

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

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	
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		B Telephone number (see instructions) (617) 695-9439	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		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 <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 .....	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 73,468,723		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(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 (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	1,302,685	1,302,685		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	860,251			
	b Gross sales price for all assets on line 6a 5,970,212				
	7 Capital gain net income (from Part IV, line 2) . . .		860,251		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .			175,535	
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	180,014	0		
	12 Total. Add lines 1 through 11 . . . . .	2,342,950	2,162,936	175,535	
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	28,703	0		28,703
	b Accounting fees (attach schedule) . . . . .	16,253	0		16,253
	c Other professional fees (attach schedule) . . . . .	106,525	90,762		15,763
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	36,521	36,521		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	4,456	0		4,456
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	210,764	0		210,764
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	403,222	127,283		275,939
	25 Contributions, gifts, grants paid . . . . .	2,059,212			2,059,212
	26 Total expenses and disbursements. Add lines 24 and 25	2,462,434	127,283		2,335,151
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-119,484			
	b Net investment income (if negative, enter -0-)		2,035,653		
				175,535	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		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 . . . . .	502,310	388,809	388,809
	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 (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	47,014,599	51,980,735	51,980,735
	c Investments—corporate bonds (attach schedule) . . . . .	15,038,832	15,513,323	15,513,323
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .	2,964,148	3,465,892	3,465,892
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	1,307,000	2,119,964	2,119,964	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	66,826,889	73,468,723	73,468,723	
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 (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	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	7,526,134	14,167,968	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	66,826,889	73,468,723	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	66,826,889	73,468,723		

**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	66,826,889
2 Enter amount from Part I, line 27a . . . . .	2	-119,484
3 Other increases not included in line 2 (itemize) ▶ _____	3	6,877,676
4 Add lines 1, 2, and 3 . . . . .	4	73,585,081
5 Decreases not included in line 2 (itemize) ▶ _____	5	116,358
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	73,468,723

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 5,970,212		5,109,961	860,251
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			860,251
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em; vertical-align: middle;">{</span> <div style="display: inline-block; vertical-align: middle; text-align: center;">             If gain, also enter in Part I, line 7              If (loss), enter -0- in Part I, line 7           </div> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>2</b>	860,251
	<b>3</b>	

**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

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved . . . . .	2		
3 Reserved. . . . .	3		
4 Reserved . . . . .	4		
5 Reserved . . . . .	5		
6 Reserved . . . . .	6		
7 Reserved . . . . .	7		
8 Reserved , . . . .	8		

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	28,296
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	28,296
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	28,296
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	39,516
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	39,516
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	11,220
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 11,220 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>Yes</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>		<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	<b>Yes</b>	
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	<b>Yes</b>	
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MA			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>		<b>No</b>

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

<b>11</b>	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. . . . .	<b>11</b>	<b>Yes</b>	
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTPS://HRIA.ORG/TMF/HOOD/</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>AAFCPAS</u> Telephone no. ► <u>(508) 366-9100</u>			

Located at ► 50 WASHINGTON STREET WESTBOROUGH MAZIP+4 ► 01581

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2020, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>		<b>No</b>
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>		<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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 Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

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


(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH RESOURCES IN ACTION 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116	ADMINISTRATIVE FEES	131,820
PRIME BUCHHOLZ 273 CORPORATE DRIVE SUITE 250 PORTSMOUTH, NH 03801	INVESTMENT ADVISORY SERVICES	75,000
Total number of others receiving over \$50,000 for professional services. . . . . ▶		0

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

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

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> MESENTECH, INC. - BRITISH COLUMBIA, CANADASAFE - SIMPLE AGREEMENT FOR FUTURE EQUITY	250,000
<b>2</b> ANIDA PHARMA - CAMBRIDGE, MA CONVERTIBLE PROMISSORY NOTE	250,000
All other program-related investments. See instructions.	
<b>3</b> 	300,000
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	800,000

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	63,357,772
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	250,829
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	602,701
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	64,211,302
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	64,211,302
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	963,170
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	63,248,132
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	3,162,407

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	3,162,407
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	28,296
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	448
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	28,744
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	3,133,663
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	175,535
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	3,309,198
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	3,309,198

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,335,151
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	800,000
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,135,151
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	3,135,151

