

**Return of Private Foundation**

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

**2019**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2019 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>CHARLES H. HOOD FOUNDATION</b>                                                                                                                                                                                                                                                |                                                                                                                                                  | A Employer identification number<br><b>04-3507847</b>                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>2 BOYLSTON STREET, 4TH FLOOR</b>                                                                                                                                                                               | Room/suite                                                                                                                                       | B Telephone number<br><b>617-695-9439</b>                                                                                                                                    |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>BOSTON, MA 02116</b>                                                                                                                                                                                                    |                                                                                                                                                  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                      |                                                                                                                                                  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>66,826,889.</b>                                                                                                                                                                                          | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |
| (Part I, column (d), must be on cash basis.)                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                              |

| Part I Analysis of Revenue and Expenses<br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received                                                                                                                     |  |                                    |                           | N/A                     |                                                             |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B                                                                     |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                                               |  |                                    |                           |                         |                                                             |
| 4 Dividends and interest from securities                                                                                                                           |  | 1,628,228.                         | 1,628,228.                |                         | STATEMENT 3                                                 |
| 5a Gross rents                                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                                           |  | 304,760.                           |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a <b>26,098,024.</b>                                                                                                   |  |                                    |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                                   |  |                                    | 304,760.                  |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                                             |  |                                    |                           | 33,892.                 |                                                             |
| 10a Gross sales less returns and allowances                                                                                                                        |  |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                                                                                                                         |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                                           |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                                    |  | 55,413.                            | 0.                        |                         | STATEMENT 4                                                 |
| 12 Total. Add lines 1 through 11                                                                                                                                   |  | 1,988,401.                         | 1,932,988.                | 33,892.                 |                                                             |
| 13 Compensation of officers, directors, trustees, etc.                                                                                                             |  | 0.                                 | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                                               |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                                |  |                                    |                           |                         |                                                             |
| 16a Legal fees <b>STMT 5</b>                                                                                                                                       |  | 13,245.                            | 0.                        |                         | 13,245.                                                     |
| b Accounting fees <b>STMT 6</b>                                                                                                                                    |  | 25,651.                            | 0.                        |                         | 25,651.                                                     |
| c Other professional fees <b>STMT 7</b>                                                                                                                            |  | 159,454.                           | 120,429.                  |                         | 39,025.                                                     |
| 17 Interest                                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 18 Taxes <b>STMT 8</b>                                                                                                                                             |  | 40,704.                            | 40,704.                   |                         | 0.                                                          |
| 19 Depreciation and depletion                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                                               |  | 15,965.                            | 0.                        |                         | 15,965.                                                     |
| 22 Printing and publications                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 23 Other expenses <b>STMT 9</b>                                                                                                                                    |  | 219,329.                           | 0.                        |                         | 219,329.                                                    |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                                            |  | 474,348.                           | 161,133.                  |                         | 313,215.                                                    |
| 25 Contributions, gifts, grants paid                                                                                                                               |  | 2,125,000.                         |                           |                         | 2,125,000.                                                  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                                           |  | 2,599,348.                         | 161,133.                  |                         | 2,438,215.                                                  |
| 27 Subtract line 26 from line 12:                                                                                                                                  |  |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                |  | -610,947.                          |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                                   |  |                                    | 1,771,855.                |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                     |  |                                    |                           | 33,892.                 |                                                             |

| Part II Balance Sheets                                                                           |                                                                                         | Attached schedules and amounts in the description column should be for end-of-year amounts only. |                |                       |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                  |                                                                                         | Beginning of year                                                                                | End of year    |                       |
|                                                                                                  |                                                                                         | (a) Book Value                                                                                   | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                           | 1 Cash - non-interest-bearing                                                           |                                                                                                  |                |                       |
|                                                                                                  | 2 Savings and temporary cash investments                                                | 30,608,552.                                                                                      | 502,310.       | 502,310.              |
|                                                                                                  | 3 Accounts receivable                                                                   |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                   |                                                                                                  |                |                       |
|                                                                                                  | 4 Pledges receivable                                                                    |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                   |                                                                                                  |                |                       |
|                                                                                                  | 5 Grants receivable                                                                     |                                                                                                  |                |                       |
|                                                                                                  | 6 Receivables due from officers, directors, trustees, and other disqualified persons    |                                                                                                  |                |                       |
|                                                                                                  | 7 Other notes and loans receivable                                                      |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                   |                                                                                                  |                |                       |
|                                                                                                  | 8 Inventories for sale or use                                                           |                                                                                                  |                |                       |
|                                                                                                  | 9 Prepaid expenses and deferred charges                                                 |                                                                                                  |                |                       |
|                                                                                                  | 10a Investments - U.S. and state government obligations                                 |                                                                                                  |                |                       |
|                                                                                                  | b Investments - corporate stock                                                         | STMT 11 18,679,652.                                                                              | 47,014,599.    | 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                                                                  |                                                                                         |                                                                                                  |                |                       |
| 13 Investments - other                                                                           | STMT 13 1,388,137.                                                                      | 2,964,148.                                                                                       | 2,964,148.     |                       |
| 14 Land, buildings, and equipment: basis                                                         |                                                                                         |                                                                                                  |                |                       |
| Less: accumulated depreciation                                                                   |                                                                                         |                                                                                                  |                |                       |
| 15 Other assets (describe)                                                                       | STATEMENT 14 1,057,000.                                                                 | 1,307,000.                                                                                       | 1,307,000.     |                       |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 58,775,909.                                                                             | 66,826,889.                                                                                      | 66,826,889.    |                       |
| Liabilities                                                                                      | 17 Accounts payable and accrued expenses                                                |                                                                                                  |                |                       |
|                                                                                                  | 18 Grants payable                                                                       |                                                                                                  |                |                       |
|                                                                                                  | 19 Deferred revenue                                                                     |                                                                                                  |                |                       |
|                                                                                                  | 20 Loans from officers, directors, trustees, and other disqualified persons             |                                                                                                  |                |                       |
|                                                                                                  | 21 Mortgages and other notes payable                                                    |                                                                                                  |                |                       |
|                                                                                                  | 22 Other liabilities (describe)                                                         |                                                                                                  |                |                       |
|                                                                                                  | 23 Total liabilities (add lines 17 through 22)                                          | 0.                                                                                               | 0.             |                       |
| Net Assets or Fund Balances                                                                      | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. |                                                                                                  |                |                       |
|                                                                                                  | 24 Net assets without donor restrictions                                                |                                                                                                  |                |                       |
|                                                                                                  | 25 Net assets with donor restrictions                                                   |                                                                                                  |                |                       |
|                                                                                                  | Foundations that do not follow FASB ASC 958, check here                                 |                                                                                                  |                |                       |
|                                                                                                  | 26 Capital stock, trust principal, or current funds                                     | 59,300,755.                                                                                      | 59,300,755.    |                       |
|                                                                                                  | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                       | 0.                                                                                               | 0.             |                       |
|                                                                                                  | 28 Retained earnings, accumulated income, endowment, or other funds                     | -524,846.                                                                                        | 7,526,134.     |                       |
|                                                                                                  | 29 Total net assets or fund balances                                                    | 58,775,909.                                                                                      | 66,826,889.    |                       |
| 30 Total liabilities and net assets/fund balances                                                | 58,775,909.                                                                             | 66,826,889.                                                                                      |                |                       |

Part III Analysis of Changes in Net Assets or Fund Balances

|                                                                                                                                                              |   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 58,775,909. |
| 2 Enter amount from Part I, line 27a                                                                                                                         | 2 | -610,947.   |
| 3 Other increases not included in line 2 (itemize) UNREALIZED GAINS                                                                                          | 3 | 8,665,485.  |
| 4 Add lines 1, 2, and 3                                                                                                                                      | 4 | 66,830,447. |
| 5 Decreases not included in line 2 (itemize) SEE STATEMENT 10                                                                                                | 5 | 3,558.      |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29                                                      | 6 | 66,826,889. |

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)                                             |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                          | (c) Date acquired<br>(mo., day, yr.)                                                            | (d) Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                                                                  |                                            |                                                                                           |                                                                                                 |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| (e) Gross sales price                                                                                                                                                                 | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                           | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                                  |                                  |
| a 26,098,024.                                                                                                                                                                         |                                            | 25,793,264.                                                                               | 304,760.                                                                                        |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.                                                                                          |                                            |                                                                                           |                                                                                                 |                                  |
| (i) FMV as of 12/31/69                                                                                                                                                                | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                           | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| a                                                                                                                                                                                     |                                            |                                                                                           | 304,760.                                                                                        |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| 2 Capital gain net income or (net capital loss)                                                                                                                                       |                                            | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ..... } |                                                                                                 | 2 304,760.                       |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... |                                            | { ..... }                                                                                 |                                                                                                 | 3 N/A                            |

