

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.

For calendar year **2024** 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) 29 OLD NECK ROAD	Room/suite	B Telephone number 617-279-2230
City or town, state or province, country, and ZIP or foreign postal code MANCHESTER-BY-THE-SEA, MA 01944		C If exemption application is pending, check here ...
G Check all that apply: Initial return Final return <input type="checkbox"/> Address change <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 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) \$ 101,037,612.	J Accounting method: <input checked="" type="checkbox"/> 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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	21,668,457.		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	2,066,610.	2,003,473.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	4,246,783.			
	b Gross sales price for all assets on line 6a	15,346,535.			
	7 Capital gain net income (from Part IV, line 2)		4,246,783.		
	8 Net short-term capital gain				
	9 Income modifications			26,256.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	208,682.	181,544.		STATEMENT 2	
12 Total. Add lines 1 through 11	28,190,532.	6,431,800.	26,256.		
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	20,204.	0.		20,204.
	b Accounting fees	29,863.	0.		29,863.
	c Other professional fees	116,380.	97,565.		18,815.
	17 Interest				
	18 Taxes	146,252.	40,752.		500.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	16,265.	0.		16,265.
	22 Printing and publications				
	23 Other expenses	360,097.	0.		360,097.
	24 Total operating and administrative expenses. Add lines 13 through 23	689,061.	138,317.		445,744.
	25 Contributions, gifts, grants paid	2,470,000.			2,470,000.
26 Total expenses and disbursements. Add lines 24 and 25	3,159,061.	138,317.		2,915,744.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	25,031,471.				
b Net investment income (if negative, enter -0-)		6,293,483.			
c Adjusted net income (if negative, enter -0-)			26,256.		

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	204,648.	7,779,857.	7,779,857.
	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	35,440,583.	47,342,703.	47,342,703.
	c Investments - corporate bonds STMT 9	13,614,650.	17,658,588.	17,658,588.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 10	18,742,212.	23,677,157.	23,677,157.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 11)	4,006,057.	4,579,307.	4,579,307.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	72,008,150.	101,037,612.	101,037,612.	
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. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	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	12,707,395.	41,736,857.	
	29 Total net assets or fund balances	72,008,150.	101,037,612.	
30 Total liabilities and net assets/fund balances	72,008,150.	101,037,612.		

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	72,008,150.
2 Enter amount from Part I, line 27a	2	25,031,471.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN	3	3,997,991.
4 Add lines 1, 2, and 3	4	101,037,612.
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	101,037,612.

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 15,202,459.		11,099,752.	4,102,707.	
b 144,076.			144,076.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69
			(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				4,102,707.
b				144,076.
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 4,246,783.
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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	87,479.
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	87,479.
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	87,479.
6 Credits/Payments:			
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a 106,335.		
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	106,335.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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	18,856.
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax 18,856. Refunded		11	0.

Part VI-A Statements Regarding Activities

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?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
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 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of AAFCPAS, INC. Telephone no. 508-366-9100 Located at 50 WASHINGTON STREET, WESTBOROUGH, MA ZIP+4 01581
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year
16 At any time during calendar year 2024, 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?

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.

Table with columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b.

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		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		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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).	X	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
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?		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 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

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	244,367.
PRIME BUCHHOLZ - 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	78,750.

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 NEOPENDA, PBC - CHICAGO, IL CONVERTIBLE PROMISSORY NOTE	200,000.
2 MOTHER'S MILK IS BEST, INC. - TYNGSBORO, MA CONVERTIBLE PROMISSORY NOTE	200,000.
All other program-related investments. See instructions.	
3	
SEE STATEMENT 14	149,995.
Total. Add lines 1 through 3	549,995.

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	68,770,835.
b	Average of monthly cash balances	1b	8,558,925.
c	Fair market value of all other assets (see instructions)	1c	17,615,779.
d	Total (add lines 1a, b, and c)	1d	94,945,539.
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	94,945,539.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,424,183.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	93,521,356.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,676,068.

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	4,676,068.
2a	Tax on investment income for 2024 from Part V, line 5	2a	87,479.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	87,479.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,588,589.
4	Recoveries of amounts treated as qualifying distributions	4	26,256.
5	Add lines 3 and 4	5	4,614,845.
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	4,614,845.

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	2,915,744.
b	Program-related investments - total from Part VIII-B	1b	549,995.
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	3,465,739.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				4,614,845.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			3,268,164.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ <u>3,465,739.</u>				
a Applied to 2023, but not more than line 2a ...			3,268,164.	
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 2024 distributable amount				197,575.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				4,417,270.
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 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2020 ...				
b Excess from 2021 ...				
c Excess from 2022 ...				
d Excess from 2023 ...				
e Excess from 2024 ...				

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 2024, 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)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).

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.

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
29 OLD NECK ROAD, MANCHESTER-BY-THE-SEA, MA 01944

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				
YALE UNIVERSITY C/O BANK OF AMERICA NEW HAVEN, CT 06520-8239		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 02241-4876		PC	CHILD HEALTH RESEARCH AWARD - TACKLING PULMONARY HYPOPLASIA WITH GENETIC, EPIGENETIC AND STEM	100,000.
BOSTON COLLEGE BANK OF AMERICA, 222 BROADWAY ST. NEW YORK, NY 10038		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.
Total	SEE CONTINUATION SHEET(S)			3a 2,470,000.
b Approved for future payment				
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - EVALUATING EFFECTIVE COMBINATIONS OF MODIFIABLE FACTORS FOR PREVENTING YOUTH	100,000.
HARVARD UNIVERSITY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - TARGETING LIPID DYSREGULATION IN HEREDITARY SPASTIC PARAPLEGIA	100,000.
YALE UNIVERSITY C/O BANK OF AMERICA NEW HAVEN, CT 06520-8239		PC	CHILD HEALTH RESEARCH AWARD - IMPACT OF EARLY LIFE IMMUNE CHALLENGES ON BRAIN WIRING	100,000.
Total	SEE CONTINUATION SHEET(S)			3b 5,600,000.

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

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

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

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

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

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

Paid Preparer Use Only Preparer's name JOYCE RIPIANZI, CPA Preparer's signature JOYCE RIPIANZI, C Date 11/11/25 Check self-employed if PTIN 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

