

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 2023 or tax year beginning, 2023, and ending, 20

Name of foundation: MASSACHUSETTS HEALTH DECISIONS, INC.
Employer identification number: 20-8557066
Telephone number: 9193873666
City or town, state or province, country, and ZIP or foreign postal code: APEX NC 27502
G Check all that apply: Initial return, Final return, Address change, etc.
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$638,372
J Accounting method: 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), Operating and Administrative Expenses (13-26), and Summary (27-29).

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	10,099.	6,437.	6,437.
	2 Savings and temporary cash investments	30,765.	29,175.	29,175.
	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	14,500.	9,106.	9,106.
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) $1-10b$ $577,839.$	577,839.	525,159.	593,654.
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	633,203.	569,877.	638,372.	
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 Total liabilities (add lines 17 through 22)			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	633,203.	569,877.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	633,203.	569,877.		
30 Total liabilities and net assets/fund balances (see instructions)	633,203.	569,877.		

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	633,203.
2 Enter amount from Part I, line 27a		2	-54,520.
3 Other increases not included in line 2 (itemize) <u>NONDIVIDEND DISTRIBUTIONS</u>		3	45.
4 Add lines 1, 2, and 3		4	578,728.
5 Decreases not included in line 2 (itemize) <u>CAPITAL LOSSES</u>		5	8,851.
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29		6	569,877.

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 2023 or the tax year beginning in 2023?
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 DAVID B. CLARKE Telephone no. (781) 784-1966
Located at 103 DUNVEGAN CT APEX NC ZIP+4 27502
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 15
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?
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? If "Yes," list the years	2a	X
20 ____ , 20 ____ , 20 ____ , 20 ____		
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 ____ , 20 ____ , 20 ____ , 20 ____		
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	
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

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

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

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

(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
DAVID B. CLARKE PO BOX 1407 APEX NC 27502	PRESIDENT 35.00	72,000.		
JUDITH PRESSER PO BOX 1407 APEX NC 27502	DIRECTOR 0.50	0.		
CHRISTINE SWANSON PO BOX 1407 APEX NC 27502	DIRECTOR 0.50	0.		
See Statement	1.50	0.		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DAVID B. CLARKE 103 DUVEGAN CT APEX NC 27502	ADMINISTRATION	72,000.
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	HEALTH CARE PROXY PROGRAM - SEE ATTACHED STATEMENT	11,716.
2	HEALTH DECISIONS RESOURCES GRANT PROGRAM - SEE ATTACHED STATEMENT	27,337.
3	PROXY PARTNERS SKILLS PROGRAM - SEE ATTACHED STATEMENT	39,053.
4		

Part VIII-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
1	N/A	0.
2		
3	All other program-related investments. See instructions.	
Total. Add lines 1 through 3		0.

Form 990-PF

**Summary of Direct
Charitable Activities
Included on Part IX-A, Lines 1 - 3****ACTIVITY ONE:**

HEALTH CARE PROXY PROGRAM: CONTINUING PROFESSIONAL EDUCATION AND CONSULTATION FOR NURSES, PHYSICIANS, ADMISSION AND SOCIAL SERVICE STAFF ON USE OF ADVANCE DIRECTIVES; PUBLIC EDUCATION AND CONSULTATION; DISTRIBUTION OF FORMS AND MATERIALS IN ENGLISH AND 15 OTHER LANGUAGES INCLUDING BRAILLE. BENEFIT TO 2000 PERSONS. MHD CONTINUES ITS EFFORT TO MAKE ITS PRINT MATERIALS AVAILABLE IN AMERICAN SIGN LANGUAGE (ASL) FOR PEOPLE WHO ARE DEAF, DEAF-BLIND, AND LATE-DEAFENED. MOST MHD MATERIALS ARE INCLUDED ON THE MHD WEBSITE AT NO COST TO THE PUBLIC OR CLINICIANS.

MHD'S WEBSITE BECAME ACTIVE ONLINE IN OCTOBER 2016. SITE INCLUDES EXTENSIVE EDUCATIONAL MATERIALS FOR MEMBERS OF THE PUBLIC AND HEALTH CARE PROFESSIONAL ON ADVANCE DIRECTIVES AND OTHER ISSUES OF HEALTH CARE DECISION MAKING. SEE: [HTTPS://MASSHEALTHDECISIONS.ORG](https://masshealthdecisions.org)

ACTIVITY TWO:

MHD'S SMALL-GRANT PROGRAM, 'HEALTH DECISIONS RESOURCES,' WAS BEGUN IN 2015. FUNDED BY A CHARITABLE GIFT, THE PROGRAM HELPS NONPROFIT HEALTH CARE AND HEALTH EDUCATION ORGANIZATIONS WITH SMALL 'JUST IN TIME' GRANTS FOR PUBLIC BENEFIT PROJECT AND PROGRAMS. ALL GRANTS FALL WITHIN AND FURTHER MHD'S OWN CHARITABLE MISSION GUIDELINES. THE MHD WEBSITE PROVIDES COMPLETE APPLICATION INFORMATION, INCLUDING A DESCRIPTIVE LIST OF RECENTLY FUNDED PROJECTS. MHD FUNDED PROJECTS TOTALING \$15,002 IN 2021. COMPLETE INFORMATION ON APPLYING FOR GRANTS, AN APPLICATION FORM, AND CONTACT INFORMATION ARE AVAILABLE ON THE MHD WEBSITE, AS WELL AS CONTACT INFORMATION FOR ACQUIRING ALL INFORMATION IN HARD COPY ON REQUEST. SEE: [HTTPS://MASSHEALTHDECISIONS.ORG/GRANTS-
INFORMATION](https://masshealthdecisions.org/grants-information)

ACTIVITY THREE:

"PROXY PARTNERS", A 30-HOUR BLENDED TRAINING CURRICULUM BEING DEVELOPED, WILL BE AVAILABLE AT NO COST TO ANY NONPROFIT ORGANIZATION THAT WANTS TO INCREASE ITS VOLUNTEER SERVICES TO ITS MEMBERS, PATIENTS, RESIDENT OR CLIENTS. THE TRAINING PACKAGE, INCLUDING ALL PRESENTATION MATERIALS, VIDEOS, LEADER'S MANUAL, STUDENT EXERCISES, AND ACCESS TO ALL ONLINE LEARNING WILL BE OFFERED AT NO COST. THE CURRICULUM WILL ENABLE VOLUNTEERS IN EXISTING ORGANIZATIONS TO SERVE PEOPLE WHO WANT HELP THINKING THROUGH THEIR HEALTH CARE DECISIONS. AFTER 4+ YEARS OF CONSULTATION WITH MORE THAN 100 ORGANIZATIONS, MHD BELIEVES THE SERVICE WILL BE USEFUL TO HOME HEALTH AND HOSPICES, ELDER SERVICE GROUPS, PACE PROGRAMS, GROUP LIVING ORGANIZATIONS SUCH AS PUBLIC AND SENIOR HOUSING COMMUNITIES, FAITH GROUPS, AND A VARIETY OF ORGANIZATIONS ALREADY PROVIDING OUTREACH SERVICES TO PEOPLE LIVING INDEPENDENTLY, PERSONS WITH DISABILITIES, NEWLY SINGLE PERSONS, AND PERSONS UNFAMILIAR WITH THE HEALTH CARE SYSTEM AND THEIR OWN PARTICIPATION IN IT.

PART XV

Supplementary Information

Line 3: (NOTE: No grants were made in calendar 2023)

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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	588,938.
b	Average of monthly cash balances	1b	59,945.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	648,883.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	648,883.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	9,733.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	639,150.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	31,958.

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	31,958.
2a	Tax on investment income for 2022 from Part V, line 5	2a	191.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	191.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	31,767.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	31,767.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	31,767.

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	78,106.
b	Program-related investments—total from Part VIII-B	1b	0.
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	78,106.

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				31,767.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018	67,226.			
b From 2019	111,956.			
c From 2020	104,680.			
d From 2021	97,529.			
e From 2022	87,066.			
f Total of lines 3a through e	468,457.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 78,106.				
a Applied to 2022, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2023 distributable amount				
e Remaining amount distributed out of corpus	78,106.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	546,563.			
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				
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 instructions			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				31,767.
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)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)	67,226.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	479,337.			
10 Analysis of line 9:				
a Excess from 2019	111,956.			
b Excess from 2020	104,680.			
c Excess from 2021	97,529.			
d Excess from 2022	87,066.			
e Excess from 2023	78,106.			

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

N/A

1a 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 2a (Net income), b (85% of line 2a), c (Qualifying distributions), d (Amounts included in line 2c), e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

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. See instructions.

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

See Supplementary Information Statement

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

c Any submission deadlines:

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

Part XIV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total				3a
b <i>Approved for future payment</i> NONE				
Total				3b 0.

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Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Continuation Statement

Name and Address Information	Form Information	Submission Information	Restrictions
DAVID B. CLARKE, EXECUTIVE DIRECTOR PO BOX 1407 APEX, NC 27502 DCLARKE@MASSHEALTHDECISIONS.ORG 781-784-1966	Application criteria, form with list of necessary attachments, available at <masshealthdecisions.org/grants-information>	No fixed application period. Applications accepted and reviewed anytime.	Grants made only to 501(c)(3) organizations with missions consistent with that of Massachusetts Health Decisions, as described on the Grants - Information website page. Amount of grants is typically between \$5,000 and \$20,000.

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Form 990-PF: Return of Private Foundation

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors **Continuation Statement**

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
J. PETER MASELLI PO BOX 1407 APEX, NC 27502	VICE PRES/TREASURER 0.50	0.		
RUTH L. FISHBACH PO BOX 1407 APEX, NC 27502	DIRECTOR 0.50	0.		
PAUL MONTGOMERY PO BOX 1407 APEX, NC 27502	CLERK 0.50	0.		
		0.	0.	0.

