

Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or tax year beginning

, and ending

Name of foundation CHARLES H. HOOD FOUNDATION		A Employer identification number 04-3507847
Number and street (or P.O. box number if mail is not delivered to street address) 2 BOYLSTON STREET, 4TH FLOOR	Room/suite	B Telephone number 617-279-2230
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		C If exemption application is pending, check here ...
G Check all that apply: Initial return Final return Address change Initial return of a former public charity Amended return Name change		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ...
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 72,008,150.	J Accounting method: ☒ Cash Accrual Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	281,358.		N/A	
	2 Check if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,391,087.	1,391,087.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,660,066.			
	b Gross sales price for all assets on line 6a 6,170,716.				
	7 Capital gain net income (from Part IV, line 2)		1,660,066.		
	8 Net short-term capital gain				
	9 Income modifications			6,033.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold ...					
c Gross profit or (loss)					
11 Other income	6,600.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11	3,339,111.	3,051,153.	6,033.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	6,096.	0.		6,096.
	b Accounting fees STMT 4	30,089.	0.		30,089.
	c Other professional fees STMT 5	101,646.	88,323.		13,323.
	17 Interest	4,142.	0.		0.
	18 Taxes STMT 6	56,398.	35,359.		1,039.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	15,803.	0.		15,803.
	22 Printing and publications				
	23 Other expenses STMT 7	332,834.	0.		332,834.
	24 Total operating and administrative expenses. Add lines 13 through 23	547,008.	123,682.		399,184.
	25 Contributions, gifts, grants paid	2,150,250.			2,150,250.
26 Total expenses and disbursements. Add lines 24 and 25	2,697,258.	123,682.		2,549,434.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	641,853.				
b Net investment income (if negative, enter -0-)		2,927,471.			
c Adjusted net income (if negative, enter -0-)			6,033.		

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	383,193.	204,648.	204,648.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	34,837,751.	35,440,583.	35,440,583.
	c Investments - corporate bonds STMT 9	13,292,160.	13,614,650.	13,614,650.
	11 Investments - land, buildings, and equipment: basis			
Liabilities	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	14,795,058.	18,742,212.	18,742,212.
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	15 Other assets (describe STATEMENT 11)	3,369,961.	4,006,057.	4,006,057.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	66,678,123.	72,008,150.	72,008,150.
	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 ☒ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds ...	7,377,368.	12,707,395.	
	29 Total net assets or fund balances	66,678,123.	72,008,150.	
	30 Total liabilities and net assets/fund balances	66,678,123.	72,008,150.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	66,678,123.
2 Enter amount from Part I, line 27a	2	641,853.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN	3	5,298,086.
4 Add lines 1, 2, and 3	4	72,618,062.
5 Decreases not included in line 2 (itemize) LOSS ON ALTERNATIVE INVESTMENTS	5	609,912.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	72,008,150.

Form 990-PF (2023)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a 6,170,716.		4,510,650.	1,660,066.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			1,660,066.		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	1,660,066.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }			3	N/A	

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	40,692.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) _____			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____		2	0.
3 Add lines 1 and 2 _____		3	40,692.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- _____		5	40,692.
6 Credits/Payments:			
a 2023 estimated tax payments and 2022 overpayment credited to 2023 _____	6a	42,027.	
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	42,027.	
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached _____	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed _____	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid _____	10	1,335.	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 1,335. Refunded _____	11	0.	

Form 990-PF (2023)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		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 Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>MA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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 <u>STMT 12</u>	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTPS://HRIA.ORG/TMF/HOOD/</u>		
14 The books are in care of <u>AAFPCPAS, INC.</u> Telephone no. <u>508-366-9100</u> Located at <u>50 WASHINGTON STREET, WESTBOROUGH, MA</u> ZIP+4 <u>01581</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ☐ and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> N/A		
16 At any time during calendar year 2023, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Form **990-PF** (2023)

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

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

1a During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

1a(1) Yes No X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

1a(2) Yes No X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

1a(3) Yes No X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

1a(4) X Yes No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?

1a(5) Yes No X

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)

1a(6) Yes No X

b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

1b Yes No X

c Organizations relying on a current notice regarding disaster assistance, check here ☐**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?

1d Yes No 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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?

2a Yes No X

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 Yes No

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

3a X Yes No

b If "Yes," did it have excess business holdings in 2023 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 2023.)

3b Yes No X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

4a Yes No 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 2023?

4b Yes No X

Form 990-PF (2023)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)	X	
5a(5)		X
5b		X
5d	X	
6a		X
6b		X
7a		X
7b		
8		X

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**c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A****8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**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 13		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

Form 990-PF (2023)

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION - 2 BOYLSTON STREET, 4TH FLOOR, BOSTON, MA 02116	ADMINISTRATIVE FEES	256,489.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	75,000.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 MULBERRY BIOTHERAPEUTICS INC. - WELLESLEY, MA CONVERTIBLE PROMISSORY NOTE	250,000.
2 PLAKOUS THERAPEUTICS - WINSTOM-SALEM, NC CONVERTIBLE PROMISSORY NOTE	250,000.
All other program-related investments. See instructions.	
3	
SEE STATEMENT 14	425,000.
Total. Add lines 1 through 3	925,000.

Form 990-PF (2023)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	53,138,962.
b	Average of monthly cash balances	1b	401,650.
c	Fair market value of all other assets (see instructions)	1c	13,979,158.
d	Total (add lines 1a, b, and c)	1d	67,519,770.
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	67,519,770.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,012,797.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	66,506,973.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	3,325,349.

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

1	Minimum investment return from Part IX, line 6	1	3,325,349.
2a	Tax on investment income for 2023 from Part V, line 5	2a	40,692.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	40,692.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,284,657.
4	Recoveries of amounts treated as qualifying distributions	4	156,033.
5	Add lines 3 and 4	5	3,440,690.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	3,440,690.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,549,434.
b	Program-related investments - total from Part VIII-B	1b	925,000.
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	3,474,434.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				3,440,690.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			3,301,908.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 3,474,434.				
a Applied to 2022, but not more than line 2a ...			3,301,908.	
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 2023 distributable amount				172,526.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2023 (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 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				3,268,164.
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 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2019 ...				
b Excess from 2020 ...				
c Excess from 2021 ...				
d Excess from 2022 ...				
e Excess from 2023 ...				

