 1, 288. 7 Add lines 5 and 6 7 3, 118, 521. 8 Enter qualifying distributions from Part XII, line 4 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.		2013				57,	319,731	L.			
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  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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.	Ξ	2012	2,6	48,672.		53,	084,393	3.		.0	49895
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  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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.											
the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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.	2	Total of line 1, column (d)						2		. 2	<u>46310</u>
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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.	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  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.		the foundation has been in existen	ce if less than 5 years					3		.0	49262
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  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.										·	C70
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.	4	Enter the net value of noncharitable	e-use assets for 2017 from Part)	X, line 5				4	6.	2,466	,670.
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.	_									2 077	222
7 Add lines 5 and 6  7 3,118,521.  8 Enter qualifying distributions from Part XII, line 4  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.	5	Multiply line 4 by line 3						5		3,0//	<u>,∠33.</u>
7 Add lines 5 and 6  7 3,118,521.  8 Enter qualifying distributions from Part XII, line 4  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.	•	E . 40/ C	/40/ (D         07 )							11	200
8 Enter qualifying distributions from Part XII, line 4  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.	6	Enter 1% of net investment income	e (1% of Part I, line 27b)					6		41	,400.
8 Enter qualifying distributions from Part XII, line 4  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.	7	Add lines E and C						,		3 11º	521
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.	1	Auu IIIIes o aiiu o						··   <u>'</u>		J, 110	, , , , , , ,
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.	8	Enter qualifying distributions from	Part XII, line 4					8		3,137	,579.

Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b),	4940(e), or	4948	- see ir	ıstru	ctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here  and el		)					
	Date of ruling or determination letter: (attach copy of letter if nec		tions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1	%	1		4	1,2	88.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	% of Part I, line 12, o	col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of		, ,	2				0.
	Add lines 1 and 2			3		4	1,2	88.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; or	thers, enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		4	1,2	88.
6	Credits/Payments:							
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	54,600					
	Exempt foreign organizations - tax withheld at source	6b	0 .					
	Tax paid with application for extension of time to file (Form 8868)		0 .					
	Backup withholding erroneously withheld		0 .					
7	Total credits and payments. Add lines 6a through 6d			7		5	4,6	00.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ched		8			-	0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .			10		1	3,3	12.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax			11				0.
Pa	rt VII-A Statements Regarding Activities				•			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it partic	cipate or interven	e in			Yes	No
	any political campaign?					1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? See the instruc	ctions for the defi	nition		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any materials pub	lished or		Ī			
	distributed by the foundation in connection with the activities.				- 1			
C	Did the foundation file Form 1120-POL for this year?					1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				Ī			
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers	<b>.▶</b> \$	0 .					
6	Enter the reimbursement (if any) paid by the foundation during the year for political expendi		n foundation	_				
	managers. ► \$ 0.							
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		Х
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i	nstrument, articles	of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?				4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?					4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	) 				5		Х
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eigenvalues and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eigenvalues are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eigenvalues are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eigenvalues are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eigenvalues are the requirements are	ther:						
	<ul> <li>By language in the governing instrument, or</li> </ul>							
	• By state legislation that effectively amends the governing instrument so that no mandator	y directions that cor	nflict with the stat	te law				
	remain in the governing instrument?					6	Х	
7	Did the foundation have at least $$5,000$ in assets at any time during the year? If "Yes," comp	lete Part II, col. (c),	and Part XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. ►						
	MA							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the ${\sf A}$		- ,					
	of each state as required by General Instruction G? If "No," attach explanation					8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	.,,,,	, . ,		ı			
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," $com$	plete Part XIV				9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	le listing their names a	nd addresses			10		Х