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

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

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

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

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                                                                                                                                   | 3,338,894.                               | 64,600,558.                                  | .051685                                                     |
| 2017                                                                                                                                                                                   | 3,096,291.                               | 62,466,670.                                  | .049567                                                     |
| 2016                                                                                                                                                                                   | 3,243,649.                               | 57,828,769.                                  | .056091                                                     |
| 2015                                                                                                                                                                                   | 2,995,208.                               | 61,131,794.                                  | .048996                                                     |
| 2014                                                                                                                                                                                   | 2,807,969.                               | 62,041,873.                                  | .045259                                                     |
| 2 Total of line 1, column (d) .....                                                                                                                                                    |                                          |                                              | 2 .251598                                                   |
| 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 .050320                                                   |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....                                                                                                   |                                          |                                              | 4 61,785,075.                                               |
| 5 Multiply line 4 by line 3 .....                                                                                                                                                      |                                          |                                              | 5 3,109,025.                                                |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) .....                                                                                                                     |                                          |                                              | 6 17,719.                                                   |
| 7 Add lines 5 and 6 .....                                                                                                                                                              |                                          |                                              | 7 3,126,744.                                                |
| 8 Enter qualifying distributions from Part XII, line 4 .....                                                                                                                           |                                          |                                              | 8 2,688,215.                                                |

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

| <b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>                                                                                                                   |    |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |         |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                      |    | 1       | 35,437. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)                                                                                                             |    |         |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                           |    | 2       | 0.      |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |    | 3       | 35,437. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                         |    | 4       | 0.      |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                       |    | 5       | 35,437. |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |         |         |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                    | 6a | 74,953. |         |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b | 0.      |         |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c | 0.      |         |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d | 0.      |         |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  | 7  | 74,953. |         |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                             | 8  | 0.      |         |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                          | 9  |         |         |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                             | 10 | 39,516. |         |
| 11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> 39,516.   <b>Refunded</b> <input type="checkbox"/>                                                                                | 11 | 0.      |         |

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

Part VII-A Statements Regarding Activities (continued)

|                                                                                                                                                                                                                                                                                                                               | Yes | No |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <span style="float: right;">STMT 15</span>                                                                                          | 11  | X  |   |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions                                                                                                                                    | 12  |    | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>TMFGRANTS.ORG/HOOD</b>                                                                                                                                                              | 13  | X  |   |
| 14 The books are in care of <b>AAFPCAS</b> Telephone no. <b>508-366-9100</b><br>Located at <b>50 WASHINGTON STREET, WESTBOROUGH, MA</b> ZIP+4 <b>01581</b>                                                                                                                                                                    |     |    |   |
| 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 <b>15</b> N/A                                                                                                                          |     |    |   |
| 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | 16  |    | X |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---|
| 1a During the year, did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |   |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                        |     |    |   |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                |     |    |   |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                    |     |    |   |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |     |    |   |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                 |     |    |   |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                               |     |    |   |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                                                                          | 1b  |    | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                                                         | 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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years                                                                                                                                                                                                                                               |     |    |   |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A                                                                                                                                                                                   | 2b  |    |   |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                                                                                                                                                                                                                                                                                                                                |     |    |   |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |     |    |   |
| b 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  |    | X |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                | 4a  |    | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                               | 4b  |    | X |

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

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

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

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

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

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

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

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

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

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

| (a) Name and address of each person paid more than \$50,000                 | (b) Type of service          | (c) Compensation |
|-----------------------------------------------------------------------------|------------------------------|------------------|
| HEALTH RESOURCES IN ACTION - 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116 | ADMINISTRATIVE FEES          | 131,104.         |
| US TRUST<br>225 FRANKLIN STREET, BOSTON, MA 02110                           | INVESTMENT CUSTODIAN FEES    | 78,050.          |
| PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801       | INVESTMENT ADVISORY SERVICES | 75,000.          |
|                                                                             |                              |                  |
|                                                                             |                              |                  |
|                                                                             |                              |                  |

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

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

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

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

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount   |
|-------------------------------------------------------------------------------------------------------------------|----------|
| 1 STINGRAY THERAPEUTICS - HOUSTON, TX<br>SERIES SEED PREFERRED STOCK PURCHASE                                     | 250,000. |
| 2                                                                                                                 |          |
| 3 All other program-related investments. See instructions.                                                        |          |

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

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

|   |                                                                                                                   |    |             |
|---|-------------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:       |    |             |
| a | Average monthly fair market value of securities .....                                                             | 1a | 61,911,651. |
| b | Average of monthly cash balances .....                                                                            | 1b | 521,371.    |
| c | Fair market value of all other assets .....                                                                       | 1c | 292,942.    |
| d | <b>Total</b> (add lines 1a, b, and c) .....                                                                       | 1d | 62,725,964. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.          |
| 2 | Acquisition indebtedness applicable to line 1 assets .....                                                        | 2  | 0.          |
| 3 | Subtract line 2 from line 1d .....                                                                                | 3  | 62,725,964. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 940,889.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 61,785,075. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5 .....                                                        | 6  | 3,089,254.  |

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

|    |                                                                                                                 |    |            |
|----|-----------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Minimum investment return from Part X, line 6 .....                                                             | 1  | 3,089,254. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 .....                                                    | 2a | 35,437.    |
| b  | Income tax for 2019. (This does not include the tax from Part VI.) .....                                        | 2b |            |
| c  | Add lines 2a and 2b .....                                                                                       | 2c | 35,437.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 3,053,817. |
| 4  | Recoveries of amounts treated as qualifying distributions .....                                                 | 4  | 33,892.    |
| 5  | Add lines 3 and 4 .....                                                                                         | 5  | 3,087,709. |
| 6  | Deduction from distributable amount (see instructions) .....                                                    | 6  | 0.         |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 3,087,709. |

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

|   |                                                                                                                                         |    |            |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                              |    |            |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....                                                     | 1a | 2,438,215. |
| b | Program-related investments - total from Part IX-B .....                                                                                | 1b | 250,000.   |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  |            |
| 3 | Amounts set aside for specific charitable projects that satisfy the:                                                                    |    |            |
| a | Suitability test (prior IRS approval required) .....                                                                                    | 3a |            |
| b | Cash distribution test (attach the required schedule) .....                                                                             | 3b |            |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 2,688,215. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 0.         |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....                                                             | 6  | 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 4940(e) reduction of tax in those years.



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

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

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

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

|                                                                                                                                                          | Tax year |          |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|
|                                                                                                                                                          | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed                                                                            |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                      |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:                                                                                                              |          |          |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed                             |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:                                                                                                             |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |          |          |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |          |          |          |          |           |

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

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

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

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

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

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

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

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

**Part XV** Supplementary Information (continued)

| <b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>                            |                                                                                                           |                                |                                                                                                         |                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------|-------------------|
| Recipient                                                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>**                                                                  | Amount            |
| Name and address (home or business)                                                                              |                                                                                                           |                                |                                                                                                         |                   |
| <b>a Paid during the year</b>                                                                                    |                                                                                                           |                                |                                                                                                         |                   |
| YALE UNIVERSITY<br>PO BOX 1873<br>NEW HAVEN, CT 06508-1873                                                       |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO INVESTIGATE HOW HYPERGLYCEMIA INDUCES | 82,500.           |
| YALE UNIVERSITY<br>PO BOX 1873<br>NEW HAVEN, CT 06508-1873                                                       |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR IMPENDING ACUTE KIDNEY          | 82,500.           |
| MASSACHUSETTS EYE AND EAR<br>PO BOX 412356<br>BOSTON, MA 02241-2356                                              |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - GENE THERAPY FOR PERIPHERAL NERVE REPAIR                                  | 82,500.           |
| THE CHILDREN'S HOSPITAL CORPORATION<br>D/B/A BOSTON CHILDRENS HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 02241-4413 |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF SPLICING DEFECTS CAUSED BY         | 82,500.           |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>77 MASSACHUSETTS AVENUE, W98-300<br>CAMBRIDGE, MA 02139                 |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN WITH UNIVENTRICULAR HEARTS      | 82,500.           |
| <b>Total</b>                                                                                                     | <b>SEE CONTINUATION SHEET(S)</b>                                                                          |                                |                                                                                                         | <b>2,125,000.</b> |
| <b>b Approved for future payment</b>                                                                             |                                                                                                           |                                |                                                                                                         |                   |
| YALE UNIVERSITY<br>PO BOX 1873<br>NEW HAVEN, CT 06508-1873                                                       |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO INVESTIGATE HOW HYPERGLYCEMIA INDUCES | 82,500.           |
| YALE UNIVERSITY<br>PO BOX 1873<br>NEW HAVEN, CT 06508-1873                                                       |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR IMPENDING ACUTE KIDNEY          | 82,500.           |
| MASSACHUSETTS EYE AND EAR<br>PO BOX 412356<br>BOSTON, MA 02241-2356                                              |                                                                                                           | PC                             | CHILD HEALTH RESEARCH AWARD - GENE THERAPY FOR PERIPHERAL NERVE REPAIR                                  | 82,500.           |
| <b>Total</b>                                                                                                     | <b>SEE CONTINUATION SHEET(S)</b>                                                                          |                                |                                                                                                         | <b>825,000.</b>   |

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 1,628,228), 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (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 (0, 1,932,988, 55,413). 13 Total (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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Rows include: 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.