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, 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	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

c Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH 11400 ROCKVILLE PIKE, SUITE 600 NORTH BETHESDA, MD 20852		PC	SPECIAL GRANT SUPPORT FOR THE PEDIATRIC MEDICAL DEVICE PUBLIC PRIVATE PARTNERSHIP (DESIGN PHASE)	15,000.
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215		PC	SPECIAL GRANT SUPPORT FOR THE ENDOWED CHAIR FOR DR. STEVEN FREEDMAN, IN HONOR OF JUDY HOOD	100,000.
HARVARD MEDICAL SCHOOL P.O. BOX 415649 BOSTON, MA 02241		PC	CHARLES AWARD IN PEDIATRIC HEALTH [CHARLES H. HOOD ALUMNI RECOGNITION FOR LEADERSHIP, EXCELLENCE	100,000.
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS, 11 ROPE FERRY ROAD HANOVER, NH 03755		PC	MAJOR GRANT - DECREASING HARMS AND IMPROVING CHILD HEALTH: AN INTERVENTION TO REDUCE	70,250.
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL C/O BANK OF AMERICA, 222 BROADWAY ST NEW YORK, NY 10038		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF MARCO IN PEDIATRIC CANCER	82,500.
Total SEE CONTINUATION SHEET(S)			3a	2,150,250.
b <i>Approved for future payment</i>				
YALE UNIVERSITY C/O BANK OF AMERICA MERRILL LYNCH 100 WEST 33RD STREET NEW YORK, NY 10001		PC	CHILD HEALTH RESEARCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH THROUGH TRANSLATION OF EVALUATIVE INSTRUMENTS	100,000.
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA, N.A PO BOX 414876 BOSTON, MA 02241		PC	CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH GENETIC, EPIGENETIC AND STEM	100,000.
BOSTON COLLEGE 140 COMMONWEALTH AVE (129 LAKE ST, 440) CHESTNUT HILL, MA 02467		PC	CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS TREATMENT OUTCOMES AND POST-TB LUNG	100,000.
Total SEE CONTINUATION SHEET(S)			3b	1,070,000.

Form 990-PF (2023)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	1,391,087.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	1,660,066.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a RETURNED GRANT FUNDS						6,033.
b OTHER INVESTMENT INCOME						567.
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0.		3,051,153.		6,600.
13 Total. Add line 12, columns (b), (d), and (e)						3,057,753.

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

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

[illegible]

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
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
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. 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.		

[illegible]

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		

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.					May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No
	Signature of officer or trustee		Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN	
	JOYCE RIPIANZI, CPA	JOYCE RIPIANZI, C	11/06/24		P00548581	
	Firm's name AAFCPAS, INC.			Firm's EIN 04-2571780		
	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581			Phone no. 508-366-9100		