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions STMT 13	11	Х	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address TMFGRANTS.ORG/HOOD		400	
14 The books are in care of ► US TRUST FIDUCIARY TAX SERVICES  Located at ► 225 FRANKLIN STREET, BOSTON, MA  Telephone no. ► 617-695-9439  ZIP+4 ► 02110				
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				· []
	and enter the amount of tax-exempt interest received or accrued during the year		/ A Yes	NI.
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	16	res	No X
	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	10		Λ
	foreign country			
Pa	art 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				
12	During the year, did the foundation (either directly or indirectly):		103	140
10	(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? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No			
	If "Yes," list the years \( \bigs_{\text{\tik}}\text{\tik}\text{\tetx{\text{\tetx{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te			
	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			
		2b		
,	statement - see instructions.)  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.	20		
32	to Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year? X Yes No			
h	of "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		Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х

Form 990-PF (2017) CHARLES H. HOOD FOUNDATI			04-35078	47	Page 6
Part VII-B   Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	lV-	.   1
<ul> <li>5a During the year, did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization</li> </ul>	r to carry on, directly or indire	ectly, Ye	es X No	Yes	S No
4945(d)(4)(A)? See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru	or educational purposes, or f	for Ye in Regulations	es X No	5b	X
Organizations relying on a current notice regarding disaster assistance, check I c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nere  rom the tax because it mainta  pay premiums on	ined X Ye	es No		
a personal benefit contract? <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	re	es 🔼 NO	6b	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	У		
1 List all officers, directors, trustees, and foundation managers and t	heir 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) Ex accour allow	rpense nt, other rances
SEE STATEMENT 14		0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) E	manca
(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	accour	rpense nt, other ances
NONE					
Total number of other employees paid over \$50,000	l		<b>b</b>	<u> </u>	0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(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	INVESTMENT CUSTODIAN	
225 FRANKLIN STREET, BOSTON, MA 02110	FEES	119,094.
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>&gt;</b>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
37/3	u, etc.	
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	s 1 and 2.	Amount
1 NONINVASIX - GALVESTON, TX		
CONVERTIBLE PROMISSORY NOTE		
		7,000.
2 BREEGI - WOBURN, MA		
CONVERTIBLE PROMISSORY NOTE		
		250,000.
All other program-related investments. See instructions.		
3		
		257 222
Total. Add lines 1 through 3	<b>&gt;</b>	257,000.

Pa	Minimum Investment Return (All domestic foundations mus	st comple	ete this p	art. Foreign four	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	etc., purpo	oses:			
а	Average monthly fair market value of securities				1a	61,872,693.
	Average of monthly cash balances				1b	1,442,700.
	Fair market value of all other assets				1c	102,546.
	Total (add lines 1a, b, and c)				1d	63,417,939.
	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)1	е		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, se	e instruct	tions)		4	951,269.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa	art V, line	4		5	62,466,670.
6	Minimum investment return. Enter 5% of line 5				6	3,123,334.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations, check here   and do not complete this part.)	(j)(5) priva	ate operati	ng foundations an	d certain	
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	a		41,288.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	b				
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	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII				7	3,107,342.
Pa	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos					0 000 550
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	2,880,579. 257,000.
	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., purp	oses		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
а	Suitability test (prior IRS approval required)				3a	
b	Cash distribution test (attach the required schedule)				3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and I		line 4		4	3,137,579.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment of tax on net investment.					
	income. Enter 1% of Part I, line 27b				5	41,288.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	3,096,291.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when 4940(e) reduction of tax in those years.	n calculat	ing whethe	r the foundation q	ualifies for	the section

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# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2016	(c) 2016	<b>(d)</b> 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:				
<b>a</b> Enter amount for 2016 only			2,929,775.	
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2017:		0.		
<b>a</b> From 2012				
<b>b</b> From 2013 <b>c</b> From 2014				
5 0040				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from	0.	A		
Part XII, line 4: ►\$ 3,137,579.		4		
a Applied to 2016, but not more than line 2a			2,929,775.	
<b>b</b> Applied to undistributed income of prior			2/323/7700	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				207,804.
e Remaining amount distributed out of corpus	0.			,
·	0.			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</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>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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CHARLES H. HOOD FOUNDATION