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



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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				3,309,198
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			2,911,960	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 3,135,151				
<b>a</b> Applied to 2019, but not more than line 2a			2,911,960	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				223,191
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				3,086,007
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

**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.

**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. See instructions

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

CHARLENE MANCUSI PROGRAM OFFICER HR  
2 BOYLSTON STREET 4TH FLOOR  
BOSTON, MA 02116  
(617) 695-9439  
CMANCUSI@HRIA.ORG

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

APPLICATION FORMS AVAILABLE AT WWW.TMFGRANTS.ORG/HOOD

**c** Any submission deadlines:

ANNUALLY MARCH AND OCTOBER

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

RESTRICTED TO PEDIATRIC RESEARCH

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,059,212
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3b</b>	1,050,000

Enter gross amounts unless otherwise indicated.

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

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

Form **990-PF** (2020)

## Part XVII

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

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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.		
	*****	2021-09-24	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOYCE RIPIANZI CPA		2021-09-24		P00548581
	Firm's name ▶ AAFCPAS INC				Firm's EIN ▶ 04-2571780
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581				Phone no. (508) 366-9100

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
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				
ROBERT C BOUTWELL 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116	VICE PRESIDENT AND CLERK 1.00	0	0	0
BARBARA BULA 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116				
BRENDA 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				
CLAY SMILEY 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116	TRUSTEE 1.00	0	0	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH RESEARCH AWARD - MICROVASCULAR NETWORKS ON A CHIP TO INVESTIGATE HOW HYPERGLYCEMIA INDUCES MICROANGIOPATHY IN TYPE 1 DIABETES	82,500
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH RESEARCH AWARD - REAL-TIME PREDICTION AND INTERVENTION FOR IMPENDING ACUTE KIDNEY INJURY IN HOSPITALIZED CHILDREN	82,500
BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 022414413		PC	CHILD HEALTH RESEARCH AWARD - SYSTEMATIC DISCOVERY AND CORRECTION OF SPLICING DEFECTS CAUSED BY RETROELEMENT INSERTIONS	82,500
<b>Total . . . . . ► 3a</b>				2,059,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MASSACHUSETTS EYE AND EAR INFIRMARY 399 REVOLUTION DRIVE SOMERVILLE, MA 02145		PC	CHILD HEALTH RESEARCH AWARD - GENE THERAPY FOR PERIPHERAL NERVE REPAIR	82,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O BANK OF AMERICA NA 100 FEDERAL STREET BOSTON, MA 02110		PC	CHILD HEALTH RESEARCH AWARD - A CIRCULATORY SUPPORT DEVICE FOR CHILDREN WITH UNIVENTRICULAR HEARTS AND FAILING FONTAN PHYSIOLOGY	82,500
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH RESEARCH AWARD - PEDIATRIC OPIOID POISONING: FAMILY, HOME, AND COMMUNITY RISK FACTORS	82,500
<b>Total . . . . . ▶ 3a</b>				2,059,212



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - SINGLE-CELL TRANSCRIPTOMIC AND GENOMIC ANALYSIS OF HUMAN ATAXIA	82,500
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE MC5335 FARMINGTON, CT 060305335		PC	CHILD HEALTH RESEARCH AWARD - HARNESSING MICROBIOME CONSTITUENTS TO PREVENT RECURRENT PEDIATRIC METHICILLIN- RESISTANT STAPHYLOCOCCUS AUREUS INFECTIONS	82,500
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH RESEARCH AWARD - THE ROLE OF CUTANEOUS INTRINSIC IMMUNITY IN NEONATAL ANTIVIRAL DEFENSE	82,500
<b>Total . . . . . ► 3a</b>				2,059,212

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	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
<b>a</b> <i>Paid during the year</i>				
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH RESEARCH AWARD - UNDERSTANDING THE ROLE OF ENVIRONMENTAL XENOBIOTICS IN FOOD ALLERGY	82,500
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - DEFINING A CILIA- LYSOSOME AXIS IN DEVELOPMENTAL SIGNALING AND CILIUM-BASED DISEASE	12,362
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - IDENTIFICATION OF THE EMBRYONIC LYMPHOID PROGENITORS OF NEONATAL IL- 17 PRODUCING T CELLS	18,694
<b>Total . . . . . ► 3a</b>				2,059,212