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

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
149 MEDICAL, INC. 1173 MAIN STREET BOLTON, MA 01740		150,000.	04/17/20	150,000.	06/10/22
Purpose of Grant TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORT - 8/16/2023		Diversions by Grantee NONE, SEE BELOW			
Results of Verification 149 MEDICAL DISSOLVED IN 2023. PRIOR TO THIS, THE TRUSTEES MET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTENDED 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
ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 5/26/2023, 6/12/2023, 12/12/2023, 6/12/2024		Diversion by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 3 ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139	250,000.	12/21/20	250,000.	07/21/23
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORTS - 7/21/2023, 8/23/2023, 6/24/2024		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH LEBANON, NH 03766		250,000.	05/10/21	250,000.	08/23/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS -2/22/2023, 8/23/2023, 9/7/2023, 3/5/2024, 5/18/2024, 6/6/2024, 7/3/2024, 7/26/2024, 9		Divisions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH LEBANON, NH 03766		25,000.	07/10/23	25,000.	09/13/24
Purpose of Grant TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS -2/22/2023, 8/23/2023, 9/7/2023, 3/5/2024, 5/18/2024, 6/6/2024, 7/3/2024, 7/26/2024, 9		Divisions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 6	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		150,000.	07/15/20	150,000.	07/16/21
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 8/14/2023, 10/30/2023, 1/8/2024, 9/24/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 7 BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478	100,000.	11/15/22	100,000.	08/14/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORTS - 8/14/2023, 10/30/2023, 1/8/2024, 9/24/2024		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 8	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC. 120 BEDFORD ROAD WOBURN, MA 01801		250,000.	06/26/17	250,000.	08/02/21
Purpose of Grant THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 1/5/2023, 8/24/2023, 6/3/2024, 10/1/2024		Diversion by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 9	Grant Amount	Date of Grant	Amount Expended	Verification Date
DECK THERAPEUTICS, INC. 8 HARVARD LANE HASTINGS ON HUDSON, NY 10706		200,000.	10/12/22	200,000.	05/02/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF SEMI-SYNTHETIC OMEGA-3 COMPOUNDS THAT BLOCK MULTIPLE CELL-DEATH PATHWAYS INDUCED BY HYPOXIC-ISCHEMIC INJURY IN NEONATES.					
Date of Reports by Grantee PRI REPORTS - 3/1/2023, 6/20/2023, 7/24/2023, 10/19/2023, 5/2/2023		Divisions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH DECK THERAPEUTICS, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 10 INKSPACE IMAGING, INC. 5635 W LAS POSITAS BLVD, STE. 403/404 PLEASANTON, CA 94588	250,000.	10/20/22	250,000.	08/12/24
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF FLEXIBLE, LIGHTWEIGHT, LOW COST MRI COILS DESIGNED SPECIFICALLY FOR PEDIATRIC PATIENTS, WHILE ALSO IMPROVING IMAGE RESOLUTION AND REDUCING MRI FAILURE RATES.				
Date of Reports by Grantee PRI REPORTS - 6/5/2023, 8/12/2024		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH INKSPACE IMAGING, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 11 MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22
Purpose of Grant TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.				
Date of Reports by Grantee PRI REPORTS - 1/27/2023, 7/3/2023, 9/12/2023, 10/2023, 6/4/2024, 6/5/2024		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 12	Grant Amount	Date of Grant	Amount Expended	Verification Date
MULBERRY BIOTHERAPEUTICS INC. 40 WALNUT STREET, SUITE 301 WELLESLEY, MA 02481		250,000.	12/26/23	0.	06/11/24
Purpose of Grant TO SUPPORT PRECLINICAL WORK RELATING TO THE DEVELOPMENT OF A BACTERIA-MEDIATED THERAPY FOR NEUROFIBROMATOSIS TYPE 2.					
Date of Reports by Grantee PRI REPORT - 6/11/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH MULBERRY BIOTHERAPEUTICS INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 13 NICOLETTE, INC 100 W. BROADWAY, SUITE 3000 LONG BEACH, CA 90802	200,000.	12/23/21	200,000.	06/17/24
Purpose of Grant TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.				
Date of Reports by Grantee PRI REPORT - 7/26/2023, 4/10/2024, 6/17/2024		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 14	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		7,000.	07/27/17	7,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 1/27/2023, 4/27/2023, 5/25/2023, 8/3/2023, 11/08/2023, 5/31/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 15	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	12/30/15	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 1/27/2023, 4/27/2023, 5/25/2023, 8/3/2023, 11/08/2023, 5/31/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 16	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/27/16	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 1/27/2023, 4/27/2023, 5/25/2023, 8/3/2023, 11/08/2023, 5/31/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 17	Grant Amount	Date of Grant	Amount Expended	Verification Date
NOVONATE, INC. 395 OYSTER POINT BLVD, SUITE 501 SOUTH SAN FRANCISCO, CA 94080		150,000.	08/03/22	150,000.	07/27/23
Purpose of Grant TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC BY DEVELOPING MEDICAL DEVICES FOR PATIENTS IN THE NEONATAL INTENSIVE CARE UNIT.					
Date of Reports by Grantee PRI REPORTS - 7/25/2023, 7/27/2023		Divisions by Grantee NONE, SEE BELOW			
Results of Verification NOVONATE WAS ACQUIRED IN 2023 AND THE \$150,000 WAS REPAID TO THE FOUNDATION. PRIOR TO THIS, THE TRUSTEES MET WITH NOVONATE, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEWED THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 18	Grant Amount	Date of Grant	Amount Expended	Verification Date
NURTURE GENOMICS CAMBRIDGE INNOVATION CENTER, ONE BROADWAY, KENDALL SQUARE CAMBRIDGE, MA 02142		250,000.	12/26/23	11,974.	06/23/24
Purpose of Grant TO SUPPORT THE PRE-COMMERCIAL AND PILOT DEVELOPMENT OF A SCREENING AND TELEHEALTH PLATFORM TO PROVIDE GENETIC INSIGHTS THAT HELP PARENTS AND THEIR MEDICAL PROVIDERS BETTER UNDERSTAND RISKS FROM CHILDBIRTH INTO ADOLESCENCE.					
Date of Reports by Grantee PRI REPORT - 6/23/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NURTURE GENOMICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 19	Grant Amount	Date of Grant	Amount Expended	Verification Date
PLAKOUS THERAPEUTICS 755 HIGHLAND OAKS DR, SUITE 103 WINSTON-SALEM, NC 27103		250,000.	07/03/23	250,000.	02/02/24
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A BIOLOGIC TO TREAT BABIES DIAGNOSED OR AT RISK OF DEVELOPING NECROTIZING ENTEROCOLITIS (NEC).					
Date of Reports by Grantee PRI REPORTS - 8/10/2023, 2/2/2024, 6/6/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH PLAKOUS THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 20	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005		250,000.	07/02/18	250,000.	09/10/20
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 3/1/2023, 6/22/2023, 7/10/2023, 9/1/2023, 11/1/2023, 6/17/2024, 9/24/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	NO. 21	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005		50,000.	12/20/23	50,000.	09/24/24
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 3/1/2023, 6/22/2023, 7/10/2023, 9/1/2023, 11/1/2023, 6/17/2024, 9/24/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	NO. 22	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC. 150 CHESTNUT STREET, SUITE C PROVIDENCE, RI 02903		99,997.	07/25/22	99,997.	05/30/23
Purpose of Grant TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.					
Date of Reports by Grantee PRI REPORTS - 2/15/2023, 5/30/2023, 12/22/2023, 5/30/2024, 9/3/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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
NO. 23 SMOLTAP, INC. 150 CHESTNUT STREET, SUITE C PROVIDENCE, RI 02903	100,000.	09/11/23	100,000.	05/30/24
Purpose of Grant TO SUPPORT THE PERFORMANCE OF SCIENTIFIC RESEARCH TO DEVELOP A NOVEL DEVICE WHICH HOLDS AN INFANT STABLE DURING THE LUMBER PUNCTURE PROCEDURE WHEN ADMINISTERING A SPINAL TAP TO DIAGNOSE MENINGITIS IN IN FEBRILE INFANTS UP TO FOUR WEEKS OLD.				
Date of Reports by Grantee PRI REPORTS - 2/15/2023, 5/30/2023, 12/22/2023, 5/30/2024, 9/3/2024		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH SMOLTAP, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	NO. 24	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS 2450 HOLCOMBE BLVD., SUITE X HOUSTON, TX 77021		250,000.	04/08/19	250,000.	05/18/21
Purpose of Grant FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.					
Date of Reports by Grantee PRI REPORTS - 3/2/2023, 5/25/2023, 6/29/2023, 3/6/2024, 4/11/2024, 6/12/2024		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	NO. 25	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC. 166 MAIN STREET BURLINGTON, VT 05401		150,000.	05/17/18	150,000.	02/11/19
Purpose of Grant FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 2/20/2023, 5/16/2023, 6/2/2023, 7/5/2023, 9/28/2023, 11/1/2023, 2/1/2024, 6/4/		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF AIRWAY NEURONS IN CHILDHOOD ASTHMA	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF	82,500.
YALE SCHOOL OF MEDICINE PO BOX 208239 NEW HAVEN, CT 06520		PC	CHILD HEALTH RESEARCH AWARD - NEURAL MARKERS OF CHRONIC, PERSISTENT PEDIATRIC IRRITABILITY	82,500.
BRIGHAM AND WOMEN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT SUBPOPULATIONS ENABLING NEURON-GLIOMA	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DISSECTING IMMUNE-STROMAL INTERACTIONS TO DISCOVER NOVEL	82,500.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE AND MECHANISM OF MAKORIN RING FINGER PROTEIN 3 IN CHILDREN WITH	40,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 1295 BOYLSTON STREET, 4TH FL. BOSTON, MA 02215		PC	CHILD HEALTH RESEARCH AWARD - MACHINE-LEARNING PREDICTION MODEL FOR PERSONALIZED URINARY	40,000.
BROWN UNIVERSITY CASHIER OFFICE, BOX 1997, 69 BROWN STREET, 2ND FLOOR PROVIDENCE, RI 02912		PC	CHILD HEALTH RESEARCH AWARD - DEVELOPMENT OF A HIGH EFFICACY NON-CAPSID NOROVIRUS VACCINE	40,000.
HARVARD MEDICAL SCHOOL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD VIRAL INFECTION AND ASTHMA	40,000.
WORCESTER POLYTECHNIC INSTITUTE C/O TD BANK, 370 MAIN ST WORCESTER, MA 01608		PC	CHILD HEALTH RESEARCH AWARD - ROLE OF HETEROTRIMERIC G PROTEINS IN CILIA ASSEMBLY AND	40,000.
Total from continuation sheets				1,782,500.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YALE UNIVERSITY C/O BANK OF AMERICA MERRILL LYNCH 100 WEST 33RD STREET NEW YORK, NY 10001		PC	CHILD HEALTH RESEARCH AWARD - DIAGNOSIS OF PEDIATRIC MALIGNANCIES USING DEVELOPMENTAL MAPPING AND MACHINE	40,000.
YALE UNIVERSITY C/O BANK OF AMERICA MERRILL LYNCH 100 WEST 33RD STREET NEW YORK, NY 10001		PC	CHILD HEALTH RESEARCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH THROUGH TRANSLATION OF EVALUATIVE INSTRUMENTS	100,000.
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA, N.A PO BOX 414876 BOSTON, MA 02241		PC	CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH GENETIC, EPIGENETIC AND STEM	100,000.
BOSTON COLLEGE 140 COMMONWEALTH AVE (129 LAKE ST, 440) CHESTNUT HILL, MA 02467		PC	CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS TREATMENT OUTCOMES AND POST-TB LUNG	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF LANGUAGE GROWTH IN PRESCHOOL-AGED	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES MALADAPTATION OF THE PREMATURE	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE INTESTINAL EPITHELIAL METABOLISM,	100,000.
BRIGHAM AND WOMEN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF MESENCHYMAL STEM CELLS TO ENHANCE IMMUNE FUNCTION IN A MODEL OF	100,000.
DARTMOUTH-HITCHCOCK CLINIC RESEARCH OPERATIONS, 1 MEDICAL CENTER DRIVE LEBANON, NH 03756		PC	CHILD HEALTH RESEARCH AWARD - EVALUATING MECHANISMS OF ENVIRONMENTAL CHEMICAL EXPOSURE WITH	130,000.
Total from continuation sheets				