Part XIV	Private Operating Fo	<b>oundations</b> (see inst	ructions and Part VII	-A, question 9)	N/A	
	ndation has received a ruling or					
foundatio	n, and the ruling is effective for	2017, enter the date of the	e ruling	<b>&gt;</b>		
<b>b</b> Check bo	x to indicate whether the found	ation is a private operating	foundation described in	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years		
income fr	om Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	( <b>d)</b> 2014	(e) Total
investme	nt return from Part X for					
each year	listed					
	ne 2a					
	distributions from Part XII,					
line 4 for	each year listed					
d Amounts	included in line 2c not					
used dire	ctly for active conduct of					
exempt a	ctivities					
	distributions made directly					
for active	conduct of exempt activities.					
Subtract	line 2d from line 2c					
	3a, b, or c for the			4		
	e test relied upon: Ilternative test - enter:					
	e of all assets					
(2) Valu	e of assets qualifying r section 4942(j)(3)(B)(i)					
	ent" alternative test - enter		-			
2/3 of mi	nimum investment return					
	Part X, line 6 for each year					
	alternative test - enter:					
• • •	support other than gross					
	stment income (interest,					
divid	ends, rents, payments on					
	rities loans (section					
	a)(5)), or royalties) port from general public					
(2) Suppand	or more exempt					
	nizations as provided in on 4942(j)(3)(B)(iii)					
	est amount of support from					
., .	cempt organization					
	s investment income					
	Supplementary Info	rmation (Complete	e this part only	l if the foundation	had \$5,000 or mo	ore in assets
	at any time during t				40,000 01	
1 Informa	tion Regarding Foundatio		,			
	nanagers of the foundation who	•	an 2% of the total contr	ibutions received by the	foundation before the clos	se of any tax
	only if they have contributed m			is a mono reconstruction by the		, o o , any any
NONE						
	nanagers of the foundation who	own 10% or more of the	stock of a corporation (	or an equally large portio	n of the ownership of a pa	artnership or
	ty) of which the foundation has					
NONE						
2 Informa	tion Regarding Contributi	on, Grant, Gift, Loan, §	Scholarship, etc., Pr	ograms:		
	re 🕨 🔲 if the foundation o				ot accept unsolicited requ	ests for funds. If
	ation makes gifts, grants, etc.,					
<b>a</b> The name	e, address, and telephone numb	per or email address of the	person to whom applic	ations should be address	ed:	
	SEGE, EXECUTI					LCENTER.ORG
2 BOYLS	STON STREET, 4	TH FLOOR, BC	STON, MA 0	2116		
<b>b</b> The form	in which applications should b	e submitted and informatic	on and materials they sh	ould include:		
	TION FORMS AV					
<b>c</b> Any subn	nission deadlines:					
	Y MARCH AND O					
	ictions or limitations on awards CTED TO PEDIAT			kinds of institutions, or o	ther factors:	

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

➤ 3b

Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise maleated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,475,426.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	2,780,485.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 15					67,895.
b					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		4,255,911.	67,895.
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)				13	4,323,806.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
lacktriangle	the foundation's exempt purposes (other than by providing funds for such purposes).
11	EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.
11	SETTLEMENT PROCEEDS RECEIVED AS A CONSEQUENCE OF OWNING INVESTMENTS.
11	EXCESS FUNDS RECEIVED FOR PRIOR-YEAR OVERPAYMENT OF TAXES.
11	DISTRIBUTIONS FROM INVESTMENTS.