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

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

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

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

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

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

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [ ] No

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

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 1 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 7,000.                                   | 07/27/17      | 7,000.          | 12/15/17          |
| Purpose of Grant<br><br>TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.                                                                                                                                                                                                    |       |                                          |               |                 |                   |
| Date of Reports by Grantee<br>PRI REPORTS - 02/14/2019, 05/01/2019,<br>08/14/2019, 04/16/2020                                                                                                                                                                                                                                   |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                            | NO. 2 | Grant Amount | Date of Grant         | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|-----------------------|-----------------|-------------------|
| BREEGI SCIENTIFIC, INC.<br>120 BEDFORD ROAD<br>WOBURN, MA 01801                                                                                                                                                                                                                                         |       | 250,000.     | 06/26/17              | 188,265.        | 09/16/20          |
| Purpose of Grant<br><br>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 - 05/16/2019, 12/05/2019                                                                                                                                                                                                                                                                    |       |              | NONE, SEE BELOW       |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |              |                       |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 3 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 12/30/15      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORTS - 02/14/2019, 05/01/2019,<br>08/14/2019, 04/16/2020                                                                                                                                                                                                                                   |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |



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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                          | Grant Amount | Date of Grant                                       | Amount Expended | Verification Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------|-----------------|-------------------|
| <p style="text-align: center;"><b>NO. 4</b></p> <p>ALDATU BIOSCIENCES<br/>           C/O ARSENAL LAB SPACE, 201 DEXTER AVE<br/>           WATERTOWN, MA 02472</p>                                                                                                                                                     | 100,000.     | 02/23/16                                            | 100,000.        | 12/15/17          |
| <p>Purpose of Grant</p> <p>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.</p> |              |                                                     |                 |                   |
| <p>Date of Reports by Grantee</p> <p>PRI REPORTS - 12/02/2019, 04/15/2020</p>                                                                                                                                                                                                                                         |              | <p>Diversions by Grantee</p> <p>NONE, SEE BELOW</p> |                 |                   |
| <p>Results of Verification</p> <p>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.</p>       |              |                                                     |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 5 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 07/27/16      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORT - 02/14/2019, 05/01/2019, 08/14/2019, 04/16/2020                                                                                                                                                                                                                                       |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                                | NO. 6 | Grant Amount          | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|---------------|-----------------|-------------------|
| THINKMD, INC.<br>166 MAIN STREET<br>BURLINGTON, VT 05401                                                                                                                                                                                                                                                                                    |       | 150,000.              | 05/17/18      | 150,000.        | 02/11/19          |
| Purpose of Grant<br><br>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, 08/16/2019, 04/16/2020                                                                                                                                                                                                                                                                                |       | NONE, SEE BELOW       |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH THINKMD MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.              |       |                       |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                          | Grant Amount | Date of Grant                            | Amount Expended | Verification Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|-----------------|-------------------|
| <p style="text-align: center;">NO. 7</p> <p>PRAPELA, LLC<br/>           2 MAIN STREET<br/>           BIDDEFORD, ME 04005</p>                                                                                                                                                                                                                                                                                          | 250,000.     | 07/02/18                                 | 250,000.        | 09/10/20          |
| Purpose of Grant<br><br>THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") - A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN. |              |                                          |                 |                   |
| Date of Reports by Grantee<br>PRI REPORTS - 01/30/2019, 05/14/2019,<br>12/06/2019, 09/20/2020                                                                                                                                                                                                                                                                                                                         |              | Diversions by Grantee<br>NONE, SEE BELOW |                 |                   |
| Results of Verification<br><br>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.                                                                                        |              |                                          |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO. 8 | Grant Amount | Date of Grant                            | Amount Expended | Verification Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|------------------------------------------|-----------------|-------------------|
| STINGRAY THERAPEUTICS<br>2450 HOLCOMBE BLVD., SUITE X<br>HOUSTON, TX 77021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 250,000.     | 04/08/19                                 | 153,341.        | 10/05/20          |
| Purpose of Grant<br><br>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<br>PRI REPORTS - 07/18/2019, 01/19/2020,<br>10/05/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |              | Diversions by Grantee<br>NONE, SEE BELOW |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.                                                                                                                                                                                                                           |       |              |                                          |                 |                   |

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

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

**Part XV** Supplementary Information

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

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

**Part XV** Supplementary Information

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

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



**Part XV** Supplementary Information

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO  
INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1  
DIABETES

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR  
IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDRENNAME OF RECIPIENT - THE CHILDREN'S HOSPITAL CORPORATION D/B/A BOSTON  
CHILDRENS HOSPITALCHILD 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 DISHNAME 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

COPY

**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 INTEREST FROM SECURITIES |                         |                       |                           | STATEMENT               | 3 |
|-------------------|----------------------------------------|-------------------------|-----------------------|---------------------------|-------------------------|---|
| SOURCE            | GROSS AMOUNT                           | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |   |
| DIVIDEND INCOME   | 1,580,861.                             | 0.                      | 1,580,861.            | 1,580,861.                |                         |   |
| INTEREST INCOME   | 47,367.                                | 0.                      | 47,367.               | 47,367.                   |                         |   |
| TO PART I, LINE 4 | 1,628,228.                             | 0.                      | 1,628,228.            | 1,628,228.                |                         |   |

| FORM 990-PF                           | OTHER INCOME          |                           |                         | STATEMENT | 4 |
|---------------------------------------|-----------------------|---------------------------|-------------------------|-----------|---|
| DESCRIPTION                           | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |           |   |
| SETTLEMENT PROCEEDS                   | 1,709.                | 0.                        |                         |           |   |
| RETURNED GRANT FUNDS                  | 33,892.               | 0.                        |                         |           |   |
| NONDIVIDEND DISTRIBUTIONS             | 19,774.               | 0.                        |                         |           |   |
| MISCELLANEOUS INCOME                  | 38.                   | 0.                        |                         |           |   |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 55,413.               | 0.                        |                         |           |   |

| FORM 990-PF                | LEGAL FEES             |                           |                         | STATEMENT               | 5 |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|---|
| DESCRIPTION                | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |   |
| LEGAL EXPENSES             | 13,245.                | 0.                        |                         | 13,245.                 |   |
| TO FM 990-PF, PG 1, LN 16A | 13,245.                | 0.                        |                         | 13,245.                 |   |

| FORM 990-PF                          | ACCOUNTING FEES              |                                   |                               | STATEMENT 6                   |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                          | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING & TAX<br>PREPARATION FEES | 25,651.                      | 0.                                |                               | 25,651.                       |
| TO FORM 990-PF, PG 1, LN 16B         | 25,651.                      | 0.                                |                               | 25,651.                       |

| FORM 990-PF                                | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT 7                   |
|--------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| INVESTMENT ADVISORY FEES -<br>STATE STREET | 6,404.                       | 6,404.                            |                               | 0.                            |
| INVESTMENT FEES - US TRUST                 | 78,050.                      | 39,025.                           |                               | 39,025.                       |
| INVESTMENT CONSULTING                      | 75,000.                      | 75,000.                           |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C               | 159,454.                     | 120,429.                          |                               | 39,025.                       |

| FORM 990-PF                 | TAXES                        |                                   |                               | STATEMENT 8                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| FOREIGN TAXES               | 40,704.                      | 40,704.                           |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 40,704.                      | 40,704.                           |                               | 0.                            |

| FORM 990-PF                                        | OTHER EXPENSES               |                                   |                               | STATEMENT 9                   |
|----------------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                        | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| FILING FEES                                        | 1,539.                       | 0.                                |                               | 1,539.                        |
| MISCELLANEOUS EXPENSES                             | 2,962.                       | 0.                                |                               | 2,962.                        |
| HRIA ADMINISTRATIVE COSTS                          | 131,104.                     | 0.                                |                               | 131,104.                      |
| AWARDEE EVENTS                                     | 8,217.                       | 0.                                |                               | 8,217.                        |
| PROGRAM RELATED INVESTMENT<br>ADMINISTRATIVE COSTS | 21,014.                      | 0.                                |                               | 21,014.                       |
| MARKETING                                          | 4,688.                       | 0.                                |                               | 4,688.                        |
| HONORARIA                                          | 17,384.                      | 0.                                |                               | 17,384.                       |
| SCIENTIFIC ADVISORS                                | 32,421.                      | 0.                                |                               | 32,421.                       |
| <b>TOTAL TO FORM 990-PF, PG 1, LN 23</b>           | <b>219,329.</b>              | <b>0.</b>                         |                               | <b>219,329.</b>               |

| FORM 990-PF                                                  | OTHER DECREASES IN NET ASSETS OR FUND BALANCES | STATEMENT 10  |
|--------------------------------------------------------------|------------------------------------------------|---------------|
| DESCRIPTION                                                  |                                                | AMOUNT        |
| LOSS ON INVESTMENT IN GPG HEALTHCARE OPPORTUNITIES FUND, LLC |                                                | 3,558.        |
| <b>TOTAL TO FORM 990-PF, PART III, LINE 5</b>                |                                                | <b>3,558.</b> |

| FORM 990-PF                                    | CORPORATE STOCK    |                      | STATEMENT 11 |
|------------------------------------------------|--------------------|----------------------|--------------|
| DESCRIPTION                                    | BOOK VALUE         | FAIR MARKET<br>VALUE |              |
| DOMESTIC EQUITIES                              | 33,651,506.        | 33,651,506.          |              |
| FOREIGN SECURITIES                             | 13,363,093.        | 13,363,093.          |              |
| <b>TOTAL TO FORM 990-PF, PART II, LINE 10B</b> | <b>47,014,599.</b> | <b>47,014,599.</b>   |              |

| 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               | 2,671,206.   | 2,671,206.        |
|                                        | FMV               | 292,942.     | 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 15 | 1,057,000.                 | 1,307,000.             | 1,307,000.        |



FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 15

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR  
BOSTON, MA 02116

FORM 990-PF

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

STATEMENT 16

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

ELIZABETH HOOD  
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.