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

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

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 6/12/2024, 6/27/2025			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. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139		250,000.	12/21/20	250,000.	07/21/23
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 6/24/2024, 1/3/2025, 6/17/2025		Divisions 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. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CTR., 16 CAVENDISH CT. 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 - 3/5/2024, 5/18/2024, 6/6/2024, 7/3/2024, 7/26/2024, 9/9/2024, 9/13/2024, 3/25/2			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	NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CTR., 16 CAVENDISH CT. 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 - 3/5/2024, 5/18/2024, 6/6/2024, 7/3/2024, 7/26/2024, 9/9/2024, 9/13/2024, 3/25/2			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	NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CTR., 16 CAVENDISH CT. LEBANON, NH 03766		49,995.	06/24/24	49,995.	09/04/25
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 - 3/5/2024, 5/18/2024, 6/6/2024, 7/3/2024, 7/26/2024, 9/9/2024, 9/13/2024, 3/25/2			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	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 - 1/8/2024, 9/24/2024, 9/3/2025			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. 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		100,000.	11/15/22	100,000.	08/14/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 1/8/2024, 9/24/2024, 9/3/2025			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			Diversions by Grantee		
PRI REPORTS - 6/3/2024, 10/1/2024, 9/26/2025			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 - 6/26/2024, 2/4/2025, 7/4/2025		Diversions 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	NO. 10	Grant Amount	Date of Grant	Amount Expended	Verification Date
INKSPACE IMAGING, INC. 5635 W LAS POSITAS BLVD, STE. 403/404 PLEASANTON, CA 94588		250,000.	10/20/22	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 - 8/12/2024, 7/2/2025, 9/8/2025			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	NO. 11	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9		250,000.	11/02/20	250,000.	08/26/22
Purpose of Grant TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.					
Date of Reports by Grantee PRI REPORTS - 6/4/2024, 6/5/2024, 11/19/2024, 3/6/2025, 5/20/2025			Diversions 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
MOTHERS MILK IS BEST, INC. 1510 LAKESIDE AVENUE FORT COLLINS, CO 80521		200,000.	12/27/24	0.	05/23/25
Purpose of Grant TO SUPPORT THE CONDUCTING OF SCIENTIFIC RESEARCH RELATED TO THE DEVELOPMENT OF A MEDICAL DEVICE THAT CONCENTRATES HUMAN MILK TO PROVIDE LOW VOLUME, HIGH NUTRIENT FEEDINGS PRESCRIBED FOR PRETERM INFANTS.					
Date of Reports by Grantee		Diversions by Grantee			
PRI REPORT - 4/1/2025, 5/23/2025		NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH MOTHERS MILK IS BEST, 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
MULBERRY BIOTHERAPEUTICS INC. 40 WALNUT STREET, SUITE 301 WELLESLEY, MA 02481		250,000.	12/26/23	222,101.	06/19/25
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		Diversions by Grantee			
PRI REPORT - 6/11/2024, 12/16/2024, 6/19/2025		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	NO. 14	Grant Amount	Date of Grant	Amount Expended	Verification Date
MULBERRY BIOTHERAPEUTICS INC. 40 WALNUT STREET, SUITE 301 WELLESLEY, MA 02481		100,000.	12/20/24	0.	06/19/25
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		Diversions by Grantee			
PRI REPORT - 6/11/2024, 12/16/2024, 6/19/2025		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	NO. 15	Grant Amount	Date of Grant	Amount Expended	Verification Date
NEOPENDA, PBC 1623 W FULTON ST. CHICAGO, IL 60612		200,000.	11/15/24	172,110.	09/08/25
Purpose of Grant TO SUPPORT THE CONDUCTING OF SCIENTIFIC RESEARCH IN THE PUBLIC INTEREST RELATED TO THE DEVELOPMENT OF AFFORDABLE, LIFE-SAVING MEDICAL DEVICES TAILORED FOR LOW-RESOURCE SETTINGS SUCH AS KENYA AND EAST AFRICA.					
Date of Reports by Grantee PRI REPORT - 2/7/2025, 9/8/2025		Diversions by Grantee NONE, SEE BELOW			
Results of Verification THE TRUSTEES MEET WITH NEOPENDA, PBC 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
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Recipient's Name and Address	NO. 16	Grant Amount	Date of Grant	Amount Expended	Verification Date
NICOLETTE, INC. 100 W. BROADWAY, SUITE 3000 LONG BEACH, CA 90802		200,000.	12/23/21	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 - 4/10/2024, 6/17/2024, 10/15/2025, 4/16/2025, 6/16/2025			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
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Recipient's Name and Address	NO. 17	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 - 5/31/2024, 1/24/2025, 7/23/2025		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					

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Recipient's Name and Address	NO. 18	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 - 5/31/2024, 1/24/2025, 7/23/2025		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					

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Recipient's Name and Address	NO. 19	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 - 5/31/2024, 1/24/2025, 7/23/2025		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
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Recipient's Name and Address	NO. 20	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		Diversions by Grantee			
PRI REPORTS - 7/25/2023, 7/27/2023		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. 21	Grant Amount	Date of Grant	Amount Expended	Verification Date
NURTURE GENOMICS CAMBRIDGE INNOVATION CTR., ONE BROADWAY, KENDALL SQUARE CAMBRIDGE, MA 02142		250,000.	12/26/23	250,000.	08/12/25
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, 7/25/2025, 8/12/2025		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					

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Recipient's Name and Address	NO. 22	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 - 2/2/2024, 6/6/2024, 5/20/2025		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. 23	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 - 6/17/2024, 9/24/2024, 2/1/2025, 4/1/2025, 9/4/2025			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. 24	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005		50,000.	12/20/23	42,700.	09/04/25
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 - 6/17/2024, 9/24/2024, 2/1/2025, 4/1/2025, 9/4/2025		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. 25	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			Diversions by Grantee		
PRI REPORTS - 5/30/2024, 9/3/2024, 4/23/2025, 5/9/2025, 5/28/2025			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. 26	Grant Amount	Date of Grant	Amount Expended	Verification Date
SMOLTAP, INC. 150 CHESTNUT STREET, SUITE C PROVIDENCE, RI 02903		100,000.	09/11/23	100,000.	05/28/25
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			Diversions by Grantee		
PRI REPORTS - 5/30/2024, 9/3/2024, 4/23/2025, 5/9/2025, 5/28/2025			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. 27	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 - 3/6/2024, 4/11/2024, 6/12/2024, 1/5/2025, 6/26/2025			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. 28	Grant Amount	Date of Grant	Amount Expended	Verification Date
THINKMD, INC. 166 MAIN STREET BURLINGTON, VT 05401		150,000.	05/17/18	150,000.	02/11/19
Purpose of Grant FOR DEVELOPING INTEGRATED CLINICAL ASSESSMENT AND DATA ANALYTICS PLATFORMS AND OTHER DERIVATIVE PRODUCTS THAT TRANSFORM POINT-OF-CARE MEDICINE BY PUTTING VALIDATED CLINICAL ASSESSMENT CAPABILITY AND INCREASED HEALTHCARE KNOWLEDGE INTO THE HANDS OF CLINICALLY UNTRAINED HEALTHCARE PROFESSIONALS AND FAMILIES THEREBY LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 2/1/2024, 6/4/2024, 10/14/2024, 3/31/2025, 5/28/2025			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
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.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - EVALUATING EFFECTIVE COMBINATIONS OF MODIFIABLE FACTORS FOR PREVENTING YOUTH	100,000.
HARVARD UNIVERSITY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - TARGETING LIPID DYSREGULATION IN HEREDITARY SPASTIC PARAPLEGIA	100,000.
YALE UNIVERSITY C/O BANK OF AMERICA NEW HAVEN, CT 06520-8239		PC	CHILD HEALTH RESEARCH AWARD - IMPACT OF EARLY LIFE IMMUNE CHALLENGES ON BRAIN WIRING	100,000.
MASSACHUSETTS EYE AND EAR INFIRMARY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF SENSORINEURAL HEARING LOSS IN	100,000.
Total from continuation sheets				1,970,000.