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

1	Did the or	ganization directly or indir	ectly engage in any	of the followin	ig with any other organizati	on described in secti	on 501(c)		Yes	No
	(other tha	n section 501(c)(3) organ	izations) or in sectio	n 527, relatin	g to political organizations?	)				
а	Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganization of:					
	<b>(1)</b> Cash							1a(1)		X
	<b>(2)</b> Other	assets						1a(2)		Х
b	Other tran									
	(1) Sales	of assets to a noncharitat	ble exempt organizat	tion				1b(1)		X
	(2) Purch	hases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
	(3) Renta	al of facilities, equipment, o	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	mbership or fundrais	sing solicitatio	ons			1b(6)		X
C					ployees			1c		Х
d	If the ansv	wer to any of the above is '	"Yes," complete the t	following sche	edule. Column ( <b>b)</b> should al	ways show the fair m	narket value of the goods, o	ther ass	ets,	
	or service	s given by the reporting fo	oundation. If the four	ndation receiv	ed less than fair market val	ue in any transaction	or sharing arrangement, s	how in		
	column (d	<b>d)</b> the value of the goods, o	other assets, or serv	ices received.		4				
(a)∟i	ine no.	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	ents
				N/A						
				, 1						
2a	Is the four	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
	in section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?				Yes	X	No
b	If "Yes," co	omplete the following sche	edule.							
		(a) Name of org	anization		(b) Type of organization	(	(c) Description of relationsh	nip		
		N/A								
	Under	penalties of perjury, I declare t	that I have examined this	s return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	the IRS o	liscuss 1	this
Sig	gn   and be	ellet, it is true, correct, and com	nplete. Declaration of pr	eparer (other tha	ng accompanying schedules and n taxpayer) is based on all inforr	PRESID	ENT AND retu	the IRS on the thick the	e prepar	er str.
He	re					TREASU		Yes		No
	Sign	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
		CARLA M. M	CCALL,				self- employed			
Pa	id	CPA	•	CARLA	M. MCCALL,	06/18/18	P00	535	908	
Pro	eparer	Firm's name ► ALE:	XANDER, A		, FINNING &					
	e Only		,			,	,		•	
		Firm's address ► 50	WASHINGT	ON STR	EET					
			STBOROUGH				Phone no. 508-36	56-9	100	
		1		, 0				rm <b>99</b> 0		

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

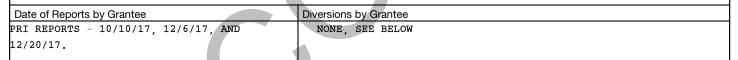
Recipient's Name and Address	NO. 1		Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			7,000.	07/27/17	7,000.	04/11/18
Purpose of Grant						
TO FUND NONINVASIX'S PARTICIPATI	ON IN THE PHIL	TPS' MATERNAI	, AND TNFANT			
HEALTHWORKS START-UP PROGRAM.	.014 114 11111	115 11111111111	11112 11111111			
•						
Date of Reports by Grantee PRI REPORTS - 12/15/17		Diversions by Gra				
FRI REPORTS - 12/15/17		NONE, SEE	PETOM			
Results of Verification						
THE TRUSTEES MEET WITH NONIVASIX	MANAGEMENT ON	A REGULAR BA	AS1S, ATTEND			
BOARD MEETINGS AS AN OBSERVER AN	ID REVIEW THE P	RI REPORTS AN	ND FINANCIALS.			
TO THE TRUSTEES KNOWLEDGE, THE						
FROM THE PURPOSE OF THE GRANT.	NO ADDITIONAL	FOLLOW UP DEI	EMED NECESSARY			

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

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



Results of Verification

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

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

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

Purpose of Grant

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

Date of Reports by Grantee
PRI REPORT - 12/15/17

Diversions by Grantee

NONE, SEE BELOW

Results of Verification

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

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

Recipient's Name and Address	NO.	4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES						
C/O HARVARD LIFELAB 127 WESTERN AVE						
ALLSTON, MA 02134			100,000.	02/23/16	100,000.	12/15/17