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 022414413		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - A MOBILE APPLICATION TO ENGAGE FAMILIES OF HOSPITALIZED CHILDREN IN SAFETY REPORTING	44,026
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE MC5335 FARMINGTON, CT 060305335		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - ESTABLISHING THE C1Q-LIKE PROTEIN SIGNALING PATHWAY AS A NOVEL TARGET FOR ADHD TREATMENTS	11,795
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - GENETIC ETIOLOGY STUDY OF NEUROENDOCRINE CELL HYPERPLASIA OF INFANCY (NEHI) ON DISH	33,000
<b>Total</b> . . . . . ► <b>3a</b>				2,059,212

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - PROTECTIVE ANTIBODIES IN IMMUNOTHERAPY FOR PEANUT ALLERGY	24,200
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH SUPPLEMENTAL ASSISTANCE DUE TO COVID IMPACTS - MECHANISM OF CHIMERIC ANTIGEN RECEPTOR (CAR) SIGNALING	40,135
UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXT UNIT 1133 STORRS, CT 06269		PC	CHILD HEALTH RESEARCH AWARD - NEXT GENERATION TARGETING OF ONCOMIRS FOR PEDIATRIC GLIOMA THERAPY	82,500
<b>Total . . . . . ▶ 3a</b>				2,059,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 022414413		PC	CHILD HEALTH RESEARCH AWARD - BACK TO THE BASICS OF ANTI-FOLATE THERAPY FOR IMPROVED CURE OF PEDIATRIC CANCER	82,500
YALE UNIVERSITYPO BOX 1873 NEW HAVEN, CT 065081873		PC	CHILD HEALTH RESEARCH AWARD - NOVEL MRI MARKERS TO PREDICT MULTIPLE SCLEROSIS IN CHILDREN AT RISK	82,500
HEALTH RESOURCES IN ACTION INC 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116		PC	CHILD HEALTH AWARD FUNDS TO BE HELD IN ESCROW (FUNDS TO BE PAID TO GRANTEES AT A LATER DATE)	165,000
<b>Total . . . . . ▶ 3a</b>				2,059,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 022414413		PC	CHILD HEALTH RESEARCH AWARD - MTORC1 AS A MEDIATOR OF HEMOPHAGOCYTOSIS AND MACROPHAGE ACTIVATION SYNDROME	82,500
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP437 BOSTON, MA 022155450		PC	CHILD HEALTH RESEARCH AWARD - PRECISION MEDICINE FOR PEDIATRIC ACUTE LEUKEMIA	82,500
MASSACHUSETTS GENERAL HOSPITAL C/O BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876		PC	CHILD HEALTH RESEARCH AWARD - MEDS2: MEDICATION EDUCATION FOR DOSING SAFETY	82,500
<b>Total . . . . . ▶ 3a</b>				2,059,212

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON MEDICAL CENTER 660 HARRISON AVE 2ND FLOOR BOSTON, MA 021182908		PC	CHILD HEALTH RESEARCH AWARD - RISING SUICIDES IN BLACK CHILDREN WITH ADHD: THE ROLE OF DISCRIMINATION	82,500
TUFTS MEDICAL CENTER 800 WASHINGTON STREET TUFTS MC BOX 453 BOSTON, MA 021111526		PC	CHILD HEALTH RESEARCH AWARD - SALIVARY TRANSCRIPTOMIC ANALYSIS TO UNDERSTAND SEX-DEPENDENT INFLAMMATORY EFFECTS OF PRENATAL OPIOID EXPOSURE ON THE BRAIN REWARD SIGNALING	82,500
MCLEAN HOSPITALPO BOX 414248 BOSTON, MA 022414248		PC	MAJOR GRANT - BRAIN/BEHAVIOR MECHANISMS OF IRRITABILITY AND SUICIDE IN CHILDREN AND ADOLESCENTS	225,000
<b>Total . . . . . ► 3a</b>				2,059,212

**TY 2020 Accounting Fees Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING & TAX PREPARATION FEES	16,253	0		16,253



**TY 2020 All Other Program Related Investments Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**All Other Program Related Investments Schedule**