3 Grants and Contributions Paid During the Year (Continuation)

323631
04-01-23

Part XIV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF LANGUAGE GROWTH IN PRESCHOOL-AGED	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES MALADAPTATION OF THE PREMATURE	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE INTESTINAL EPITHELIAL METABOLISM,	100,000.
BRIGHAM AND WOMEN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF MESENCHYMAL STEM CELLS TO ENHANCE IMMUNE FUNCTION IN A MODEL OF	100,000.
DARTMOUTH-HITCHCOCK CLINIC RESEARCH OPERATIONS, 1 MEDICAL CENTER DRIVE LEBANON, NH 03756		PC	CHILD HEALTH RESEARCH AWARD - EVALUATING MECHANISMS OF ENVIRONMENTAL CHEMICAL EXPOSURE WITH	70,000.
MASSACHUSETTS EYE AND EAR INFIRMARY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - ADVANCING THE RETINOIC ACID SIGNALING ACTIVATOR AS A NOVEL THERAPEUTIC IN	100,000.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - DECIPHERING THE MECHANISM UNDERLYING SHORT- AND LONG-TERM AIRWAY	100,000.
Total from continuation sheets				770,000.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

CHARLES AWARD IN PEDIATRIC HEALTH [CHARLES H. HOOD ALUMNI RECOGNITION
FOR LEADERSHIP, EXCELLENCE AND SERVICE] - DETECTING PEDIATRIC GROWTH
DISORDERS USING AI

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

Part XIV Supplementary Information

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

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - SUPPORTING REFUGEE MENTAL HEALTH THROUGH
TRANSLATION OF EVALUATIVE INSTRUMENTS AND THROUGH A PREVENTIVE MENTAL
HEALTH INTERVENTION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH
GENETIC, EPIGENETIC AND STEM CELL APPROACHES.

NAME OF RECIPIENT - BOSTON COLLEGE

CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS
TREATMENT OUTCOMES AND POST-TB LUNG FUNCTIONING AND QUALITY OF LIFE IN
RURAL SOUTH AFRICA

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF
LANGUAGE GROWTH IN PRESCHOOL-AGED CHILDREN WITH DOWN SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO
SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION OF ATTENTION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES
MALADAPTATION OF THE PREMATURE INTESTINE

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE
INTESTINAL EPITHELIAL METABOLISM, AS POSSIBLE TARGETS FOR OBESITY AND
DIABETES

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE OF MESENCHYMAL STEM CELLS TO
ENHANCE IMMUNE FUNCTION IN A MODEL OF NEONATAL INFECTION

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - EVALUATING MECHANISMS OF ENVIRONMENTAL
CHEMICAL EXPOSURE WITH DEVELOPING ZEBRAFISH URINARY SYSTEM

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR INFIRMARY

CHILD HEALTH RESEARCH AWARD - ADVANCING THE RETINOIC ACID SIGNALING

Part XIV Supplementary Information

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

ACTIVATOR AS A NOVEL THERAPEUTIC IN MOUSE MODELS OF RETINAL
DEGENERATION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - DECIPHERING THE MECHANISM UNDERLYING
SHORT- AND LONG-TERM AIRWAY HYPERRESPONSIVENESS FOLLOWING EARLY-LIFE
RSV INFECTION

Part XIV 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 - SUPPORTING REFUGEE MENTAL HEALTH THROUGH
TRANSLATION OF EVALUATIVE INSTRUMENTS AND THROUGH A PREVENTIVE MENTAL
HEALTH INTERVENTION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH
GENETIC, EPIGENETIC AND STEM CELL APPROACHES.