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 - NANOBODY-BASED IMMUNOTHERAPY FOR MODULATING INFLAMMATION IN	100,000.
DANA-FARBER CANCER INSTITUTE C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - TARGETING CHROMATIN REGULATORS IN NUP98-REARRANGED ACUTE MYELOID LEUKEMIA	100,000.
HARVARD PILGRIM HEALTH CARE C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - SOCIOECONOMIC INEQUITIES IN RSV IMMUNIZATION AND POPULATION-BASED	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING MECHANISMS FOR IMPROVED PEDIATRIC SKELETAL HEALTH: NOVEL	100,000.
BOSTON UNIVERSITY C/O JPMORGAN CHASE, 270 PARK AVE NEW YORK, NY 10017		PC	CHILD HEALTH RESEARCH AWARD - HISTONE MARKS PROFILING: DECODING CELLULAR MECHANISMS IN CONGENITAL RARE	100,000.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - EPIGENETIC REGULATION OF NEURAL EXCITABILITY IN A MOUSE MODEL OF	100,000.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	HOOD PEDIATRIC INNOVATION HUB	400,000.
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 EYE AND EAR INFIRMARY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF SENSORINEURAL HEARING LOSS IN	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - NANOBODY-BASED IMMUNOTHERAPY FOR MODULATING INFLAMMATION IN	100,000.
DANA-FARBER CANCER INSTITUTE C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - TARGETING CHROMATIN REGULATORS IN NUP98-REARRANGED ACUTE MYELOID LEUKEMIA	100,000.
HARVARD PILGRIM HEALTH CARE C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - SOCIOECONOMIC INEQUITIES IN RSV IMMUNIZATION AND POPULATION-BASED	100,000.
BOSTON CHILDREN'S HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING MECHANISMS FOR IMPROVED PEDIATRIC SKELETAL HEALTH: NOVEL	100,000.
BOSTON UNIVERSITY C/O JPMORGAN CHASE, 270 PARK AVE NEW YORK, NY 10017		PC	CHILD HEALTH RESEARCH AWARD - HISTONE MARKS PROFILING: DECODING CELLULAR MECHANISMS IN CONGENITAL RARE	100,000.
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - EPIGENETIC REGULATION OF NEURAL EXCITABILITY IN A MOUSE MODEL OF	100,000.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA, 100 FEDERAL STREET BOSTON, MA 02110		PC	HOOD PEDIATRIC INNOVATION HUB	4,600,000.
Total from continuation sheets				5,300,000.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - YALE UNIVERSITY

CHILD HEALTH RESEARCH AWARD - 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

3a Grants and Contributions Paid During the Year 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

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - EVALUATING EFFECTIVE COMBINATIONS OF
MODIFIABLE FACTORS FOR PREVENTING YOUTH DEPRESSION RISK

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR INFIRMARY

CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF SENSORINEURAL HEARING
LOSS IN NEUROFIBROMATOSIS TYPE 2

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 - NANOBODY-BASED IMMUNOTHERAPY FOR
MODULATING INFLAMMATION IN JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - HARVARD PILGRIM HEALTH CARE
CHILD HEALTH RESEARCH AWARD - SOCIOECONOMIC INEQUITIES IN RSV
IMMUNIZATION AND POPULATION-BASED OUTCOMES

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL
CHILD HEALTH RESEARCH AWARD - UNDERSTANDING MECHANISMS FOR IMPROVED
PEDIATRIC SKELETAL HEALTH: NOVEL REGULATORS OF
CHONDROCYTE-TO-OSTEOBLAST TRANSDIFFERENTIATION

NAME OF RECIPIENT - BOSTON UNIVERSITY
CHILD HEALTH RESEARCH AWARD - HISTONE MARKS PROFILING: DECODING
CELLULAR MECHANISMS IN CONGENITAL RARE DISORDERS CAUSED BY PATHOGENIC
VARIANTS IN CHROMATIN-MODIFIER GENES

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL
CHILD HEALTH RESEARCH AWARD - EPIGENETIC REGULATION OF NEURAL
EXCITABILITY IN A MOUSE MODEL OF INFANTILE EPILEPSY

Part XIV Supplementary Information

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

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - EVALUATING EFFECTIVE COMBINATIONS OF
MODIFIABLE FACTORS FOR PREVENTING YOUTH DEPRESSION RISK

NAME OF RECIPIENT - MASSACHUSETTS EYE AND EAR INFIRMARY

CHILD HEALTH RESEARCH AWARD - CHARACTERIZATION OF SENSORINEURAL HEARING
LOSS IN NEUROFIBROMATOSIS TYPE 2

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - NANOBODY-BASED IMMUNOTHERAPY FOR
MODULATING INFLAMMATION IN JUVENILE IDIOPATHIC ARTHRITIS

NAME OF RECIPIENT - HARVARD PILGRIM HEALTH CARE

CHILD HEALTH RESEARCH AWARD - SOCIOECONOMIC INEQUITIES IN RSV
IMMUNIZATION AND POPULATION-BASED OUTCOMES

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - UNDERSTANDING MECHANISMS FOR IMPROVED
PEDIATRIC SKELETAL HEALTH: NOVEL REGULATORS OF
CHONDROCYTE-TO-OSTEOBLAST TRANSDIFFERENTIATION

NAME OF RECIPIENT - BOSTON UNIVERSITY

CHILD HEALTH RESEARCH AWARD - HISTONE MARKS PROFILING: DECODING
CELLULAR MECHANISMS IN CONGENITAL RARE DISORDERS CAUSED BY PATHOGENIC
VARIANTS IN CHROMATIN-MODIFIER GENES

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

CHILD HEALTH RESEARCH AWARD - EPIGENETIC REGULATION OF NEURAL

Part XIV Supplementary Information

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

EXCITABILITY IN A MOUSE MODEL OF INFANTILE EPILEPSY

COPY

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **CHARLES H. HOOD FOUNDATION** Employer identification number **04-3507847**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	87,479.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	87,479.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	40,692.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	40,692.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,897.	1,431.		
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	16,335.		15,000.	75,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		14,438.	13,007.	28,007.
13 Add lines 11 and 12	13		14,438.	28,007.	103,007.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	16,335.	14,438.	28,007.	103,007.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.		
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	14,438.	13,007.	28,007.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c), calculations for 2024 (2), and subsequent periods (3a-3c), followed by division and multiplication steps (4-13), alternative minimum tax (15), other taxes (16), and credits (18).

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions)	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	369,740.	579,275.	938,620.	1,573,203.
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	23a	2,218,440.	2,317,100.	1,877,240.	2,097,599.
23b	Extraordinary items (see instructions)	23b				
23c	Add lines 23a and 23b	23c	2,218,440.	2,317,100.	1,877,240.	2,097,599.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	24	30,836.	32,208.	26,094.	29,157.
25	Enter any alternative minimum tax for each payment period. See instructions	25				
26	Enter any other taxes for each payment period. See instr.	26				
27	Total tax. Add lines 24 through 26	27	30,836.	32,208.	26,094.	29,157.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28	23,248.	25,553.	54,378.	83,469.
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	7,588.	6,655.	0.	0.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	1,897.	3,328.		