Category	Amount
149 MEDICAL - BOLTON, MA UNSECURED CONVERTIBLE PROMISSORY NOTE	150,000
BIOROSA TECHNOLOGIES - BELMONT, MA UNSECURED CONVERTIBLE PROMISSORY NOTE	150,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2020 Expenditure Responsibility Statement**

**Name:** CHARLES H HOOD FOUNDATION

**EIN:** 04-3507847

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
NONINVASIX INC	1700 THE STRAND SUITE 1200 GALVESTON, TX 77555	2017-07-27	7,000	TO FUND NONINVASIX'S PARTICIPATION IN THE PHILIPS' MATERNAL AND INFANT HEALTHWORKS START-UP PROGRAM.	7,000	NONE, SEE BELOW	PRI REPORTS - 04/16/2020, 07/31/2020, 10/30/2020, 02/18/2021	2017-12-15	THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY
BREEGI SCIENTIFIC INC	120 BEDFORD ROAD WOBURN, MA 01801	2017-06-26	250,000	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.	250,000	NONE, SEE BELOW	PRI REPORTS - 03/19/2020, 09/14/2020, 08/02/2021, 08/12/2021	2021-08-02	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
NONINVASIX INC	1700 THE STRAND SUITE 1200 GALVESTON, TX 77555	2015-12-30	150,000	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.	150,000	NONE, SEE BELOW	PRI REPORTS - 04/16/2020, 07/31/2020, 10/30/2020, 02/18/2021	2017-12-15	THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY
ALDATU BIOSCIENCES INC	C/O ARSENAL LAB SPACE 201 DEXTER AVE WATERTOWN, MA 02472	2016-02-23	100,000	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.	100,000	NONE, SEE BELOW	PRI REPORTS - 04/15/2020, 05/19/2021, 05/25/2021	2017-12-15	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.
NONINVASIXINC	1700 THE STRAND SUITE 1200 GALVESTON, TX 77555	2016-07-27	150,000	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.	150,000	NONE, SEE BELOW	PRI REPORT - 04/16/2020, 07/31/2020, 10/30/2020, 02/18/2021	2017-12-15	THE TRUSTEES MEET WITH NONIVASIX, INC. MANAGEMENT ON A REGULAR BASIS, ATTEND BOARD MEETINGS AS AN OBSERVER AND REVIEW THE PRI REPORTS AND FINANCIALS. TO THE TRUSTEES KNOWLEDGE, THE GRANTEE HAS NOT DIVERTED ANY OF THE FUNDS FROM THE PURPOSE OF THE GRANT. NO ADDITIONAL FOLLOW UP DEEMED NECESSARY
THINKMD INC	166 MAIN STREET BURLINGTON, VT 05401	2018-05-17	150,000	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.	150,000	NONE, SEE BELOW	PRI REPORTS - 04/16/2020, 08/18/2020, 02/18/2021, 05/17/2021	2019-02-11	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.