NAME OF RECIPIENT - BOSTON COLLEGE

CHILD HEALTH RESEARCH AWARD - IMPROVING CHILDHOOD TUBERCULOSIS
TREATMENT OUTCOMES AND POST-TB LUNG FUNCTIONING AND QUALITY OF LIFE IN
RURAL SOUTH AFRICA

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - IDENTIFYING EEG-BASED BIOMARKERS OF
LANGUAGE GROWTH IN PRESCHOOL-AGED CHILDREN WITH DOWN SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - CHARACTERIZING THE ROLE OF TWO
SUBCORTICAL NUCLEI IN PREFRONTAL REGULATION OF ATTENTION

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - POSTNATAL EXPOSURE TO HYPEROXIA CAUSES
MALADAPTATION OF THE PREMATURE INTESTINE

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - ROLE OF XENOBIOTIC PATHWAYS TO MODULATE

Part XIV Supplementary Information

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

INTESTINAL EPITHELIAL METABOLISM, AS POSSIBLE TARGETS FOR OBESITY AND
DIABETES

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - THE ROLE OF MESENCHYMAL STEM CELLS TO
ENHANCE IMMUNE FUNCTION IN A MODEL OF NEONATAL INFECTION

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - EVALUATING MECHANISMS OF ENVIRONMENTAL
CHEMICAL EXPOSURE WITH DEVELOPING ZEBRAFISH URINARY SYSTEM

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR INFIRMARY

CHILD HEALTH RESEARCH AWARD - ADVANCING THE RETINOIC ACID SIGNALING
ACTIVATOR AS A NOVEL THERAPEUTIC IN MOUSE MODELS OF RETINAL
DEGENERATION

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - DECIPHERING THE MECHANISM UNDERLYING
SHORT- AND LONG-TERM AIRWAY HYPERRESPONSIVENESS FOLLOWING EARLY-LIFE
RSV INFECTION

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	1,379,677.	0.	1,379,677.	1,379,677.	
INTEREST INCOME	11,410.	0.	11,410.	11,410.	
TO PART I, LINE 4	1,391,087.	0.	1,391,087.	1,391,087.	

FORM 990-PF

OTHER INCOME

STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURNED GRANT FUNDS	6,033.	0.	
OTHER INVESTMENT INCOME	567.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	6,600.	0.	

FORM 990-PF

LEGAL FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	6,096.	0.		6,096.
TO FM 990-PF, PG 1, LN 16A	6,096.	0.		6,096.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & TAX PREPARATION FEES	30,089.	0.		30,089.
TO FORM 990-PF, PG 1, LN 16B	30,089.	0.		30,089.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES - US TRUST	26,646.	13,323.		13,323.
INVESTMENT CONSULTING	75,000.	75,000.		0.
TO FORM 990-PF, PG 1, LN 16C	101,646.	88,323.		13,323.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOR 2023	20,000.	0.		0.
MA FORM PC FILING FEE	1,039.	0.		1,039.
FOREIGN TAXES	35,359.	35,359.		0.
TO FORM 990-PF, PG 1, LN 18	56,398.	35,359.		1,039.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSES	5,795.	0.		5,795.
HRIA ADMINISTRATIVE COSTS	256,489.	0.		256,489.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	24,633.	0.		24,633.
MARKETING	19,386.	0.		19,386.
HONORARIA	18,650.	0.		18,650.
EVENT EXPENSE	7,881.	0.		7,881.
TO FORM 990-PF, PG 1, LN 23	332,834.	0.		332,834.

FORM 990-PF	CORPORATE STOCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITIES	25,644,572.	25,644,572.
FOREIGN SECURITIES	9,796,011.	9,796,011.
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,440,583.	35,440,583.

FORM 990-PF	CORPORATE BONDS	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	13,614,650.	13,614,650.
TOTAL TO FORM 990-PF, PART II, LINE 10C	13,614,650.	13,614,650.

FORM 990-PF		OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
REAL ESTATE	FMV	4,763,054.	4,763,054.	
ALTERNATIVE INVESTMENTS	FMV	13,979,158.	13,979,158.	
TOTAL TO FORM 990-PF, PART II, LINE 13		18,742,212.	18,742,212.	

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	3,369,961.	4,006,057.	4,006,057.
TO FORM 990-PF, PART II, LINE 15	3,369,961.	4,006,057.	4,006,057.

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES
PART VI-A, LINE 11

STATEMENT 12

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

COPY

FORM 990-PF

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

STATEMENT 13

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

FORM 990-PF

OTHER PROGRAM-RELATED INVESTMENTS

STATEMENT 14

DESCRIPTION

AMOUNT

NURTURE GENOMICS - CAMBRIDGE, MA
SIMPLE AGREEMENT FOR FUTURE EQUITY

250,000.

DESCRIPTION

AMOUNT

ARGUS COGNITIVE, INC. - LEBANON, NH
SIMPLE AGREEMENT FOR FUTURE EQUITY

25,000.

DESCRIPTION

AMOUNT

SMOLTAP, INC. - PROVIDENCE, RI
SERIES SEED PREFERRED STOCK INVESTMENT

100,000.

DESCRIPTION

AMOUNT

PRAPELA, LLC - BIDDEFORD, ME
CONVERTIBLE PROMISSORY NOTE

50,000.

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

425,000.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name	Employer Identification Number
CHARLES H. HOOD FOUNDATION	04-3507847

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN LIMITED	140,451.
FEDERAL CONTRIBUTION - 50% CASH	90.
MA NET OPERATING LOSS	140,451.