Purpose of Grant

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

Date of Reports by Grantee PRI REPORTS - 6/21/17, 7/28/17, Diversions by Grantee

NONE, SEE BELOW 9/11/17, 10/25/17, 12/15/17

Results of Verification

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

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

Recipient's Name and Address	NO.	5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC.						
1700 THE STRAND, SUITE 1200						
GALVESTON, TX 77555			150,000.	07/26/16	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 BAS1S, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	<del></del>	1		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Walle and address (Hollie of business)	or substantial contributor	recipient		
DANA-FARBER CANCER INSTITUTE, INC.		PC	CHILD HEALTH RESEARCH	
150 BROOKLINE AVENUE, BP437			AWARD - PEDICARE:	
BOSTON, MA 02115			FEASIBILITY OF NOVEL	
			POVERTY-TARGETED	
			INTERVENTION TO REDUCE	75,000
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
300 LONGWOOD AVENUE			AWARD - ZIKAVIRUS	
BOSTON, MA 02115			ALTERS CENTROSOME	
			ARCHITECTURE TO	
			ABROGATE DEVELOPMENTAL	75,000
YALE SCHOOL OF MEDICINE		PC	CHILD HEALTH RESEARCH	
333 CEDAR STREET			AWARD - ASSESSMENT AND	
NEW HAVEN, CT 06520-8020			MECHANISMS OF BLOOD	
			VESSEL DYSFUNCTION IN	
			CRITICALLY ILL	75,000
MASSACHUSETTS EYE AND EAR		PC	CHILD HEALTH RESEARCH	
243 CHARLES STREET, ROOM 468			AWARD - ADVANCING	
BOSTON, MA 02114			PEDIATRIC	
			TYMPANOPLASTY WITH	
			3-DIMENSIONALLY	75,000
HARVARD MEDICAL SCHOOL		PC	CHILD HEALTH RESEARCH	
25 SHATTUCK STREET			AWARD - ACTIVATION OF	
OSTON, MA 02115			NONSENSE-MEDIATED	
			DECAY IN GENETIC	
			DISEASES AND CHILDHOOD	75,000
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
300 LONGWOOD AVENUE			AWARD - IDENTIFYING	
BOSTON, MA 02115			MECHANISMS OF	
			CARTILAGE HOMEOSTASIS	
			AND DEGENERATION	75,000
YALE SCHOOL OF MEDICINE		PC	CHILD HEALTH RESEARCH	
333 CEDAR STREET			AWARD - BRAIN	
NEW HAVEN, CT 06520-8020			MECHANISMS UNDERLYING	
			COGNITIVE DEVELOPMENT	
			DURING CHILDHOOD	75,000
UNIVERSITY OF VERMONT, ROBERT LARNER,		PC	CHILD HEALTH RESEARCH	
M.D. COLLEGE OF MEDICINE			AWARD - THE EFFECTS OF	
39 BEAUMONT AVE			INCREASED INOCULUM ON	
BURLINGTON, VT 05405-0068			ORAL ROTAVIRUS VACCINE	
			TAKE AND	75,000
MASSACHUSETTS GENERAL HOSPITAL		PC	CHILD HEALTH RESEARCH	
55 FRUIT STREET			AWARD - REMOTE	
BOSTON, MA 02114			DIAGNOSIS OF PEDIATRIC	
			EPILEPSY THROUGH A	
		<u> </u>	SMARTPHONE-BASED EEG	75,000
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	•
300 LONGWOOD AVENUE			AWARD - ZEBRAFISH	
BOSTON, MA 02115			MODELS OF	
•			PCDH19-RELATED	
			PEDIATRIC EPILEPSY	75,000.
Total from continuation sheets	•	•	·	2,117,665.