COPY

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

Department of the Treasury  
Internal Revenue Service

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

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

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

**AAFCPAS**

- The books are in the care of ▶ **50 WASHINGTON STREET - WESTBOROUGH, MA 01581**  
Telephone No. ▶ **508-366-9100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

**Return of Private Foundation**

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

**2018**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2018 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>CHARLES H. HOOD FOUNDATION</b>                                                                                                                                                                                                                                                |                                                                                                                                                  | A Employer identification number<br><b>04-3507847</b>                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>2 BOYLSTON STREET, 4TH FLOOR</b>                                                                                                                                                                               | Room/suite                                                                                                                                       | B Telephone number<br><b>617-695-9439</b>                                                                                                                                    |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>BOSTON, MA 02116</b>                                                                                                                                                                                                    |                                                                                                                                                  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                      |                                                                                                                                                  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>58,775,909.</b>                                                                                                                                                                                          | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |
| (Part I, column (d) must be on cash basis.)                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                                                                                                                              |

| Part I Analysis of Revenue and Expenses<br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received                                                                                                                     |  |                                    |                           | N/A                     |                                                             |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B                                                                     |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                                               |  |                                    |                           |                         |                                                             |
| 4 Dividends and interest from securities                                                                                                                           |  | 1,300,053.                         | 1,300,053.                |                         | STATEMENT 3                                                 |
| 5a Gross rents                                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                                           |  | 14,538,652.                        |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a <b>61,520,193.</b>                                                                                                   |  |                                    |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                                   |  |                                    | 14,538,652.               |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                                             |  |                                    |                           | 34,480.                 |                                                             |
| 10a Gross sales less returns and allowances                                                                                                                        |  |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                                                                                                                         |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                                           |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                                    |  | 89,384.                            | 0.                        |                         | STATEMENT 4                                                 |
| 12 Total. Add lines 1 through 11                                                                                                                                   |  | 15,928,089.                        | 15,838,705.               | 34,480.                 |                                                             |
| 13 Compensation of officers, directors, trustees, etc.                                                                                                             |  | 0.                                 | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                                               |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                                |  |                                    |                           |                         |                                                             |
| 16a Legal fees <b>STMT 5</b>                                                                                                                                       |  | 12,092.                            | 0.                        |                         | 12,092.                                                     |
| b Accounting fees <b>STMT 6</b>                                                                                                                                    |  | 17,485.                            | 0.                        |                         | 17,485.                                                     |
| c Other professional fees <b>STMT 7</b>                                                                                                                            |  | 236,563.                           | 168,994.                  |                         | 67,569.                                                     |
| 17 Interest                                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 18 Taxes <b>STMT 8</b>                                                                                                                                             |  | 253,953.                           | 35,453.                   |                         | 0.                                                          |
| 19 Depreciation and depletion                                                                                                                                      |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                                               |  | 17,878.                            | 0.                        |                         | 17,878.                                                     |
| 22 Printing and publications                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 23 Other expenses <b>STMT 9</b>                                                                                                                                    |  | 227,243.                           | 0.                        |                         | 227,243.                                                    |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                                            |  | 765,214.                           | 204,447.                  |                         | 342,267.                                                    |
| 25 Contributions, gifts, grants paid                                                                                                                               |  | 2,752,970.                         |                           |                         | 2,752,970.                                                  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                                           |  | 3,518,184.                         | 204,447.                  |                         | 3,095,237.                                                  |
| 27 Subtract line 26 from line 12:                                                                                                                                  |  |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                |  | 12,409,905.                        |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                                   |  |                                    | 15,634,258.               |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                     |  |                                    |                           | 34,480.                 |                                                             |

| Part II Balance Sheets                                                                           |                                                                                      | Attached schedules and amounts in the description column should be for end-of-year amounts only. |                |                       |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                  |                                                                                      | Beginning of year                                                                                | End of year    |                       |
|                                                                                                  |                                                                                      | (a) Book Value                                                                                   | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                           | 1 Cash - non-interest-bearing                                                        |                                                                                                  |                |                       |
|                                                                                                  | 2 Savings and temporary cash investments                                             | 2,034,631.                                                                                       | 30,608,552.    | 30,608,552.           |
|                                                                                                  | 3 Accounts receivable                                                                |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                |                                                                                                  |                |                       |
|                                                                                                  | 4 Pledges receivable                                                                 |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                |                                                                                                  |                |                       |
|                                                                                                  | 5 Grants receivable                                                                  |                                                                                                  |                |                       |
|                                                                                                  | 6 Receivables due from officers, directors, trustees, and other disqualified persons |                                                                                                  |                |                       |
|                                                                                                  | 7 Other notes and loans receivable                                                   |                                                                                                  |                |                       |
|                                                                                                  | Less: allowance for doubtful accounts                                                |                                                                                                  |                |                       |
|                                                                                                  | 8 Inventories for sale or use                                                        |                                                                                                  |                |                       |
|                                                                                                  | 9 Prepaid expenses and deferred charges                                              |                                                                                                  |                |                       |
|                                                                                                  | 10a Investments - U.S. and state government obligations                              |                                                                                                  |                |                       |
|                                                                                                  | b Investments - corporate stock                                                      | STMT 11 51,276,443.                                                                              | 18,679,652.    | 18,679,652.           |
|                                                                                                  | c Investments - corporate bonds                                                      | STMT 12 3,019,723.                                                                               | 7,042,568.     | 7,042,568.            |
|                                                                                                  | 11 Investments - land, buildings, and equipment: basis                               |                                                                                                  |                |                       |
| Less: accumulated depreciation                                                                   |                                                                                      |                                                                                                  |                |                       |
| 12 Investments - mortgage loans                                                                  |                                                                                      |                                                                                                  |                |                       |
| 13 Investments - other                                                                           | STMT 13 9,631,349.                                                                   | 1,388,137.                                                                                       | 1,388,137.     |                       |
| 14 Land, buildings, and equipment: basis                                                         |                                                                                      |                                                                                                  |                |                       |
| Less: accumulated depreciation                                                                   |                                                                                      |                                                                                                  |                |                       |
| 15 Other assets (describe)                                                                       | STATEMENT 14 657,000.                                                                | 1,057,000.                                                                                       | 1,057,000.     |                       |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 66,619,146.                                                                          | 58,775,909.                                                                                      | 58,775,909.    |                       |
| Liabilities                                                                                      | 17 Accounts payable and accrued expenses                                             |                                                                                                  |                |                       |
|                                                                                                  | 18 Grants payable                                                                    |                                                                                                  |                |                       |
|                                                                                                  | 19 Deferred revenue                                                                  |                                                                                                  |                |                       |
|                                                                                                  | 20 Loans from officers, directors, trustees, and other disqualified persons          |                                                                                                  |                |                       |
|                                                                                                  | 21 Mortgages and other notes payable                                                 |                                                                                                  |                |                       |
|                                                                                                  | 22 Other liabilities (describe)                                                      |                                                                                                  |                |                       |
| 23 Total liabilities (add lines 17 through 22)                                                   |                                                                                      | 0.                                                                                               | 0.             |                       |
| Net Assets or Fund Balances                                                                      | Foundations that follow SFAS 117, check here                                         | <input type="checkbox"/>                                                                         |                |                       |
|                                                                                                  | and complete lines 24 through 26, and lines 30 and 31.                               |                                                                                                  |                |                       |
|                                                                                                  | 24 Unrestricted                                                                      |                                                                                                  |                |                       |
|                                                                                                  | 25 Temporarily restricted                                                            |                                                                                                  |                |                       |
|                                                                                                  | 26 Permanently restricted                                                            |                                                                                                  |                |                       |
|                                                                                                  | Foundations that do not follow SFAS 117, check here                                  | <input checked="" type="checkbox"/>                                                              |                |                       |
|                                                                                                  | and complete lines 27 through 31.                                                    |                                                                                                  |                |                       |
| 27 Capital stock, trust principal, or current funds                                              | 59,300,755.                                                                          | 59,300,755.                                                                                      |                |                       |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund                                | 0.                                                                                   | 0.                                                                                               |                |                       |
| 29 Retained earnings, accumulated income, endowment, or other funds                              | 7,318,391.                                                                           | -524,846.                                                                                        |                |                       |
| 30 Total net assets or fund balances                                                             | 66,619,146.                                                                          | 58,775,909.                                                                                      |                |                       |
| 31 Total liabilities and net assets/fund balances                                                | 66,619,146.                                                                          | 58,775,909.                                                                                      |                |                       |

Part III Analysis of Changes in Net Assets or Fund Balances

|                                                                                                                                                              |   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 66,619,146. |
| 2 Enter amount from Part I, line 27a                                                                                                                         | 2 | 12,409,905. |
| 3 Other increases not included in line 2 (itemize)                                                                                                           | 3 | 0.          |
| 4 Add lines 1, 2, and 3                                                                                                                                      | 4 | 79,029,051. |
| 5 Decreases not included in line 2 (itemize) SEE STATEMENT 10                                                                                                | 5 | 20,253,142. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                      | 6 | 58,775,909. |