COPY

FEIN: 04-3507847

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W

FEIN: 04-3507847

Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

[illegible]

FEIN: 04-3507847

Type and Entity: NOL MA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

[illegible]

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **AAFCPAS, INC.**
50 WASHINGTON STREET - WESTBOROUGH, MA 01581

Telephone No. **508-366-9100** Fax No. _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	22,027.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

EXTENDED TO NOVEMBER 15, 2023

Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or tax year beginning

, and ending

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

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

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	679,672.	383,193.	383,193.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	45,446,070.	34,837,751.	34,837,751.
	c Investments - corporate bonds STMT 10	17,200,112.	13,292,160.	13,292,160.
	11 Investments - land, buildings, and equipment: basis			
Liabilities	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	13,066,723.	14,795,058.	14,795,058.
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	15 Other assets (describe STATEMENT 12)	2,569,964.	3,369,961.	3,369,961.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	78,962,541.	66,678,123.	66,678,123.
	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 ☒ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	19,661,786.	7,377,368.	
	29 Total net assets or fund balances	78,962,541.	66,678,123.	
	30 Total liabilities and net assets/fund balances	78,962,541.	66,678,123.	

Part III Analysis of Changes in Net Assets or Fund Balances

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

Form 990-PF (2022)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES				
b CAPITAL GAINS DIVIDENDS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 2,816,232.		2,570,993.	245,239.	
b 367,701.			367,701.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			245,239.	
b			367,701.	
c				
d				
e				
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2 612,940.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3 N/A

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

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

Form 990-PF (2022)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		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 Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>MA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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 <u>STMT 13</u>	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTPS://HRIA.ORG/TMF/HOOD/</u>		
14 The books are in care of <u>AAFPCAS, INC.</u> Telephone no. <u>508-366-9100</u> Located at <u>50 WASHINGTON STREET, WESTBOROUGH, MA</u> ZIP+4 <u>01581</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ☐ and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u>		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Form **990-PF** (2022)

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

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

1a During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

1a(1) Yes No X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

1a(2) Yes No X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

1a(3) Yes No X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

1a(4) X Yes No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?

1a(5) Yes No X

(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)

1a(6) Yes No X

b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

1b Yes No X

c Organizations relying on a current notice regarding disaster assistance, check here ☐**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?

1d Yes No 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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?

2a Yes No X

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 Yes No

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. _____**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

3a X Yes No

b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)

3b Yes No X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

4a Yes No 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 2022?

4b Yes No X

Form 990-PF (2022)

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

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)	X	
5a(5)		X
5b		X
5d	X	
6a		X
6b		X
7a		X
7b		
8		X

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

c Organizations relying on a current notice regarding disaster assistance, check here ☐

d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

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

N/A

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

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

Form 990-PF (2022)

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

Part VIII-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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

Form 990-PF (2022)

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

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

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

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

Part XI Qualifying Distributions (see instructions)

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

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				3,363,360.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			3,892,877.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 3,954,329.				
a Applied to 2021, but not more than line 2a ...			3,892,877.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				61,452.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				3,301,908.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

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

N/A

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

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

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

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

c Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

Form 990-PF (2022)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

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

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

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

[illegible]

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

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

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 4 ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472	100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORTS - 6/14/2022, 12/1/2022, 5/26/2023, 6/12/2023		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.				

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

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

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

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

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 11 BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478	150,000.	07/15/20	150,000.	07/16/21
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORTS - 1/27/2022, 5/16/2022, 6/22/2022, 12/11/2022, 8/14/2023		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

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

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 2 BREEGI SCIENTIFIC, INC. 120 BEDFORD ROAD WOBURN, MA 01801	250,000.	06/26/17	250,000.	08/02/21
Purpose of Grant THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORTS - 6/13/2022, 9/13/2022, 1/5/2023, 8/24/2023		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

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

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

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

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 12 MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22
Purpose of Grant TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.				
Date of Reports by Grantee PRI REPORT - 2/10/2022, 8/26/2022, 12/19/2022, 7/3/2023		Divisions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 14 NICOLETTE, INC 100 W. BROADWAY, SUITE 3000 LONG BEACH, CA 90802	200,000.	12/23/21	194,650.	07/26/23
Purpose of Grant TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.				
Date of Reports by Grantee PRI REPORT - 1/3/2022, 5/2/2022, 7/26/2023		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

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

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

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

Recipient's Name and Address	NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/27/16	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORT - 4/28/2023, 5/25/2023		Divisions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

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

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

Recipient's Name and Address	NO.	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005	7	250,000.	07/02/18	250,000.	09/10/20
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORTS - 5/6/2022, 3/1/2023, 6/22/2023, 7/10/2023		NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

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

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

Recipient's Name and Address	NO. 8	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS 2450 HOLCOMBE BLVD., SUITE X HOUSTON, TX 77021		250,000.	04/08/19	250,000.	05/18/21
Purpose of Grant FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.					
Date of Reports by Grantee PRI REPORTS - 2/17/22, 5/11/22, 9/30/2022, 3/2/2023, 5/25/2023, 6/29/2023		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

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

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

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

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

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

Part XIV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

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

Part XIV Supplementary Information**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

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

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

Part XIV Supplementary Information

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

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL
DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

223655 04-01-22

Part XIV Supplementary Information

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

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

NAME OF RECIPIENT - RHODE ISLAND HOSPITAL

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

Part XIV Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

Part XIV Supplementary Information

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

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

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

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

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

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

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

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

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

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

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

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

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

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

FORM 990-PF

OTHER ASSETS

STATEMENT 12

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

COPY

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

NAME OF CONTROLLED ENTITY EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR
BOSTON, MA 02116

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

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

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

TRUSTEE
1.00

0. 0. 0.

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

0. 0. 0.

COPY

FORM 990-PF	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 15
-------------	-----------------------------------	--------------

DESCRIPTION	AMOUNT
SMOLTAP - PROVIDENCE, RI SERIES SEED PREFERRED STOCK INVESTMENT	99,997.

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

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

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

FEIN: 04-3507847

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W

FEIN: 04-3507847

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

FEIN: 04-3507847

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to 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.

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

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

AAFCPAS, INC.