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	<del>, `                                   </del>			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
UNIVERSITY OF MASSACHUSETTS MEDICAL		PC	CHILD HEALTH RESEARCH	
SCHOOL			AWARD - THE FUNCTION	
55 LAKE AVENUE NORTH			OF IMMUNE CELLS AND	
WORCESTER, MA 01655			SENSORY EXPERIENCE ON	
			BRAIN CIRCUIT	75,000.
DANA-FARBER CANCER INSTITUTE		PC	CHILD HEALTH RESEARCH	
450 BROOKLINE AVE			AWARD - MECHANISM OF	
BOSTON, MA 02115-5418			STING SIGNALING AND	
			AUTO-ACTIVATION DURING	
			PEDIATRIC INFLAMMATORY	75,000.
BRANDEIS UNIVERSITY		PC	CHILD HEALTH RESEARCH	
MS 009, 415 SOUTH STREET			AWARD - REGULATION OF	
WALTHAM, MA 02454			MRNA TRANSLATION	
			INITIATION IN	
			DEVELOPMENT	75,000.
YALE UNIVERSITY		PC	CHILD HEALTH RESEARCH	
333 CEDAR STREET			AWARD - TARGETING	
NEW HAVEN, CT 06520			BACTERIAL INFECTIONS	
			IN CYSTIC FIBROSIS BY	
			IMAGING ELECTRICAL	75,000.
BRIGHAM AND WOMEN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	,
75 FRANCIS STREET			AWARD - USING MOBILE	
BOSTON, MA 02115			HEALTH TECHNOLOGY TO	
•			IMPROVE THE CONTINUUM	
			OF NEONATAL CARE IN	75,000.
BOSTON CHILDREN'S HOSPITAL		PC	CHILD HEALTH RESEARCH	
300 LONGWOOD AVENUE			AWARD -	
BOSTON, MA 02115			ANTIBIOTIC-FREE	
			TREATMENT AND	
			PROPHYLAXIS OF OTITIS	75,000.
BOSTON CHILDREN'S HOSPITAL		PC	MAJOR GRANT - ROLE OF	,
300 LONGWOOD AVENUE			RECURRENT DNA BREAK	
BOSTON, MA 02115			CLUSTER GENES IN BRAIN	
			DEVELOPMENT AND	
			DISEASE	285,000.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		PC	MAJOR GRANT -	
77 MASSACHUSETTS AVENUE, 76-561A			DEVELOPMENT OF GENE	
CAMBRIDGE, MA 02139			THERAPY APPROACHES FOR	
			NEURODEVELOPMENTAL	
			DISORDERS	285,000.
				,
TUFTS MEDICAL CENTER		PC	MAJOR GRANT -	
800 WASHINGTON STREET, #97			ESTABLISHING RISK IN	
BOSTON, MA 02111			NEONATAL ABSTINENCE	
•			SYNDROME	90,000.
				, -
BOSTON CHILDREN'S HOSPITAL		PC	MAJOR GRANT - PRETERM	
300 LONGWOOD AVENUE			BIRTH: LUNG	
BOSTON, MA 02115			COMPLICATIONS AND STEM	
•			CELLS	90,000.
Total from continuation sheets	1	1		, ,

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

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 IPSCS

NAME OF RECIPIENT - UNIVERSITY OF VERMONT, ROBERT LARNER, M.D. 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 - 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 AV   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