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
PRAPELA LLC	2 MAIN STREET BIDDEFORD, ME 04005	2018-07-02	250,000	THE PROCEEDS OF THE SALE AND ISSUANCE OF THE NOTES SHALL BE USED ONLY TO SUPPORT THE USE AND DEVELOPMENT OF THE COMPANY'S SLEEP TECHNOLOGY PRODUCTS FOR IMPROVING THE HEALTH OF INFANTS WHO COULD BENEFIT FROM WITHDRAWAL TREATMENT AND POST-WITHDRAWAL SUPPORT OF NEONATAL ABSTINENCE SYNDROME ("NAS") - A CONDITION CAUSED BY THE PRENATAL USE OF OPIOIDS OR OTHER DRUGS BY PREGNANT WOMEN.	250,000	NONE, SEE BELOW	PRI REPORTS - 09/10/2020, 06/02/2021	2020-09-10	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.
STINGRAY THERAPEUTICS	2450 HOLCOMBE BLVD SUITE X HOUSTON, TX 77021	2019-04-08	250,000	FUNDS WILL BE USED FOR PRECLINICAL WORK FOCUSED ON PEDIATRIC BRAIN CANCERS, INCLUDING WORK TO DEVELOP PRECLINICAL MODELS AND TO TEST COMPOUNDS AGAINST MEDULLOBLASTOMA, TO TEST BLOOD BRAIN BARRIER PENETRATION, TO TEST WHETHER BLOOD BRAIN BARRIER PENETRATION IS EVEN NEEDED, AND IN PARALLEL, TO DO THE REGULATORY STUDIES REQUIRED TO FILE AN IND TO STUDY IN A PHASE 1-2 CLINICAL SETTING AND THE DRUG SUBSTANCE AND DRUG PRODUCT DEVELOPMENT AND MANUFACTURING REQUIRED FOR, AND TO BE USED SOLELY FOR THE PURPOSES OF, CLINICAL STUDY.	250,000	NONE, SEE BELOW	PRI REPORTS - 1/19/20, 7/15/20, 8/27/20, 10/7/20, 1/22/21, 4/15/21, 5/18/21	2021-05-18	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.
149 MEDICAL INC	1173 MAIN STREET BOLTON, MA 01740	2020-04-17	150,000	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.	145,921	NONE, SEE BELOW	PRI REPORT - 04/27/2020, 07/27/2020, 12/10/2020, 06/08/2021	2021-06-08	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
ANIDA PHARMA INC	155 BROOKLINE STREET SUITE 005 CAMBRIDGE, MA 02139	2020-12-21	250,000	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.	40,000	NONE, SEE BELOW	PRI REPORT - 12/31/2020	2021-05-24	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
BIOROSA TECHNOLOGIES INC	63 BAKER STREET BELMONT, MA 02478	2020-07-15	150,000	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.	150,000	NONE, SEE BELOW	PRI REPORTS - 02/04/2021, 06/17/2021	2021-07-16	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
MESENTTECH INC	2222 HEALTH SCIENCES RD VANCOUVER, BRITISH COLUMBIA V6T2B9 CA	2020-11-02	250,000	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.	80,755	NONE, SEE BELOW	PRI REPORT - 05/18/2021	2021-05-18	THE TRUSTEES MEET WITH MESENTTECH, 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

**TY 2020 Investments Corporate Bonds Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
FIXED INCOME	15,513,323	15,513,323

**TY 2020 Investments Corporate Stock Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DOMESTIC EQUITIES	36,997,735	36,997,735
FOREIGN SECURITIES	14,983,000	14,983,000

**TY 2020 Investments - Other Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE	FMV	2,863,191	2,863,191
ALTERNATIVE INVESTMENTS	FMV	602,701	602,701

**TY 2020 Legal Fees Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL EXPENSES	28,703	0		28,703

## TY 2020 Other Assets Schedule

**Name:** CHARLES H HOOD FOUNDATION

**EIN:** 04-3507847

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENTS	1,307,000	2,119,964	2,119,964



**TY 2020 Other Decreases Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847

Description	Amount
LOSS ON INVESTMENT IN GPG HEALTHCARE OPPORTUNITIES FUND, LLC	29,753
LOSS ON INVESTMENT IN NEWBURY EQUITY PARTNERS V L.P.	22,253
LOSS ON INVESTMENT IN ACCOLADE PARTNERS VIII, L.P.	8,569
LOSS ON RCP FUND XIV CAYMAN FEEDER, LP	55,783

**TY 2020 Other Expenses Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	1,039	0		1,039
MISCELLANEOUS EXPENSES	5,670	0		5,669
HRIA ADMINISTRATIVE COSTS	131,820	0		131,821
PROGRAM RELATED INVESTMENT ADMINISTRATIVE COSTS	7,404	0		7,404
MARKETING	851	0		851
HONORARIA	21,238	0		21,238
SCIENTIFIC ADVISORS	42,742	0		42,742

**TY 2020 Other Income Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURNED GRANT FUNDS	175,535		175,535
MISCELLANEOUS INCOME	4,479		4,479

**TY 2020 Other Increases Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847**Other Increases Schedule**

Description	Amount
UNREALIZED GAINS	6,877,676

**TY 2020 Other Professional Fees Schedule****Name:** CHARLES H HOOD FOUNDATION**EIN:** 04-3507847

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES - US TRUST	31,525	15,762		15,763
INVESTMENT CONSULTING	75,000	75,000		0

**TY 2020 Taxes Schedule**

**Name:** CHARLES H HOOD FOUNDATION  
**EIN:** 04-3507847

**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	36,521	36,521		0