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

Telephone No. ► **508-366-9100**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ **04**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

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

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

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

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

Return of Private Foundation

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

OMB No. 1545-0047

2021

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021 or tax year beginning

, and ending

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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 ☒ if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		1,409,322.	1,409,322.		STATEMENT 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		5,213,285.			
b Gross sales price for all assets on line 6a 17,741,571.					
7 Capital gain net income (from Part IV, line 2)			5,213,285.		
8 Net short-term capital gain					
9 Income modifications				1,021.	
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		73,725.	72,704.		STATEMENT 4
12 Total. Add lines 1 through 11		6,696,332.	6,695,311.	1,021.	
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees STMT 5		6,919.	0.		6,919.
b Accounting fees STMT 6		20,722.	0.		20,722.
c Other professional fees STMT 7		110,918.	92,959.		17,959.
17 Interest					
18 Taxes STMT 8		123,306.	52,006.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		6,671.	0.		6,671.
22 Printing and publications					
23 Other expenses STMT 9		259,460.	0.		259,460.
24 Total operating and administrative expenses. Add lines 13 through 23		527,996.	144,965.		311,731.
25 Contributions, gifts, grants paid		2,365,000.			2,365,000.
26 Total expenses and disbursements. Add lines 24 and 25		2,892,996.	144,965.		2,676,731.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		3,803,336.			
b Net investment income (if negative, enter -0-)			6,550,346.		
c Adjusted net income (if negative, enter -0-)				1,021.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	388,809.	679,672.	679,672.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	51,980,735.	45,446,070.	45,446,070.
	c Investments - corporate bonds STMT 11	15,513,323.	17,200,112.	17,200,112.
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 12	3,465,892.	13,066,723.	13,066,723.
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
15 Other assets (describe) STATEMENT 13)	2,119,964.	2,569,964.	2,569,964.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	73,468,723.	78,962,541.	78,962,541.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe))			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ☐ and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions ☒ Foundations that do not follow FASB ASC 958, check here ☒ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	59,300,755.	59,300,755.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	14,167,968.	19,661,786.	
	29 Total net assets or fund balances	73,468,723.	78,962,541.	
	30 Total liabilities and net assets/fund balances	73,468,723.	78,962,541.	

Part III Analysis of Changes in Net Assets or Fund Balances

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

Form 990-PF (2021)

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	91,050.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	91,050.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	91,050.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	81,220.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	9,234.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	90,454.	
8 Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8	439.	
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	1,035.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax ☐ Refunded ☐	11		

Form 990-PF (2021)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		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 Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>MA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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 <u>STMT 14</u>	X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>HTTPS://HRIA.ORG/TMF/HOOD/</u>		
14 The books are in care of ▶ <u>AAFCPAS</u> Telephone no. ▶ <u>508-366-9100</u> Located at ▶ <u>50 WASHINGTON STREET, WESTBOROUGH, MA</u> ZIP+4 ▶ <u>01581</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

Form **990-PF** (2021)

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

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

1a During the year, did the foundation (either directly or indirectly):(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐1a(1) ☒ Yes ☐ No(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐1a(2) ☐ Yes ☒ No(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐1a(3) ☐ Yes ☒ No(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐1a(4) ☒ Yes ☐ No(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after

1a(5) ☐ Yes ☒ Notermination of government service, if terminating within 90 days.) ☐1a(6) ☐ Yes ☒ 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 ☐1b ☐ Yes ☒ No**c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? ☐1d ☐ Yes ☒ No**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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? ☐2a ☐ Yes ☒ NoIf "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 ☐ Yes ☐ No**c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ☐**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐3a ☒ Yes ☐ No**b** If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) ☐3b ☐ Yes ☒ No**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? ☐4a ☐ Yes ☒ No**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? ☐4b ☐ Yes ☒ No

Form 990-PF (2021)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)	X	
5a(5)		X

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

5b		X
----	--	---

c Organizations relying on a current notice regarding disaster assistance, check here ☐**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

5d	X	
----	---	--

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

6a		X
----	--	---

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

6b		X
----	--	---

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

7a		X
----	--	---

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

N/A

7b		
----	--	--

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

8		X
---	--	---

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

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

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

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

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

0

Form 990-PF (2021)

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

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

Part VIII-A Summary of Direct Charitable Activities

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

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 ARGUS COGNITIVE, INC. - LEBANON, NH CONVERTIBLE PROMISSORY NOTE	250,000.
2 NICOLETTE, INC - LONG BEACH, CA CONVERTIBLE PROMISSORY NOTE	200,000.
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	450,000.

Form 990-PF (2021)

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

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

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

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

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,676,731.
b	Program-related investments - total from Part VIII-B	1b	450,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	3,126,731.

Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

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

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

N/A

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

c Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH

Part XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

Form 990-PF (2021)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

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

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

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

[illegible]

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

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

[illegible]

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		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	PRESIDENT AND TREASURER		May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No
	Signature of officer or trustee	Date	Title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JOYCE RIPIANZI, CPA	JOYCE RIPIANZI, C	11/03/22		P00548581
	Firm's name ▶ AAFCPAS, INC.				Firm's EIN ▶ 04-2571780
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581			Phone no. 508-366-9100	

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 1 NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555	7,000.	07/27/17	7,000.	12/15/17
Purpose of Grant TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.				
Date of Reports by Grantee PRI REPORTS - 2/18/2021, 11/18/2021, 4/28/2022, 5/5/2022		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 2 BREEGI SCIENTIFIC, INC. 120 BEDFORD ROAD WOBURN, MA 01801	250,000.	06/26/17	250,000.	08/02/21
Purpose of Grant THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORTS - 8/2/2021, 8/12/2021, 6/13/2022, 9/13/2022		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH BREEGI SCIENTIFIC, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 3 NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555	150,000.	12/30/15	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORTS - 2/18/2021, 11/18/2021, 4/28/2022, 5/5/2022		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 4 ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472	100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORTS - 5/19/2021, 5/25/2021, 6/14/2022		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH ALDATU BIOSCIENCES, INC. MANAGEMENT ON A REGULAR BASIS AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.				