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)                                             |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                          | (c) Date acquired<br>(mo., day, yr.)                                                            | (d) Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                                                                  |                                            |                                                                                           |                                                                                                 |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| (e) Gross sales price                                                                                                                                                                 | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                           | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                                  |                                  |
| a 61,520,193.                                                                                                                                                                         |                                            | 46,981,541.                                                                               | 14,538,652.                                                                                     |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.                                                                                          |                                            |                                                                                           |                                                                                                 |                                  |
| (i) FMV as of 12/31/69                                                                                                                                                                | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                           | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| a                                                                                                                                                                                     |                                            |                                                                                           | 14,538,652.                                                                                     |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                 |                                  |
| 2 Capital gain net income or (net capital loss)                                                                                                                                       |                                            | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ..... } |                                                                                                 | 2 14,538,652.                    |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... |                                            | { ..... }                                                                                 |                                                                                                 | 3 N/A                            |

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

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

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

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

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2017                                                                                                                                                                                   | 3,096,291.                               | 62,466,670.                                  | .049567                                                     |
| 2016                                                                                                                                                                                   | 3,243,649.                               | 57,828,769.                                  | .056091                                                     |
| 2015                                                                                                                                                                                   | 2,995,208.                               | 61,131,794.                                  | .048996                                                     |
| 2014                                                                                                                                                                                   | 2,807,969.                               | 62,041,873.                                  | .045259                                                     |
| 2013                                                                                                                                                                                   | 2,640,653.                               | 57,319,731.                                  | .046069                                                     |
| 2 Total of line 1, column (d) .....                                                                                                                                                    |                                          |                                              | 2 .245982                                                   |
| 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 .049196                                                   |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 .....                                                                                                   |                                          |                                              | 4 64,600,558.                                               |
| 5 Multiply line 4 by line 3 .....                                                                                                                                                      |                                          |                                              | 5 3,178,089.                                                |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) .....                                                                                                                     |                                          |                                              | 6 156,343.                                                  |
| 7 Add lines 5 and 6 .....                                                                                                                                                              |                                          |                                              | 7 3,334,432.                                                |
| 8 Enter qualifying distributions from Part XII, line 4 .....                                                                                                                           |                                          |                                              | 8 3,495,237.                                                |

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

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

|                                                                                                                                                                                                                                        |    |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |          |          |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                           |    | 1        | 156,343. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).                                                                                                            |    |          |          |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                           |    | 2        | 0.       |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |    | 3        | 156,343. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                         |    | 4        | 0.       |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                       |    | 5        | 156,343. |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |          |          |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                    | 6a | 231,812. |          |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b | 0.       |          |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c | 0.       |          |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d | 0.       |          |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  | 7  | 231,812. |          |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                                  | 8  | 516.     |          |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                          | 9  |          |          |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                             | 10 | 74,953.  |          |
| 11 Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <input checked="" type="checkbox"/> 74,953.   <b>Refunded</b> <input type="checkbox"/>                                                                     | 11 | 0.       |          |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                         |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                                  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.                                                                                                                                                               |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                 |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                    |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                  |     | X  |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A                                                                                                                                                                                                                                                                   |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .                                                                                                                                                                   |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?            | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                             | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> 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 <i>General Instruction G</i> ? If "No," attach explanation                                                                                                                           | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV                                                                                           |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                           |     | X  |

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and foreign country interests.

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

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

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.



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

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

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

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

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

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

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

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

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

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

| (a) Name and address of each person paid more than \$50,000                 | (b) Type of service       | (c) Compensation |
|-----------------------------------------------------------------------------|---------------------------|------------------|
| HEALTH RESOURCES IN ACTION - 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116 | ADMINISTRATIVE FEES       | 142,820.         |
| US TRUST<br>225 FRANKLIN STREET, BOSTON, MA 02110                           | INVESTMENT CUSTODIAN FEES | 135,138.         |
| STATE STREET<br>1200 CROWN COLONY DRIVE, QUINCY, MA 02169                   | INVESTMENT FEES           | 63,925.          |
|                                                                             |                           |                  |
|                                                                             |                           |                  |
|                                                                             |                           |                  |

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

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

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

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

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount   |
|-------------------------------------------------------------------------------------------------------------------|----------|
| 1 PRAPELA, LLC - CONCORD, MA<br>CONVERTIBLE PROMISSORY NOTE                                                       | 250,000. |
| 2 THINKMD, INC. - BURLINGTON, VT<br>CONVERTIBLE PROMISSORY NOTE                                                   | 150,000. |
| All other program-related investments. See instructions.                                                          |          |
| 3                                                                                                                 |          |
| Total. Add lines 1 through 3 .....                                                                                | 400,000. |

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

|                                                                                                               |                                                                                                                   |    |             |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |                                                                                                                   |    |             |
| a                                                                                                             | Average monthly fair market value of securities .....                                                             | 1a | 61,097,937. |
| b                                                                                                             | Average of monthly cash balances .....                                                                            | 1b | 4,255,053.  |
| c                                                                                                             | Fair market value of all other assets .....                                                                       | 1c | 231,333.    |
| d                                                                                                             | <b>Total</b> (add lines 1a, b, and c) .....                                                                       | 1d | 65,584,323. |
| e                                                                                                             | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.          |
| 2                                                                                                             | Acquisition indebtedness applicable to line 1 assets .....                                                        | 2  | 0.          |
| 3                                                                                                             | Subtract line 2 from line 1d .....                                                                                | 3  | 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                                                                                                             | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 64,600,558. |
| 6                                                                                                             | <b>Minimum investment return.</b> Enter 5% of line 5 .....                                                        | 6  | 3,230,028.  |

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

|    |                                                                                                                 |    |            |
|----|-----------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Minimum investment return from Part X, line 6 .....                                                             | 1  | 3,230,028. |
| 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.) .....                                        | 2b |            |
| 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  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 3,108,165. |

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

|                                                                                              |                                                                                                                                         |    |            |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: |                                                                                                                                         |    |            |
| a                                                                                            | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....                                                     | 1a | 3,095,237. |
| b                                                                                            | Program-related investments - total from Part IX-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:                                                                    |    |            |
| a                                                                                            | Suitability test (prior IRS approval required) .....                                                                                    | 3a |            |
| b                                                                                            | Cash distribution test (attach the required schedule) .....                                                                             | 3b |            |
| 4                                                                                            | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 3,495,237. |
| 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                                                                                            | <b>Adjusted qualifying distributions.</b> 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 qualifies for the section 4940(e) reduction of tax in those years.

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

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>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:                                                                                                                     |               |                            |             |             |
| a Enter amount for 2017 only                                                                                                                                               |               |                            | 2,899,538.  |             |
| b Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2018:                                                                                                                         |               |                            |             |             |
| a From 2013                                                                                                                                                                |               |                            |             |             |
| b From 2014                                                                                                                                                                |               |                            |             |             |
| c From 2015                                                                                                                                                                |               |                            |             |             |
| d From 2016                                                                                                                                                                |               |                            |             |             |
| e From 2017                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 3,495,237.                                                                                                 |               |                            |             |             |
| a Applied to 2017, but not more than line 2a                                                                                                                               |               |                            | 2,899,538.  |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2018 distributable amount                                                                                                                                     |               |                            |             | 595,699.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 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:                                                                                                                   |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 0.            |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2018. Subtract 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 Excess from 2015                                                                                                                                                         |               |                            |             |             |
| c Excess from 2016                                                                                                                                                         |               |                            |             |             |
| d Excess from 2017                                                                                                                                                         |               |                            |             |             |
| e Excess from 2018                                                                                                                                                         |               |                            |             |             |

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

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

|                                                                                                                                                          | Tax year |          |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|
|                                                                                                                                                          | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed                                                                             |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                      |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:                                                                                                              |          |          |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:                                                                                                             |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |          |          |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |          |          |          |          |           |

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

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

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

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

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

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

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

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

**Part XV** Supplementary Information (continued)

| <b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>        |                                                                                                           |                                |                                                                                                                       |                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|
| Recipient                                                                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>**                                                                                | Amount            |
| Name and address (home or business)                                                          |                                                                                                           |                                |                                                                                                                       |                   |
| <b>a Paid during the year</b>                                                                |                                                                                                           |                                |                                                                                                                       |                   |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 02441                              |                                                                                                           | PC                             | CHILD HEALTH RESEARCH<br>AWARD - NEURAL<br>CIRCUIT-LEVEL<br>MECHANISMS THAT<br>CONTROL PERSISTENT                     | 75,000.           |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 02441                              |                                                                                                           | PC                             | CHILD HEALTH RESEARCH<br>AWARD - IMPROVED 3D<br>CINE CARDIOVASCULAR<br>MAGNETIC RESONANCE<br>IMAGING FOR CHILDREN     | 75,000.           |
| NORTHEASTERN UNIVERSITY<br>360 HUNTINGTON AVENUE<br>BOSTON, MA 02115                         |                                                                                                           | PC                             | CHILD HEALTH RESEARCH<br>AWARD - FROM VIRTUAL<br>REALITY TO REAL LIFE<br>SKILL: ENHANCING THE<br>POTENTIAL OF VIRTUAL | 75,000.           |
| YALE UNIVERSITY<br>333 CEDAR STREET, PO BOX 208020<br>NEW HAVEN, CT 06520-8020               |                                                                                                           | PC                             | CHILD HEALTH RESEARCH<br>AWARD - MECHANISMS OF<br>DISEASE IN PEDIATRIC<br>LYMPHOCYTE DISORDERS<br>CAUSED BY PI3K GENE | 75,000.           |
| UNIVERSITY OF MASSACHUSETTS MEDICAL<br>SCHOOL<br>55 LAKE AVENUE NORTH<br>WORCESTER, MA 01655 |                                                                                                           | PC                             | CHILD HEALTH RESEARCH<br>AWARD - MICROBIAL AND<br>DIETARY REPROGRAMMING<br>OF INTESTINAL IMMUNE<br>MEMORY             | 75,000.           |
| <b>Total</b>                                                                                 | <b>SEE CONTINUATION SHEET(S)</b>                                                                          |                                |                                                                                                                       | <b>2,752,970.</b> |
| <b>b Approved for future payment</b>                                                         |                                                                                                           |                                |                                                                                                                       |                   |
| NONE                                                                                         |                                                                                                           |                                |                                                                                                                       |                   |
|                                                                                              |                                                                                                           |                                |                                                                                                                       |                   |
|                                                                                              |                                                                                                           |                                |                                                                                                                       |                   |
| <b>Total</b>                                                                                 |                                                                                                           |                                |                                                                                                                       | <b>0.</b>         |