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th installment	
Note: Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	1,897.	3,328.	0.	0.
33	Add the amounts in all preceding columns of line 38. See instructions	33		1,897.		
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	1,897.	1,431.		
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	10,173.	33,567.	21,870.	21,870.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		8,276.	40,412.	62,282.
37	Add lines 35 and 36	37	10,173.	41,843.	62,282.	84,152.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	1,897.	1,431.	0.	0.

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

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	2,119,403.	144,076.	1,975,327.	1,975,327.	
INTEREST INCOME	91,283.	0.	91,283.	28,146.	
TO PART I, LINE 4	2,210,686.	144,076.	2,066,610.	2,003,473.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM ALTERNATIVE INVESTMENTS	181,544.	181,544.	
RETURNED GRANTS	26,256.	0.	
OTHER INVESTMENT INCOME	882.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	208,682.	181,544.	

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	20,204.	0.		20,204.
TO FM 990-PF, PG 1, LN 16A	20,204.	0.		20,204.

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	29,863.	0.		29,863.
TO FORM 990-PF, PG 1, LN 16B	29,863.	0.		29,863.

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	37,630.	18,815.		18,815.
INVESTMENT CONSULTING	78,750.	78,750.		0.
TO FORM 990-PF, PG 1, LN 16C	116,380.	97,565.		18,815.

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 2024	105,000.	0.		0.
MA FORM PC FILING FEE	500.	0.		500.
FOREIGN TAXES	40,752.	40,752.		0.
TO FORM 990-PF, PG 1, LN 18	146,252.	40,752.		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	6,623.	0.		6,623.
HRIA ADMINISTRATIVE COSTS	244,367.	0.		244,367.
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	23,964.	0.		23,964.
MARKETING	4,722.	0.		4,722.
HONORARIA	17,807.	0.		17,807.
TUFTS ADMINISTRATIVE EXPENSES	62,075.	0.		62,075.
TO FORM 990-PF, PG 1, LN 23	360,097.	0.		360,097.

FORM 990-PF		CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE		FAIR MARKET VALUE
DOMESTIC EQUITIES		34,981,743.		34,981,743.
FOREIGN SECURITIES		12,360,960.		12,360,960.
TOTAL TO FORM 990-PF, PART II, LINE 10B		47,342,703.		47,342,703.

FORM 990-PF		CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE		FAIR MARKET VALUE
FIXED INCOME		17,658,588.		17,658,588.
TOTAL TO FORM 990-PF, PART II, LINE 10C		17,658,588.		17,658,588.

FORM 990-PF		OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE		FAIR MARKET VALUE
REAL ESTATE	FMV	6,061,378.		6,061,378.
ALTERNATIVE INVESTMENTS	FMV	17,615,779.		17,615,779.
TOTAL TO FORM 990-PF, PART II, LINE 13		23,677,157.		23,677,157.

FORM 990-PF		OTHER ASSETS		STATEMENT 11
DESCRIPTION		BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS		4,006,057.	4,579,307.	4,579,307.
TO FORM 990-PF, PART II, LINE 15		4,006,057.	4,579,307.	4,579,307.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

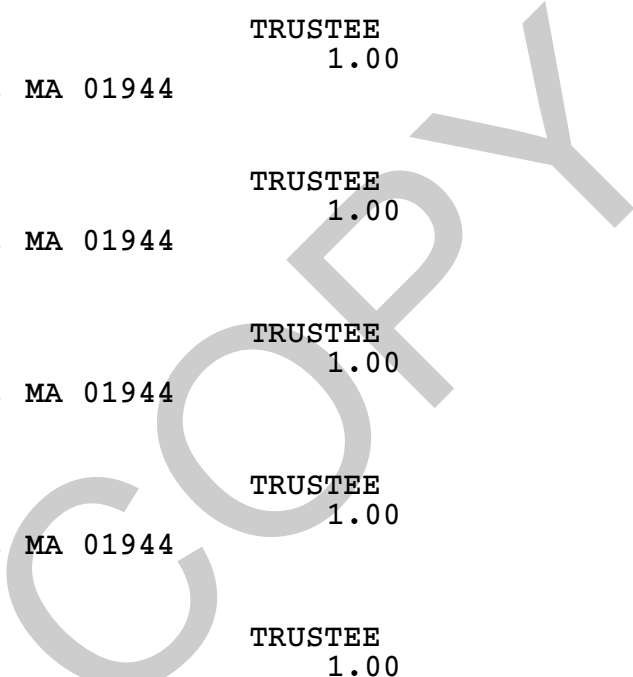
ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

29 OLD NECK ROAD
MANCHESTER-BY-THE-SEA, MA 01944

COPY

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB	ACCOUNT
NEIL SMILEY 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	PRESIDENT AND 1.00	TREASURER 0.	0.	0.	0.
JOHN O. PARKER, JR. 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	VICE PRESIDENT AND 1.00	CLERK 0.	0.	0.	0.
ROBERT C. BOUTWELL 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	TRUSTEE 1.00	0.	0.	0.	0.
BARBARA BULA 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	TRUSTEE 1.00	0.	0.	0.	0.
BRENDON BULA 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	TRUSTEE 1.00	0.	0.	0.	0.
ELIZABETH HOOD 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	TRUSTEE 1.00	0.	0.	0.	0.
CLAY SMILEY 29 OLD NECK ROAD MANCHESTER-BY-THE-SEA, MA 01944	TRUSTEE 1.00	0.	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.	0.



FORM 990-PF

OTHER PROGRAM-RELATED INVESTMENTS

STATEMENT 14

DESCRIPTION

AMOUNT

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

49,995.

DESCRIPTION

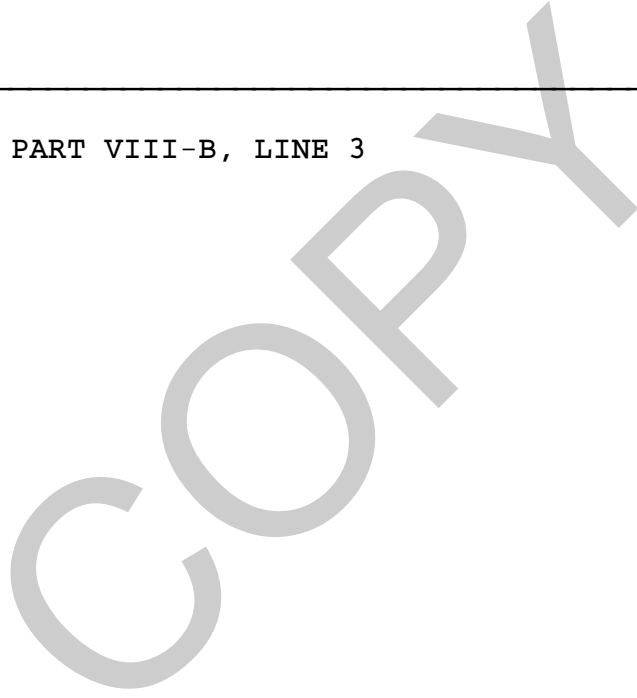
AMOUNT

MULBERRY THERAPEUTICS - WELLESLEY, MA
CONVERTIBLE PROMISSORY NOTE

100,000.