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECU	RITIES S'	TATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
DOMESTIC DIVIDENDS FOREIGN DIVIDENDS INTEREST INCOME	1,163,031. 237,034. 75,361.			1,163,031. 237,034. 75,361.	
TO PART I, LINE 4	1,475,426.		1,475,426	1,475,426.	
FORM 990-PF		OTHER I	NCOME	S'	TATEMENT 4
DESCRIPTION  SETTLEMENT PROCEEDS PRIOR-YEAR TAX REFU NONDIVIDEND DISTRIB OTHER INCOME RETURNED GRANT FUND TOTAL TO FORM 990-P	IND BUTIONS OS			(B) NET INVEST- MENT INCOME  0. 0. 0. 0. 0.	(C) ADJUSTED NET INCOME
FORM 990-PF		LEGAL	FEES	S'	TATEMENT 5
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 PROFES	SIONAL 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 INVESTMENT FEES - US TRUST TAX PREPARATION FEES	46,749. 119,094. 16,515.	59,547.		0. 59,547. 16,515.	
TO FORM 990-PF, PG 1, LN 16C	182,358.	106,296.		76,062.	
FORM 990-PF	TAX	ES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES EXCISE TAX ESTIMATES	20,800. 25,000.	20,800.		0.	
TO FORM 990-PF, PG 1, LN 18	45,800.	20,800.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MASS PC FILING FEE MISCELLANEOUS EXPENSES HRIA ADMINISTRATIVE COSTS MEMBERSHIPS	530. 1,736. 152,751. 8,520.	0. 0. 0.		530. 1,736. 152,751. 8,520.	
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS MARKETING 75TH ANNIVERSARY EVENT HONORARIA	16,562. 14,417. 82,250. 17,500.	0. 0. 0.		16,562. 14,417. 82,250. 17,500.	
TO FORM 990-PF, PG 1, LN 23	294,266.	0.		294,266.	

FORM 990-PF C	ORPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES FOREIGN SECURITIES		43,845,388. 7,431,055.	43,845,388. 7,431,055.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	51,276,443.	51,276,443.
FORM 990-PF C	ORPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		3,019,723.	3,019,723.
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	3,019,723.	3,019,723.
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LOOMIS SAYLES MUTUAL FUND HEDGE FUNDS REAL ESTATE ALTERNATIVE INVESTMENTS	FMV FMV FMV FMV	8,355,218. 47,471. 1,126,114. 102,546.	8,355,218. 47,471. 1,126,114. 102,546.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	9,631,349.	9,631,349.
			CMAMEMENM 12
FORM 990-PF	OTHER ASSETS		STATEMENT 12
FORM 990-PF  DESCRIPTION	OTHER ASSETS  BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
	BEGINNING OF		FAIR MARKET

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

FORM 990-PF		F CONTROLLED ENTITIE VII-A, LINE 11	S	STATI	EMENT 13
NAME OF CONTROLLED	ENTITY			EMPLOYE	ER ID NO
CH INNOVATIONS LLC				04-35	507847
ADDRESS		EXCESS BUSIN	ESS HOLDING	G [ ] YES	[X] NO
2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR				
FORM 990-PF 1		LIST OF OFFICERS, DI AND FOUNDATION MANAG		STATI	EMENT 14
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
NEIL SMILEY 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	PRESIDENT AND T	REASURER 0.	0.	0.
JOHN O. PARKER, JR 2 BOYLSTON STREET, BOSTON, MA 02116		VICE PRESIDENT 1.00	AND CLERK 0.	0.	0.
JEFFREY BOUTWELL, 1 2 BOYLSTON STREET, BOSTON, MA 02116		TRUSTEE 1.00	0.	0.	0.
ROBERT C. BOUTWELL 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
BARBARA BULA 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.	0.
BRENDON BULA 2 BOYLSTON STREET, BOSTON, MA 02116	4TH FLOOR	TRUSTEE 1.00	0.	0.	0.

0.

0.

FORM 990-PF	ΓO	HER REVENUE	STATEMENT 15	
DESCRIPTION	BUS CODE	UNRELATED EXC BUSINESS INC CO		RELATED OR EXEMPT FUNC- TION INCOME
SETTLEMENT PROCEEDS PRIOR-YEAR TAX REFUND NONDIVIDEND DISTRIBUTIONS OTHER INCOME RETURNED GRANT FUNDS				237. 677. 10,880. 30,805. 25,296.
TOTAL TO FORM 990-PF, PG 12,	LN 11			67,895.



# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**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 <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, 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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 04 - 3507847CHARLES H. HOOD FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2 BOYLSTON STREET, 4TH FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BOSTON, MA 02116 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4 Return Application Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 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 . 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. NOVEMBER 15, 2018, to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 41,200. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 54,600. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

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.

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

Form **8868** (Rev. 1-2017)

3c