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

Enter gross amounts unless otherwise indicated.

|                                                                     | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income |
|---------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------|
|                                                                     | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                             |
| 1 Program service revenue:                                          |                           |               |                                      |               |                                             |
| a _____                                                             |                           |               |                                      |               |                                             |
| b _____                                                             |                           |               |                                      |               |                                             |
| c _____                                                             |                           |               |                                      |               |                                             |
| d _____                                                             |                           |               |                                      |               |                                             |
| e _____                                                             |                           |               |                                      |               |                                             |
| f _____                                                             |                           |               |                                      |               |                                             |
| g Fees and contracts from government agencies .....                 |                           |               |                                      |               |                                             |
| 2 Membership dues and assessments .....                             |                           |               |                                      |               |                                             |
| 3 Interest on savings and temporary cash<br>investments .....       |                           |               |                                      |               |                                             |
| 4 Dividends and interest from securities .....                      |                           |               | 14                                   | 1,300,053.    |                                             |
| 5 Net rental income or (loss) from real estate:                     |                           |               |                                      |               |                                             |
| a Debt-financed property .....                                      |                           |               |                                      |               |                                             |
| b Not debt-financed property .....                                  |                           |               |                                      |               |                                             |
| 6 Net rental income or (loss) from personal<br>property .....       |                           |               |                                      |               |                                             |
| 7 Other investment income .....                                     |                           |               |                                      |               |                                             |
| 8 Gain or (loss) from sales of assets other<br>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.)

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

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

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

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes a large 'COPY' watermark.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Includes a large 'COPY' watermark.

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

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [ ] No

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Includes 'Paid Preparer Use Only' section with firm name, address, and phone number.



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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 1 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 7,000.                                   | 07/27/17      | 7,000.          | 12/15/17          |
| Purpose of Grant<br><br>TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.                                                                                                                                                                                                    |       |                                          |               |                 |                   |
| Date of Reports by Grantee<br>PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19                                                                                                                                                                                                                                                  |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                            | NO. 2 | Grant Amount | Date of Grant         | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|-----------------------|-----------------|-------------------|
| BREEGI SCIENTIFIC, INC.<br>120 BEDFORD ROAD<br>WOBURN, MA 01801                                                                                                                                                                                                                                         |       | 250,000.     | 06/26/17              | 58,927.         | 05/16/19          |
| Purpose of Grant<br><br>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, 7/15/18, 9/15/18, 10/31/18, 12/7/18, 12/11/18                                                                                                                                                                                                                            |       |              | NONE, SEE BELOW       |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |              |                       |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 3 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 12/30/15      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORTS - 2/21/18, 4/20/18, 9/30/18, 2/14/19                                                                                                                                                                                                                                                  |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                   | NO. 4 | Grant Amount | Date of Grant                            | Amount Expended | Verification Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|------------------------------------------|-----------------|-------------------|
| ALDATU BIOSCIENCES<br>C/O HARVARD LIFELAB 127 WESTERN AVE<br>ALLSTON, MA 02134                                                                                                                                                                                                                                 |       | 100,000.     | 02/23/16                                 | 100,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORTS - 2/6/18, 5/22/18, 6/26/18, 1/15/19                                                                                                                                                                                                                                  |       |              | Diversions by Grantee<br>NONE, SEE BELOW |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH ALDATU BIOSCIENCE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.       |       |              |                                          |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 5 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 07/26/16      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORT - 2/21/18, 4/20/18,<br>9/30/18, 2/14/19                                                                                                                                                                                                                                                |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                                | NO. 6 | Grant Amount          | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|---------------|-----------------|-------------------|
| THINKMD, INC.<br>166 MAIN STREET<br>BURLINGTON, VT 05401                                                                                                                                                                                                                                                                                    |       | 150,000.              | 05/18/18      | 150,000.        | 02/11/19          |
| Purpose of Grant<br><br>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, 10/2/18, 11/6/18, 12/31/18, 2/11/19                                                                                                                                                                                                                                                                         |       | NONE, SEE BELOW       |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH THINKMD MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.              |       |                       |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                   | NO. 7 | Grant Amount | Date of Grant                            | Amount Expended | Verification Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|------------------------------------------|-----------------|-------------------|
| PRAPELA, LLC<br>625 LOWELL ROAD<br>CONCORD, MA 01742                                                                                                                                                                                                                                                                           |       | 250,000.     | 07/02/18                                 | 178,788.        | 05/14/19          |
| Purpose of Grant<br><br>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<br>PRI REPORTS - 7/19/18, 12/10/18,<br>1/30/19, 2/24/19                                                                                                                                                                                                                                             |       |              | Diversions by Grantee<br>NONE, SEE BELOW |                 |                   |
| Results of Verification<br><br>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**

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

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



**Part XV** Supplementary Information

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

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

**Part XV** Supplementary Information

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

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

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - NEURAL CIRCUIT-LEVEL MECHANISMS THAT  
CONTROL PERSISTENT CONSEQUENCES OF EARLY LIFE STRESS

NAME OF RECIPIENT - NORTHEASTERN UNIVERSITY

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

NAME OF RECIPIENT - YALE 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 EARDRUMSNAME OF RECIPIENT - PRESIDENT & FELLOWS OF HARVARD COLLEGE, HARVARD  
MEDICAL SCHOOLCHILD 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 DISHNAME OF RECIPIENT - PRESIDENT & FELLOWS OF HARVARD COLLEGE/HARVARD CHAN  
SCHOOL OF PUBLIC HEALTHCHILD 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

| FORM 990-PF       | DIVIDENDS AND INTEREST FROM SECURITIES |                         |                       |                           | STATEMENT               | 3 |
|-------------------|----------------------------------------|-------------------------|-----------------------|---------------------------|-------------------------|---|
| SOURCE            | GROSS AMOUNT                           | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |   |
| DIVIDEND INCOME   | 1,207,784.                             | 0.                      | 1,207,784.            | 1,207,784.                |                         |   |
| INTEREST INCOME   | 92,269.                                | 0.                      | 92,269.               | 92,269.                   |                         |   |
| TO PART I, LINE 4 | 1,300,053.                             | 0.                      | 1,300,053.            | 1,300,053.                |                         |   |

| FORM 990-PF                           | OTHER INCOME          |                           |                         | STATEMENT | 4 |
|---------------------------------------|-----------------------|---------------------------|-------------------------|-----------|---|
| DESCRIPTION                           | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |           |   |
| SETTLEMENT PROCEEDS                   | 7,308.                | 0.                        |                         |           |   |
| RETURNED GRANT FUNDS                  | 34,480.               | 0.                        |                         |           |   |
| NONDIVIDEND DISTRIBUTIONS             | 47,596.               | 0.                        |                         |           |   |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 89,384.               | 0.                        |                         |           |   |

| FORM 990-PF                | LEGAL FEES             |                           |                         | STATEMENT               | 5 |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|---|
| DESCRIPTION                | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |   |
| LEGAL EXPENSES             | 12,092.                | 0.                        |                         | 12,092.                 |   |
| TO FM 990-PF, PG 1, LN 16A | 12,092.                | 0.                        |                         | 12,092.                 |   |

| FORM 990-PF                          | ACCOUNTING FEES              |                                   |                               | STATEMENT 6                   |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                          | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING & TAX<br>PREPARATION FEES | 17,485.                      | 0.                                |                               | 17,485.                       |
| TO FORM 990-PF, PG 1, LN 16B         | 17,485.                      | 0.                                |                               | 17,485.                       |

| FORM 990-PF                                | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT 7                   |
|--------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| INVESTMENT ADVISORY FEES -<br>STATE STREET | 63,925.                      | 63,925.                           |                               | 0.                            |
| INVESTMENT FEES - US TRUST                 | 135,138.                     | 67,569.                           |                               | 67,569.                       |
| INVESTMENT CONSULTING                      | 37,500.                      | 37,500.                           |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C               | 236,563.                     | 168,994.                          |                               | 67,569.                       |

| FORM 990-PF                 | TAXES                        |                                   |                               | STATEMENT 8                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| FOREIGN TAXES               | 35,453.                      | 35,453.                           |                               | 0.                            |
| EXCISE TAX ESTIMATES        | 218,500.                     | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 253,953.                     | 35,453.                           |                               | 0.                            |