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

149,995.



UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2025

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

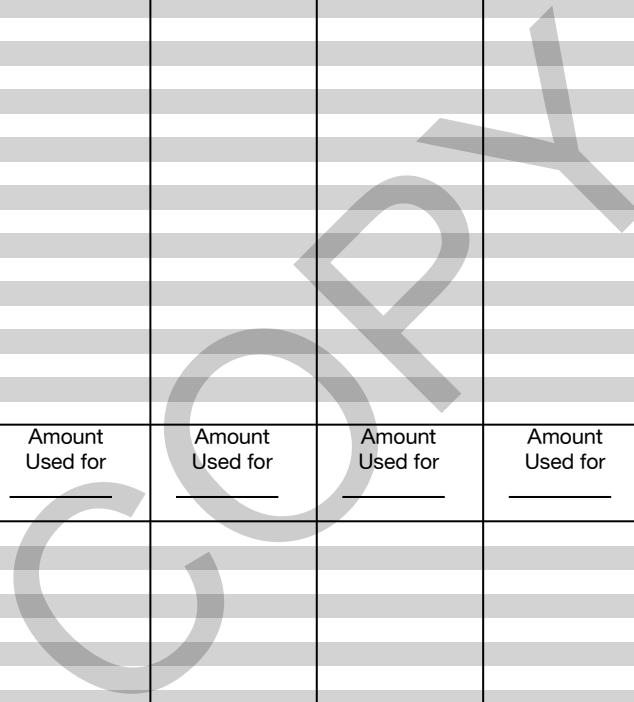
Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN LIMITED	142,599.
FEDERAL PRE-2018 NET OPERATING LOSS	5,282.
FEDERAL CONTRIBUTION - 50% CASH	142.
MA NET OPERATING LOSS	142,599.

COPY

Type and Entity: INVESTMENT IN LIMITED POST-2017 NO **DETAIL CARRYOVER SCHEDULE**
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A 2020	10,850.										
B 2021	80,625.										
C 2022	23,913.										
D 2023	25,063.										
E 2024	2,148.										
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
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J											
K											
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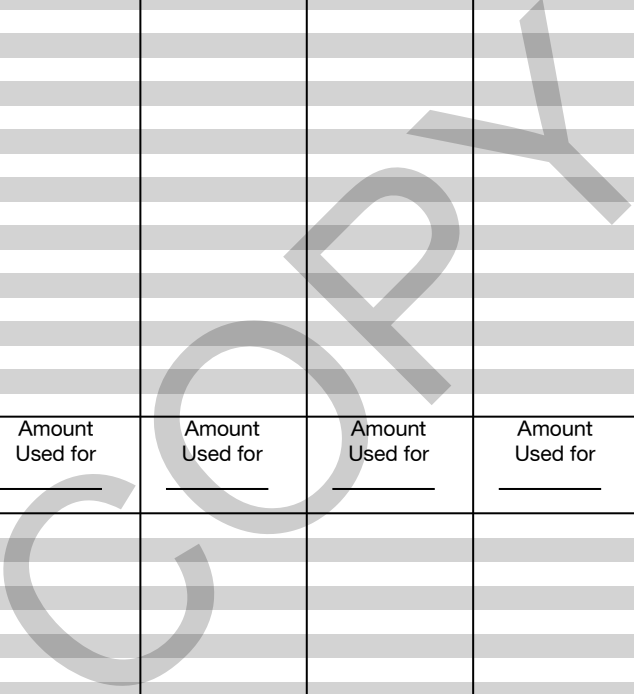
Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

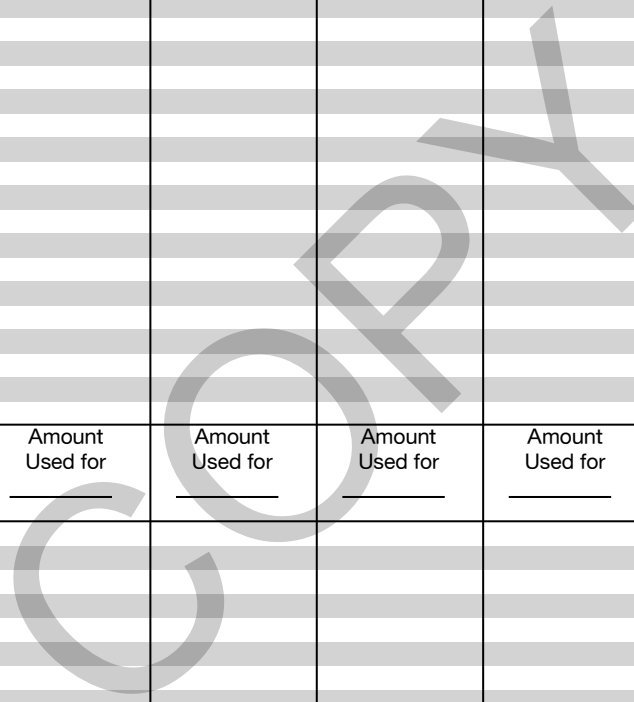
Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A	2021	51.									
B	2022	36.									
C	2023	3.									
D	2024	52.									
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
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R											
S											
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V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
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Type and Entity: NOL MA **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	10,850.									
B	2021	80,625.									
C	2022	23,913.									
D	2023	25,063.									
E	2024	5,282.									
F	2024	2,148.									
G											
H											
I											
J											
K											
L											
M											
N											
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R											
S											
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U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
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**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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 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	Name of exempt organization, employer, or other filer, see instructions. CHARLES H. HOOD FOUNDATION	Taxpayer identification number (TIN) 04-3507847
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 29 OLD NECK ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MANCHESTER-BY-THE-SEA, MA 01944	

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	Form 990-T (governmental entities)	15

• 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 **AAFPCAS, 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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** 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	\$	91,074.
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	\$	106,335.
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.

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.

2023

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
B Telephone number: 617-279-2230
C If exemption application is pending, check here ...
D 1. Foreign organizations, check here ...
2. Foreign organizations meeting the 85% test, check here and attach computation ...
E If private foundation status was terminated under section 507(b)(1)(A), check here ...
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: [X] Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 72,008,150.
J Accounting method: [X] Cash

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Net investment income and Adjusted net income.

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			
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.	
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. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	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.

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				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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
1b 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
1c 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	
4b 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 General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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 General Instruction G? 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
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		

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)	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)	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	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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	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	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.)	2b	N/A
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
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	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		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		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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).	X	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
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?		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 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

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.

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.