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

Recipient's Name and Address	NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/27/16	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORT - 2/18/2021, 11/18/2021, 4/28/2022, 5/5/2022		Diversion by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY					

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

Recipient's Name and Address	NO. 6	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC. 166 MAIN STREET BURLINGTON, VT 05401		150,000.	05/17/18	150,000.	02/11/19
Purpose of Grant FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 2/18/2021, 5/17/2021, 9/1/2021, 12/15/2021, 12/22/2021, 5/4/20		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH THINKMD, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	NO.	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005	7	250,000.	07/02/18	250,000.	09/10/20
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORTS - 6/2/2021, 5/6/2022		NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH PRAPELA, LLC MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	NO. 8	Grant Amount	Date of Grant	Amount Expended	Verification Date
STINGRAY THERAPEUTICS 2450 HOLCOMBE BLVD., SUITE X HOUSTON, TX 77021		250,000.	04/08/19	250,000.	05/18/21
Purpose of Grant FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, AN ULTRA-RARE PEDIATRIC BRAIN CANCER, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE.					
Date of Reports by Grantee PRI REPORTS - 1/22/2021, 4/15/2021, 5/18/2021, 7/15/2021, 2/17/2022, 5/11/20		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH STINGRAY THERAPEUTICS MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY.					

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 9 149 MEDICAL, INC. 1173 MAIN STREET BOLTON, MA 01740	150,000.	04/17/20	150,000.	06/10/22
Purpose of Grant TO SUPPORT THE PRE-COMMERCIALIZATION DEVELOPMENT OF A MONITOR THAT MEASURES REAL-TIME BRAIN HEMODYNAMICS AND METABOLISM IN PRETERM NEWBORNS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORT - 06/8/2021, 6/22/2021, 8/31/2021, 9/23/2021, 6/10/2022		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH 149 MEDICAL, INC. ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 10 ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139	250,000.	12/21/20	70,500.	06/11/22
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.				
Date of Reports by Grantee PRI REPORT - 5/24/2021, 7/25/2021, 11/14/2021, 6/11/2022		Diversion by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH ANIDA PHARMA, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 11 BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478	150,000.	07/15/20	150,000.	07/16/21
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORTS - 2/4/2021, 6/17/2021, 12/9/2021, 1/27/2022, 5/16/2022, 6/22/202		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH BIOROSA TECHNOLOGIES, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 12 MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9	250,000.	11/02/20	250,000.	08/26/22
Purpose of Grant TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.				
Date of Reports by Grantee PRI REPORT - 5/18/2021, 8/25/2021, 2/10/2022, 8/26/2022		Divisions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH MESENTECH, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 13 ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH COURT LEBANON, NH 03766	250,000.	05/10/21	210,000.	06/24/22
Purpose of Grant TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.				
Date of Reports by Grantee PRI REPORT - 11/2021, 6/24/2022		Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH ARGUS COGNITIVE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 14 NICOLETTE, INC 100 W. BROADWAY, SUITE 3000 LONG BEACH, CA 90802	200,000.	12/23/21		05/02/22
Purpose of Grant TO DEVELOP AND TEST A TABLET-BASED APPLICATION THAT TRANSLATES DATA PULLED FROM A BABY'S ELECTRONIC MEDICAL RECORD INTO EASILY UNDERSTOOD, SIMPLE SENTENCES COMPLEMENTED BY VISUAL AIDS, SUCH AS GRAPHS AND CHARTS, FOR THE BENEFIT OF THE PUBLIC, INCLUDING PARENTS, IN AN ATTEMPT TO CHANGE THE STANDARD OF CARE BY IMPROVING LIVES, REDUCING MEDICAL ERRORS, AND REDUCING OVERALL HEALTHCARE COSTS.				
Date of Reports by Grantee PRI REPORT - 1/3/2022, 5/2/2022		Divisions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NICOLETTE, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY				

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

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

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

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

Part XIV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

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

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS
AND MACROPHAGE ACTIVATION SYNDROME

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH
ADHD: THE ROLE OF DISCRIMINATION

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

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

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD
CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

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

Part XIV Supplementary Information**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - MCLEAN HOSPITAL

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

NAME OF RECIPIENT - TUFTS MEDICAL CENTER

CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO
UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID
EXPOSURE ON THE BRAIN REWARD SIGNALING

NAME OF RECIPIENT - UNIVERSITY OF CONNECTICUT HEALTH CENTER

CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO
PREVENT RECURRENT PEDIATRIC METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS
INFECTIONS

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL
XENOBIOTICS IN FOOD ALLERGY

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR
SEVERE AND EARLY ONSET FSHD

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

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

NAME OF RECIPIENT - DARTMOUTH-HITCHCOCK CLINIC

CHILD HEALTH RESEARCH AWARD - COMBINING PARP INHIBITOR WITH STANDARD
CHEMOTHERAPY FOR CHILDHOOD ACUTE MYELOID LEUKEMIA

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - EXPLORING THERAPEUTIC OPPORTUNITIES FOR
SEVERE AND EARLY ONSET FSHD

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

COPY

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

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	1,409,321.	0.	1,409,321.	1,409,321.	
INTEREST INCOME	1.	0.	1.	1.	
TO PART I, LINE 4	1,409,322.	0.	1,409,322.	1,409,322.	

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

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

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

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

FORM 990-PF	ACCOUNTING FEES	STATEMENT	6
-------------	-----------------	-----------	---

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

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

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

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

FORM 990-PF	CORPORATE STOCK	STATEMENT 10
-------------	-----------------	--------------

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

FORM 990-PF	CORPORATE BONDS	STATEMENT 11
-------------	-----------------	--------------

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

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 12
-------------	-------------------	--------------

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

FORM 990-PF	OTHER ASSETS	STATEMENT 13
-------------	--------------	--------------

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

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

NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
---------------------------	----------------

CH INNOVATIONS LLC

04-3507847

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR
BOSTON, MA 02116

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

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

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

TRUSTEE
1.00

0. 0. 0.

CHARLENE MARIA MANCUSI
2 BOYLSTON STREET, 4TH FLOOR
BOSTON, MA 02116

TRUSTEE
1.00

0. 0. 0.

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

0. 0. 0.

COPY

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to 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.

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

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

AAFCPAS

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

Telephone No. ► **508-366-9100**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ **0**
- 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 ☐ **0**. If it is for part of the group, check this box ☐ **0** and attach a list with the names and TINs of all members the extension is for.

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

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

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

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