| FORM 990-PF                                        | OTHER EXPENSES               |                                   |                               | STATEMENT 9                   |
|----------------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                        | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| MASS PC FILING FEE                                 | 1,045.                       | 0.                                |                               | 1,045.                        |
| MISCELLANEOUS EXPENSES                             | 6,842.                       | 0.                                |                               | 6,842.                        |
| HRIA ADMINISTRATIVE COSTS                          | 142,820.                     | 0.                                |                               | 142,820.                      |
| MEMBERSHIPS                                        | 4,306.                       | 0.                                |                               | 4,306.                        |
| PROGRAM RELATED INVESTMENT<br>ADMINISTRATIVE COSTS | 23,172.                      | 0.                                |                               | 23,172.                       |
| MARKETING                                          | 11,349.                      | 0.                                |                               | 11,349.                       |
| 75TH ANNIVERSARY EVENT                             | 1,315.                       | 0.                                |                               | 1,315.                        |
| HONORARIA                                          | 20,344.                      | 0.                                |                               | 20,344.                       |
| SCIENTIFIC ADVISORS                                | 16,050.                      | 0.                                |                               | 16,050.                       |
| TOTAL TO FORM 990-PF, PG 1, LN 23                  | 227,243.                     | 0.                                |                               | 227,243.                      |

| FORM 990-PF                                                  | OTHER DECREASES IN NET ASSETS OR FUND BALANCES | STATEMENT 10 |
|--------------------------------------------------------------|------------------------------------------------|--------------|
| DESCRIPTION                                                  |                                                | AMOUNT       |
| UNREALIZED LOSSES                                            |                                                | 20,239,856.  |
| LOSS ON INVESTMENT IN GPG HEALTHCARE OPPORTUNITIES FUND, LLC |                                                | 13,286.      |
| TOTAL TO FORM 990-PF, PART III, LINE 5                       |                                                | 20,253,142.  |

| FORM 990-PF                             | CORPORATE STOCK |                      | STATEMENT 11 |
|-----------------------------------------|-----------------|----------------------|--------------|
| DESCRIPTION                             | BOOK VALUE      | FAIR MARKET<br>VALUE |              |
| DOMESTIC EQUITIES                       | 15,193,116.     | 15,193,116.          |              |
| FOREIGN SECURITIES                      | 3,486,536.      | 3,486,536.           |              |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 18,679,652.     | 18,679,652.          |              |



| 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               | 1,156,804. | 1,156,804.        |
|                                        | FMV               | 231,333.   | 231,333.          |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                   | 1,388,137. | 1,388,137.        |

| 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 15 | 657,000.                   | 1,057,000.             | 1,057,000.        |

FORM 990-PF SCHEDULE OF CONTROLLED ENTITIES STATEMENT 15  
 PART VII-A, LINE 11

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

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

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 16

| NAME AND ADDRESS                                                          | TITLE AND<br>AVRG HRS/WK         | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---------------------------------------------------------------------------|----------------------------------|-------------------|------------------------------|--------------------|
| NEIL SMILEY<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116           | PRESIDENT AND TREASURER<br>1.00  | 0.                | 0.                           | 0.                 |
| JOHN O. PARKER, JR.<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116   | VICE PRESIDENT AND CLERK<br>1.00 | 0.                | 0.                           | 0.                 |
| JEFFREY BOUTWELL, PHD<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116 | TRUSTEE<br>1.00                  | 0.                | 0.                           | 0.                 |
| ROBERT C. BOUTWELL<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116    | TRUSTEE<br>1.00                  | 0.                | 0.                           | 0.                 |
| BARBARA BULA<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116          | TRUSTEE<br>1.00                  | 0.                | 0.                           | 0.                 |
| BRENDON BULA<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116          | TRUSTEE<br>1.00                  | 0.                | 0.                           | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                              |                                  | 0.                | 0.                           | 0.                 |

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

Department of the Treasury  
Internal Revenue Service

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

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

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

**AAFPCPAS**

- The books are in the care of ▶ **50 WASHINGTON STREET - WESTBOROUGH, MA 01581**  
Telephone No. ▶ **508-366-9100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

|                                                                                                                                                                                               |           |    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 156,343. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 231,812. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0.       |

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

**Return of Private Foundation**

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

**2017**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

Part III Analysis of Changes in Net Assets or Fund Balances

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

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)                                             |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                            | (c) Date acquired<br>(mo., day, yr.)                                                            | (d) Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                                                                  |                                            |                                                                                             |                                                                                                 |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| (e) Gross sales price                                                                                                                                                                 | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                             | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                                  |                                  |
| a 10,588,593.                                                                                                                                                                         |                                            | 7,808,108.                                                                                  | 2,780,485.                                                                                      |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.                                                                                          |                                            |                                                                                             |                                                                                                 |                                  |
| (i) FMV as of 12/31/69                                                                                                                                                                | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                             | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| a                                                                                                                                                                                     |                                            |                                                                                             | 2,780,485.                                                                                      |                                  |
| b                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| c                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| d                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| e                                                                                                                                                                                     |                                            |                                                                                             |                                                                                                 |                                  |
| 2 Capital gain net income or (net capital loss)                                                                                                                                       |                                            | { If gain, also enter in Part I, line 7<br>{ If (loss), enter -0- in Part I, line 7 ..... } |                                                                                                 | 2 2,780,485.                     |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... |                                            | } ..... }                                                                                   |                                                                                                 | 3 N/A                            |

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

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

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

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

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

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

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

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

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

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

|                                                                                                                                                                                                                                                                                                                                           | Yes | No |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <span style="float: right;">STMT 13</span>                                                                                                      | 11  | X  |   |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions                                                                                                                                                | 12  |    | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>▶ TMFGRANTS.ORG/HOOD</b>                                                                                                                                                                     | 13  | X  |   |
| 14 The books are in care of <b>▶ US TRUST FIDUCIARY TAX SERVICES</b> Telephone no. <b>▶ 617-695-9439</b><br>Located at <b>▶ 225 FRANKLIN STREET, BOSTON, MA</b> ZIP+4 <b>▶ 02110</b>                                                                                                                                                      |     |    |   |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year <b>▶ 15</b> <span style="float: right;">N/A</span>                                                                     |     |    |   |
| 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>▶</b> | 16  |    | X |

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7                                                                                                                       |               |                            |             | 3,107,342.  |
| 2 Undistributed income, if any, as of the end of 2017:                                                                                                                     |               |                            |             |             |
| a Enter amount for 2016 only                                                                                                                                               |               |                            | 2,929,775.  |             |
| b Total for prior years:                                                                                                                                                   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2017:                                                                                                                         |               |                            |             |             |
| a From 2012                                                                                                                                                                |               |                            |             |             |
| b From 2013                                                                                                                                                                |               |                            |             |             |
| c From 2014                                                                                                                                                                |               |                            |             |             |
| d From 2015                                                                                                                                                                |               |                            |             |             |
| e From 2016                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 3,137,579.                                                                                                 |               |                            |             |             |
| a Applied to 2016, but not more than line 2a                                                                                                                               |               |                            | 2,929,775.  |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2017 distributable amount                                                                                                                                     |               |                            |             | 207,804.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)                                        | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 0.            |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.                                                                                |               |                            | 0.          |             |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018                                                              |               |                            |             | 2,899,538.  |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2013                                                                                                                                                         |               |                            |             |             |
| b Excess from 2014                                                                                                                                                         |               |                            |             |             |
| c Excess from 2015                                                                                                                                                         |               |                            |             |             |
| d Excess from 2016                                                                                                                                                         |               |                            |             |             |
| e Excess from 2017                                                                                                                                                         |               |                            |             |             |