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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:				
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)

Table with 5 columns: (a) 2023, (b) 2022, (c) 2021, (d) 2020, (e) Total. Rows include: 2 a Enter the lesser of the adjusted net income...; 2 b 85% (0.85) of line 2a; 2 c Qualifying distributions from Part XI...; 2 d Amounts included in line 2c not used directly for active conduct of exempt activities; 2 e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon: 3 a "Assets" alternative test - enter: (1) Value of all assets; (2) Value of assets qualifying under section 4942(j)(3)(B)(i); 3 b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed; 3 c "Support" alternative test - enter: (1) Total support other than gross investment income; (2) Support from general public and 5 or more exempt organizations; (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 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
a Paid during the year				
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 Approved for future payment				
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.

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

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

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

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 [X] No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A' for all entries.

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

Paid Preparer Use Only Print/Type preparer's name: JOYCE RIPIANZI, CPA; Preparer's signature: JOYCE RIPIANZI, C; Date: 11/06/24; Check [] if self-employed; PTIN: 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		Diversions by Grantee			
PRI REPORT - 8/16/2023		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
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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			Diversions by Grantee		
PRI REPORTS - 5/26/2023, 6/12/2023, 12/12/2023, 6/12/2024			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.					

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Recipient's Name and Address	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139		250,000.	12/21/20	250,000.	07/21/23
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATURITY, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 7/21/2023, 8/23/2023, 6/24/2024		Divisions 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					

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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		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					

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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		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					

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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					

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Recipient's Name and Address	NO. 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		100,000.	11/15/22	100,000.	08/14/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee 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					

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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			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					

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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			Diversions 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					

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

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Recipient's Name and Address	NO. 11	Grant Amount	Date of Grant	Amount Expended	Verification Date
MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9		250,000.	11/02/20	250,000.	08/26/22
Purpose of Grant TO SUPPORT THE ADVANCEMENT OF SCIENCE AND PROMOTION OF HEALTH THROUGH THE PRECLINICAL RESEARCH OF ANABOLIC BONE THERAPEUTICS THAT CAN INCREASE BONE MASS TO STRENGTHEN THE SKELETON AND THE DEVELOPMENT OF A DRUG DELIVERY SYSTEM TO BE INITIALLY APPLIED TO TWO PEDIATRIC RARE DISEASES: OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY.					
Date of Reports by Grantee PRI REPORTS - 1/27/2023, 7/3/2023, 9/12/2023, 10/2023, 6/4/2024, 6/5/2024			Diversions 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					

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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		Diversions by Grantee			
PRI REPORT - 6/11/2024		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					

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Recipient's Name and Address	NO. 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
NICOLETTE, INC 100 W. BROADWAY, SUITE 3000 LONG BEACH, CA 90802		200,000.	12/23/21	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			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					

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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					

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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					

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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					

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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		Diversions by Grantee			
PRI REPORTS - 7/25/2023, 7/27/2023		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					

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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					

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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					

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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.					

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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		Diversions by Grantee			
PRI REPORTS - 2/15/2023, 5/30/2023, 12/22/2023, 5/30/2024, 9/3/2024		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. 23	Grant Amount	Date of Grant	Amount Expended	Verification Date
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			Diversions by Grantee		
PRI REPORTS - 2/15/2023, 5/30/2023, 12/22/2023, 5/30/2024, 9/3/2024			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		Diversions 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/		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				

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 INVESTMENT 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 INVESTMENT 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 INVESTMENT 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 INVESTMENT 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.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CH INNOVATIONS LLC

04-3507847

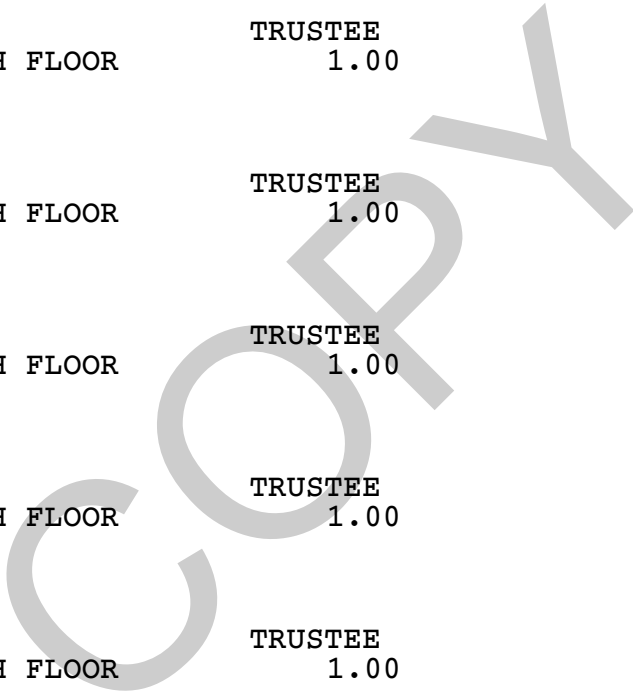
ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

2 BOYLSTON STREET, 4TH FLOOR
BOSTON, MA 02116

COPY

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



FORM 990-PF

OTHER PROGRAM-RELATED INVESTMENTS

STATEMENT 14

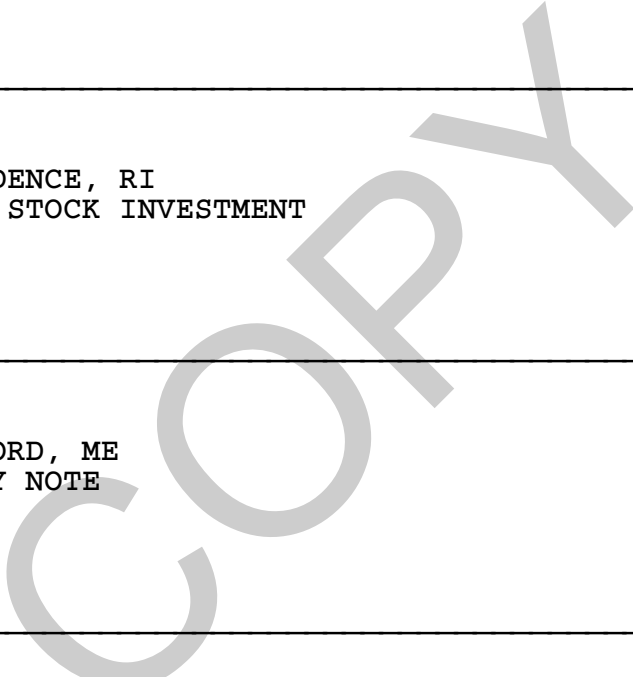
DESCRIPTION	AMOUNT
NURTURE GENOMICS - CAMBRIDGE, MA SIMPLE AGREEMENT FOR FUTURE EQUITY	250,000.

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.
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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

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

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

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

COPY

Type and Entity: NOL MA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	10,850.										
B	2021	80,625.										
C	2022	23,913.										
D	2023	25,063.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

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

Department of the Treasury
Internal Revenue Service

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 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	Name of exempt organization, employer, or other filer, see instructions. CHARLES H. HOOD FOUNDATION	Taxpayer identification number (TIN) 04-3507847
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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 **AAFPCAS, 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.

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.

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 ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 66,678,123.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	1,029,761.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,335,080.	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	30,210.	0.		30,210.
	b Accounting fees	26,003.	0.		26,003.
	c Other professional fees	103,585.	89,292.		14,293.
	17 Interest				
	18 Taxes	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	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			
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.	
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. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	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.