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

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

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

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

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

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

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

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

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

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

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

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

**Part XV** Supplementary Information (continued)

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

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

|                                                                     | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income |
|---------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------|
|                                                                     | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                             |
| Enter gross amounts unless otherwise indicated.                     |                           |               |                                      |               |                                             |
| 1 Program service revenue:                                          |                           |               |                                      |               |                                             |
| a _____                                                             |                           |               |                                      |               |                                             |
| b _____                                                             |                           |               |                                      |               |                                             |
| c _____                                                             |                           |               |                                      |               |                                             |
| d _____                                                             |                           |               |                                      |               |                                             |
| e _____                                                             |                           |               |                                      |               |                                             |
| f _____                                                             |                           |               |                                      |               |                                             |
| g Fees and contracts from government agencies .....                 |                           |               |                                      |               |                                             |
| 2 Membership dues and assessments .....                             |                           |               |                                      |               |                                             |
| 3 Interest on savings and temporary cash<br>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 Not debt-financed property .....                                  |                           |               |                                      |               |                                             |
| 6 Net rental income or (loss) from personal<br>property .....       |                           |               |                                      |               |                                             |
| 7 Other investment income .....                                     |                           |               |                                      |               |                                             |
| 8 Gain or (loss) from sales of assets other<br>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 _____                                                             |                           |               |                                      |               |                                             |
| c _____                                                             |                           |               |                                      |               |                                             |
| d _____                                                             |                           |               |                                      |               |                                             |
| e _____                                                             |                           |               |                                      |               |                                             |
| 12 Subtotal. Add columns (b), (d), and (e) .....                    |                           | 0.            |                                      | 4,255,911.    | 67,895.                                     |
| 13 Total. 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.<br>▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11            | EXCESS FUNDS RETURNED FROM GRANTS PREVIOUSLY PAID OUT.                                                                                                                                                                        |
| 11            | 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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**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                              |       |            |           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                      |       | <b>Yes</b> | <b>No</b> |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |            |           |
|          | (1) Cash .....                                                                                                                                                                                                                                                                                                                                                                               | 1a(1) |            | X         |
|          | (2) Other assets .....                                                                                                                                                                                                                                                                                                                                                                       | 1a(2) |            | X         |
| <b>b</b> | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |            |           |
|          | (1) Sales of assets to a noncharitable exempt organization .....                                                                                                                                                                                                                                                                                                                             | 1b(1) |            | X         |
|          | (2) Purchases of assets from a noncharitable exempt organization .....                                                                                                                                                                                                                                                                                                                       | 1b(2) |            | X         |
|          | (3) Rental of facilities, equipment, or other assets .....                                                                                                                                                                                                                                                                                                                                   | 1b(3) |            | X         |
|          | (4) Reimbursement arrangements .....                                                                                                                                                                                                                                                                                                                                                         | 1b(4) |            | X         |
|          | (5) Loans or loan guarantees .....                                                                                                                                                                                                                                                                                                                                                           | 1b(5) |            | X         |
|          | (6) Performance of services or membership or fundraising solicitations .....                                                                                                                                                                                                                                                                                                                 | 1b(6) |            | X         |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....                                                                                                                                                                                                                                                                                                       | 1c    |            | X         |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |            |           |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|              |                     | N/A                                           |                                                                      |
|              |                     |                                               |                                                                      |
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|              |                     |                                               |                                                                      |

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

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
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|                          |                          |                                 |

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

|                               |                                                                |                         |                                    |                                                 |                                                                                                                                                  |
|-------------------------------|----------------------------------------------------------------|-------------------------|------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer or trustee                                | Date                    | <b>PRESIDENT AND<br/>TREASURER</b> | Title                                           | May the IRS discuss this return with the preparer shown below? See instr.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                               |                                                                |                         |                                    |                                                 |                                                                                                                                                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                     | Preparer's signature    | Date                               | Check <input type="checkbox"/> if self-employed | PTIN                                                                                                                                             |
|                               | CARLA M. MCCALL, CPA                                           | CARLA M. MCCALL,        | 06/18/18                           |                                                 | P00535908                                                                                                                                        |
|                               | Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C.          | Firm's EIN ▶ 04-2571780 |                                    |                                                 |                                                                                                                                                  |
|                               | Firm's address ▶ 50 WASHINGTON STREET<br>WESTBOROUGH, MA 01581 | Phone no. 508-366-9100  |                                    |                                                 |                                                                                                                                                  |

723622 01-03-18



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

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

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                            | NO. 2 | Grant Amount | Date of Grant         | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|-----------------------|-----------------|-------------------|
| BREEGI SCIENTIFIC, INC.<br>120 BEDFORD ROAD<br>WOBURN, MA 01801                                                                                                                                                                                                                                         |       | 250,000.     | 06/26/17              | 29,473.         | 04/10/18          |
| Purpose of Grant<br><br>THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE.                                                  |       |              |                       |                 |                   |
| Date of Reports by Grantee                                                                                                                                                                                                                                                                              |       |              | Diversions by Grantee |                 |                   |
| PRI REPORTS - 10/10/17, 12/6/17, AND 12/20/17.                                                                                                                                                                                                                                                          |       |              | NONE, SEE BELOW       |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |              |                       |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 3 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 12/30/15      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORT - 12/15/17                                                                                                                                                                                                                                                                             |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                   | Grant Amount | Date of Grant         | Amount Expended | Verification Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|-------------------|
| <p style="text-align: center;"><b>NO. 4</b></p> <p>ALDATU BIOSCIENCES<br/>           C/O HARVARD LIFELAB 127 WESTERN AVE<br/>           ALLSTON, MA 02134</p>                                                                                                                                                  | 100,000.     | 02/23/16              | 100,000.        | 12/15/17          |
| Purpose of Grant<br><br>TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED. |              |                       |                 |                   |
| Date of Reports by Grantee                                                                                                                                                                                                                                                                                     |              | Diversions by Grantee |                 |                   |
| PRI REPORTS - 6/21/17, 7/28/17, 9/11/17, 10/25/17, 12/15/17                                                                                                                                                                                                                                                    |              | NONE, SEE BELOW       |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH ALDATU BIOSCIENCE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.       |              |                       |                 |                   |

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

| Recipient's Name and Address                                                                                                                                                                                                                                                                                                    | NO. 5 | Grant Amount                             | Date of Grant | Amount Expended | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|---------------|-----------------|-------------------|
| NONINVASIX, INC.<br>1700 THE STRAND, SUITE 1200<br>GALVESTON, TX 77555                                                                                                                                                                                                                                                          |       | 150,000.                                 | 07/26/16      | 150,000.        | 12/15/17          |
| Purpose of Grant<br><br>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<br>PRI REPORT - 12/15/17                                                                                                                                                                                                                                                                             |       | Diversions by Grantee<br>NONE, SEE BELOW |               |                 |                   |
| Results of Verification<br><br>THE TRUSTEES MEET WITH NONIVASIX MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY |       |                                          |               |                 |                   |

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

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

**Part XV Supplementary Information**

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

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

**Part XV** Supplementary Information

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

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



**Part XV** Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - NEURAL CIRCUIT-LEVEL MECHANISMS THAT  
CONTROL PERSISTENT CONSEQUENCES OF EARLY LIFE STRESS.

NAME OF RECIPIENT - NORTHEASTERN UNIVERSITY

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

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

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

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

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - YALE SCHOOL OF MEDICINE

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

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR

CHILD HEALTH RESEARCH AWARD - ADVANCING PEDIATRIC TYMPANOPLASTY WITH  
3-DIMENSIONALLY PRINTED EARDRUMS

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

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

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

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

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

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

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

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

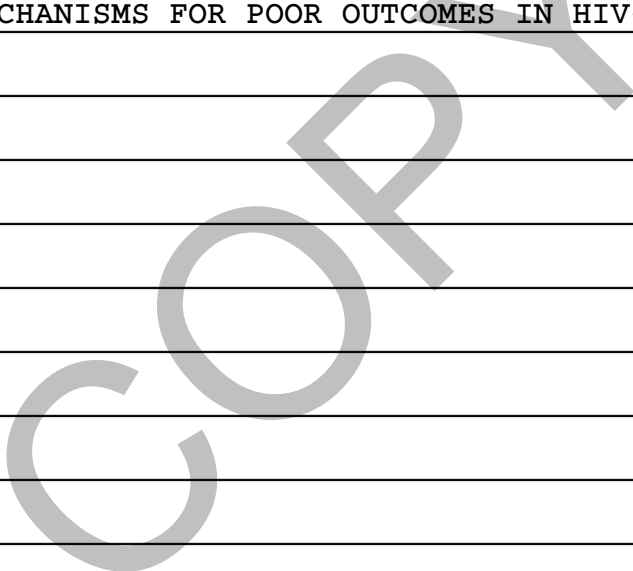
CHILD HEALTH RESEARCH AWARD - USING MOBILE HEALTH TECHNOLOGY TO IMPROVE  
THE CONTINUUM OF NEONATAL CARE IN RURAL GUATEMALA

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

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



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**FORM 990-PF**                      **DIVIDENDS AND INTEREST FROM SECURITIES**                      **STATEMENT**      **3**


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

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**FORM 990-PF**                                      **OTHER INCOME**                                      **STATEMENT**      **4**


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

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**FORM 990-PF**                                      **LEGAL FEES**                                      **STATEMENT**      **5**


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

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

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

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

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

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

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

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

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

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

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

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

| NAME AND ADDRESS                                                          | TITLE AND AVRG HRS/WK            | COMPEN-SATION | EMPLOYEE BEN CONTRIB | PLAN EXPENSE ACCOUNT |
|---------------------------------------------------------------------------|----------------------------------|---------------|----------------------|----------------------|
| NEIL SMILEY<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116           | PRESIDENT AND TREASURER<br>1.00  | 0.            | 0.                   | 0.                   |
| JOHN O. PARKER, JR.<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116   | VICE PRESIDENT AND CLERK<br>1.00 | 0.            | 0.                   | 0.                   |
| JEFFREY BOUTWELL, PHD<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116 | TRUSTEE<br>1.00                  | 0.            | 0.                   | 0.                   |
| ROBERT C. BOUTWELL<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116    | TRUSTEE<br>1.00                  | 0.            | 0.                   | 0.                   |
| BARBARA BULA<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116          | TRUSTEE<br>1.00                  | 0.            | 0.                   | 0.                   |
| BRENDON BULA<br>2 BOYLSTON STREET, 4TH FLOOR<br>BOSTON, MA 02116          | TRUSTEE<br>1.00                  | 0.            | 0.                   | 0.                   |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                              |                                  | 0.            | 0.                   | 0.                   |

FORM 990-PF

OTHER REVENUE

STATEMENT 15

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

COPY



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

Department of the Treasury  
Internal Revenue Service

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

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

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

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

**US TRUST FIDUCIARY TAX SERVICES**

• The books are in the care of ▶ **225 FRANKLIN STREET - BOSTON, MA 02110**  
Telephone No. ▶ **617-695-9439** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

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