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.			(l) 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	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

Part VI-A Statements Regarding Activities

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?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
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?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of AAFCPAS, INC. Telephone no. 508-366-9100
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
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?

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)	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)	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	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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	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	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.)	2b	N/A
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
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	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Form 990-PF (2022)

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		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		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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).	X	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
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?		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 14		0.	0.	0.

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

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

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

Part 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.

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				(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.

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		Diversions by Grantee			
PRI REPORT - 2/17/2022, 4/6/2022, 6/10/2022, 8/25/2022, 9/22/2022, 8/16/2023		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	NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
ALDATU BIOSCIENCES, INC. C/O ARSENAL LAB SPACE, 201 DEXTER AVE WATERTOWN, MA 02472		100,000.	02/23/16	100,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF A SIMPLE, RAPID, THERMOSTABLE KIT THAT IDENTIFIES CLINICALLY ACTIONABLE HIV MUTATIONS FOUND IN PATIENTS FAILING A FIRST-LINE DRUG REGIMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 6/14/2022, 12/1/2022, 5/26/2023, 6/12/2023			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. 10	Grant Amount	Date of Grant	Amount Expended	Verification Date
ANIDA PHARMA, INC. 155 BROOKLINE STREET, SUITE 005 CAMBRIDGE, MA 02139		250,000.	12/21/20	250,000.	07/21/23
Purpose of Grant TO SUPPORT THE PRECLINICAL DEVELOPMENT OF A PREVENTATIVE TREATMENT FOR RETINOPATHY OF PREMATUREITY, 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		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. 13	Grant Amount	Date of Grant	Amount Expended	Verification Date
ARGUS COGNITIVE, INC. DARTMOUTH REGIONAL TECHNICAL CENTER, 16 CAVENDISH LEBANON, NH 03766		250,000.	05/10/21	250,000.	08/23/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT AND CLINICAL TESTING OF THE CORPORATION'S CLINICAL DECISION SUPPORT SOFTWARE FOR USE IN PEDIATRIC INDICATIONS, INCLUDING AUTISM AND PEDIATRIC CARDIOLOGY, THEREBY SUPPORTING RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORT - 6/24/2022, 9/29/2022, 11/30/2022, 8/23/2023			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. 11	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		150,000.	07/15/20	150,000.	07/16/21
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS - 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	NO. 19	Grant Amount	Date of Grant	Amount Expended	Verification Date
BIOROSA TECHNOLOGIES, INC. 63 BAKER STREET BELMONT, MA 02478		100,000.	11/15/22	100,000.	08/14/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF A BLOOD-BASED STANDARD-OF-CARE DIAGNOSTIC FOR AUTISM SPECTRUM DISORDERS ("ASD") THAT IS INTENDED TO LEAD TO EARLIER DETECTION OF ASD THAN IS CURRENTLY AVAILABLE, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee 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	NO. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
BREEGI SCIENTIFIC, INC. 120 BEDFORD ROAD WOBURN, MA 01801		250,000.	06/26/17	250,000.	08/02/21
Purpose of Grant THE FUNDS WILL BE USED TO CONDUCT A THOROUGH CLINICAL ASSESSMENT OF BSI'S NOVEL NEONATAL INTENSIVE CARE INCUBATOR "(NICI)" IN HONDURAS AND ZAMBIA AND TO AID THE COMMERCIALIZATION EFFORTS OF THIS LIFE-SAVING MEDICAL DEVICE, THEREBY LESSENING THE BURDEN OF THE GOVERNMENT AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORTS - 6/13/2022, 9/13/2022, 1/5/2023, 8/24/2023			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. 17	Grant Amount	Date of Grant	Amount Expended	Verification Date
DECK THERAPEUTICS, INC. 8 HARVARD LANE HASTINGS ON HUDSON, NY 10706		200,000.	10/12/22	51,666.	03/29/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF SEMI-SYNTHETIC OMEGA-3 COMPOUNDS THAT BLOCK MULTIPLE CELL-DEATH PATHWAYS INDUCED BY HYPOXIC-ISCHEMIC INJURY IN NEONATES.					
Date of Reports by Grantee PRI REPORTS - 10/2022, 3/29/2023			Diversions 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	NO. 18	Grant Amount	Date of Grant	Amount Expended	Verification Date
INKSPACE IMAGING, INC. 5635 W LAS POSITAS BLVD, STE. 403/404 PLEASANTON, CA 94588		250,000.	10/20/22	64,848.	06/05/23
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF FLEXIBLE, LIGHTWEIGHT, LOW COST MRI COILS DESIGNED SPECIFICALLY FOR PEDIATRIC PATIENTS, WHILE ALSO IMPROVING IMAGE RESOLUTION AND REDUCING MRI FAILURE RATES.					
Date of Reports by Grantee PRI REPORT - 12/23/2022, 6/5/2023			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
<p style="text-align: center;">NO. 12</p> <p>MESENTECH, INC. 2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA, CANADA, V6T2B9</p>	250,000.	11/02/20	250,000.	08/26/22
<p>Purpose of Grant</p> <p>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.</p>				
<p>Date of Reports by Grantee</p> <p>PRI REPORT - 2/10/2022, 8/26/2022, 12/19/2022, 7/3/2023</p>		<p>Diversions by Grantee</p> <p>NONE, SEE BELOW</p>		
<p>Results of Verification</p> <p>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</p>				

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
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	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	12/30/15	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee PRI REPORTS -4/28/2023, 5/25/2023			Diversions by Grantee NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR 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. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		7,000.	07/27/17	7,000.	12/15/17
Purpose of Grant TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.					
Date of Reports by Grantee PRI REPORTS - 4/28/2023, 5/25/2023		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. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
NONINVASIX, INC. 1700 THE STRAND, SUITE 1200 GALVESTON, TX 77555		150,000.	07/27/16	150,000.	12/15/17
Purpose of Grant TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S PEDIATRIC BRAIN OXYGENATION MONITORING SYSTEM, WHICH HAS THE POTENTIAL TO MORE ACCURATELY ASSESS THE RISK OF BRAIN HYPOXIA IN FETUSES AND NEONATES, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE AND LESSENING THE BURDEN OF THE GOVERNMENT.					
Date of Reports by Grantee			Diversions by Grantee		
PRI REPORT - 4/28/2023, 5/25/2023			NONE, SEE BELOW		
Results of Verification THE TRUSTEES MEET WITH NONINVASIX, INC. MANAGEMENT ON A REGULAR 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		Diversions 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. 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
PRAPELA, LLC 2 MAIN STREET BIDDEFORD, ME 04005		250,000.	07/02/18	250,000.	09/10/20
Purpose of Grant TO SUPPORT THE DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN, THEREBY SUPPORTING THE ADVANCEMENT OF SCIENCE, LESSENING THE BURDEN OF THE GOVERNMENT, AND RELIEF OF THE POOR, DISTRESSED AND UNDERPRIVILEGED.					
Date of Reports by Grantee PRI REPORTS - 5/6/2022, 3/1/2023, 6/22/2023, 7/10/2023		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. 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			Diversions by Grantee		
PRI REPORT - 8/30/2022, 2/15/2023, 5/30/2023			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		Diversions 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		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

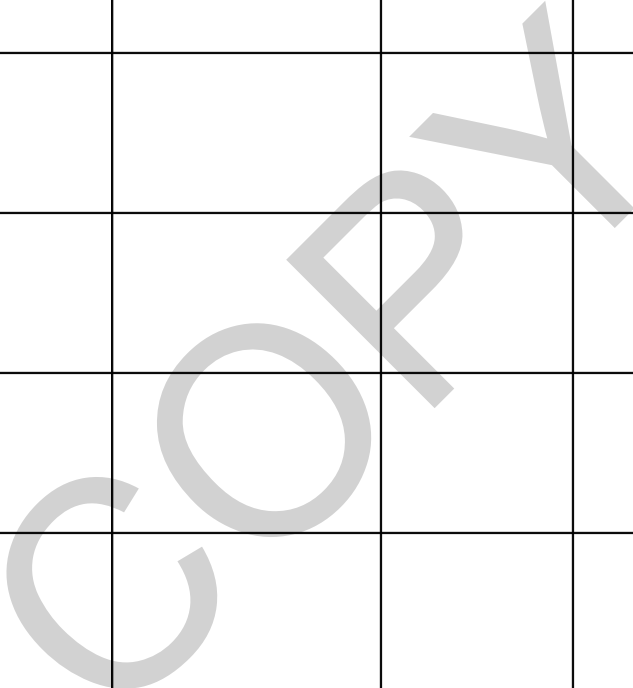
3 Grants and Contributions Approved for Future Payment (Continuation)

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

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
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.
Total from continuation sheets				



Part XIV Supplementary Information

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

NAME OF RECIPIENT - BOSTON MEDICAL CENTER

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

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - DANA-FARBER CANCER INSTITUTE

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

NAME OF RECIPIENT - MASSACHUSETTS GENERAL HOSPITAL

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

NAME OF RECIPIENT - UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - DEVELOPING A BROADLY APPLICABLE

Part XIV Supplementary Information

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

THERAPEUTIC STRATEGY TO REVERSE SYMPTOMS OF NEURODEVELOPMENTAL
DISORDERS

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

CHILD HEALTH RESEARCH AWARD - SPATIAL MAPPING OF MALIGNANT

SUBPOPULATIONS ENABLING NEURON-GLIOMA CIRCUIT INTERACTIONS IN DIPG

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

223655 04-01-22

Part XIV Supplementary Information

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

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

NAME OF RECIPIENT - RHODE ISLAND HOSPITAL

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



Part XIV Supplementary Information

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

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

NAME OF RECIPIENT - TRUSTEES OF DARTMOUTH COLLEGE

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BRIGHAM AND WOMEN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

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

NAME OF RECIPIENT - BOSTON CHILDREN'S HOSPITAL

223651 04-01-22

Part XIV Supplementary Information

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

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

NAME OF RECIPIENT - HARVARD MEDICAL SCHOOL

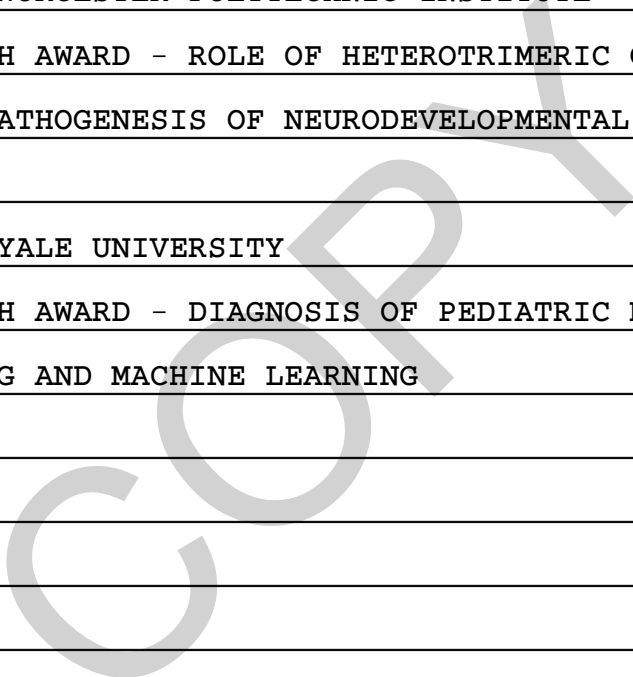
CHILD HEALTH RESEARCH AWARD - DECIPHERING MECHANISMS LINKING CHILDHOOD
VIRAL INFECTION AND ASTHMA DEVELOPMENT

NAME OF RECIPIENT - WORCESTER POLYTECHNIC INSTITUTE

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

NAME OF RECIPIENT - YALE UNIVERSITY

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



FORM 990-PF	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.

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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 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.

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

0. 0. 0.

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FORM 990-PF	OTHER PROGRAM-RELATED INVESTMENTS	STATEMENT 15
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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.
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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

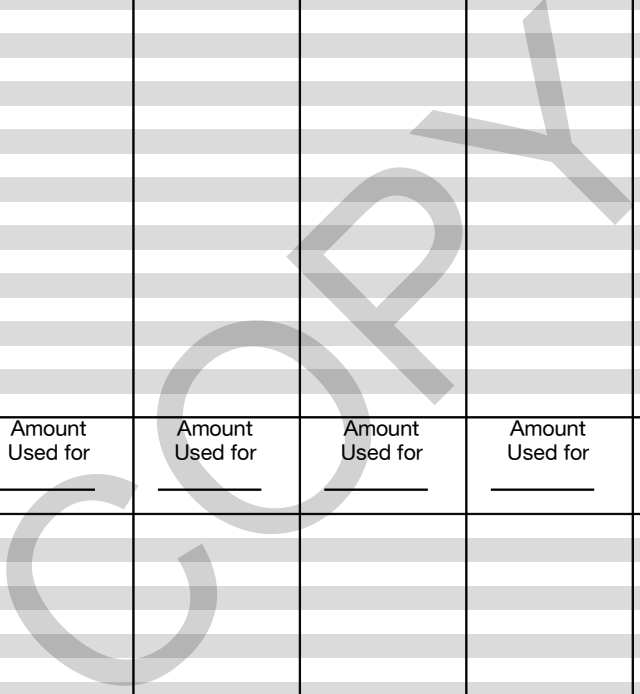
Name CHARLES H. HOOD FOUNDATION	Employer Identification Number 04-3507847
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN LIMITED	115,388.
FEDERAL CONTRIBUTION - 50% CASH	87.
MA NET OPERATING LOSS	115,388.

COPY

Type and Entity: NOL MA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	10,850.										
B	2021	80,625.										
C	2022	23,913.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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R												
S												
T												
U												
V												
W												



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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 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	Name of exempt organization or other filer, see instructions. CHARLES H. HOOD FOUNDATION	Taxpayer identification number (TIN) 04-3507847
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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) 0 4

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
- 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.