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Additional Information From Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
2023 FORM 990 PF	400.			
FOREIGN TAXES WITHHELD	240.	240.		
Total	640.	240.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
BANK SERVICE CHARGES	10.	10.		
CONTINUING EDUCATION	610.			610.
FILING FEES	15.			15.
GIFTS	182.			182.
OFFICE EXPENSE	369.			369.
Total	1,186.	10.		1,176.

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Name
MASSACHUSETTS HEALTH DECISIONS, INC.

Employer Identification No.
20-8557066

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-PF, Part I, Line 16a					

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-PF, Part I, Line 16b					

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHARLES SCWAB	INVESTMENT ADVISORY SERVICES	4,000.	4,000.		
PENNER WEBSITE DESIGN	WEBSITE MAINTENANCE	500.			500.
AIMEE MILLIKEN	EDUCATIONAL CONSULTING	3,000.			3,000.
Total to Form 990-PF, Part I, Line 16c		7,500.	4,000.		3,500.

Name MASSACHUSETTS HEALTH DECISIONS, INC.	Employer Identification No. 20-8557066
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Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
CHARLES SCHWAB - SEE ATTACHED	525,159.	593,654.
Totals to Form 990-PF, Part II, Line 10b	525,159.	593,654.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 10c		

Line 12 - Investments - Mortgage loans:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 12		

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 13		

Additional Information From 2023 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Part IX, Line 1b

Itemization Statement

Description	Amount
SCHWAB	41,061.
EASTERN BANK	18,884.
Total	59,945.

Form 990-PF: Return of Private Foundation

Line 4 Column (d)

Itemization Statement

Description	Amount
CAPITAL GAIN DIVIDENDS	839.
ORDINARY DIVIDENDS	17,937.
Total	18,776.

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From: [MA Charities No-Reply](#)
To: [Susan McCarthy](#)
Subject: Annual Form PC Filing Has Been Submitted Successfully
Date: Tuesday, May 7, 2024 9:42:04 PM



Thank you for submitting your 2023 Form PC annual filing for MASSACHUSETTS HEALTH DECISIONS, INC. (AG Account # - 047220) to the Non-Profit Organizations/Public Charities Division of the Massachusetts Attorney General's Office. This filing will be reviewed for accuracy and completeness. Your submission of this filing does not mean that your organization is fully in compliance with filing requirements. After your submission is reviewed, you will receive confirmation of compliance or you will be contacted by a Charities Specialist if we require any further information or corrections.

Thank you,
Non-Profit Organizations/Public Charities Division
Massachusetts Office of the Attorney General

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From: [MA Charities No-Reply](#)
To: judith.presser@gmail.com; dclarke@masshealthdecisions.org; clarkemhd@verizon.net; [Susan McCarthy](#)
Subject: Payment - Annual Form PC Filing Fee
Date: Tuesday, May 7, 2024 9:24:34 PM



A Form PC for fiscal year 2023 has been approved by all signatories and is now pending payment before submission to the Non-Profit Organizations/Public Charities Division of the Massachusetts Attorney General's Office. Please submit your payment of \$35 to complete your submission.

AG Number: 047220

Charity Name: MASSACHUSETTS HEALTH DECISIONS, INC.

Amount: \$35

Please use the 'Make Payments' option with the link below.

<https://masscharities.my.site.com/CharityPortal/s/login/>

Thank you,
Non-Profit Organizations/Public Charities Division
Massachusetts Office of the Attorney General

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Charity Portal

- [Close Window](#)
- [Print This Page](#)
- [Expand All](#) | [Collapse All](#)

FPC-673711

Charity

AGO Charity Record	Rec-43607	AG Charity Number	047220
Charity Name	MASSACHUSETTS HEALTH DECISIONS, INC.		
Test field to Trigger the Payment Email			

eFiler Info

eFiler Email	susan@sjmccarthy CPA.com	Preparer Name	
Filing Year	2023	Filing Status	In-Progress
Filing Mode	eFile		

Organization Details

Form-PC Name	FPC-673711	Date of determination letter	7/31/2007
Federal Id	20-8557066	Current Fiscal Period End Date	12/31/2023
Current Fiscal Period Start Date	1/1/2023	Fax Number	
eFiler Compay Name (if diff frm Charity)	SUSAN J. MCCARTHY, CPA, MST, CSEP	Form of Organization	Corporation
Is eFiler different from org contact?	Yes	IRS Tax Exempt Status	Received
eFiler Name (diff frm Charity)	SUSAN J. MCCARTHY, CPA, MST, CSEP	Is address same as org address?	<input checked="" type="checkbox"/>
eFiler Street Address (diff frm Charity)	18 WASHINGTON ST, SUITE 307	Is Final Prior to Dissolution?	<input type="checkbox"/>
eFiler City	CANTON	Mailing Address	PO BOX 1407
eFiler State (diff frm Charity)	Massachusetts	Organization Created Date	5/17/2007
eFiler Zip Code (diff frm Charity)	02021	Organization Created Place	MASSACHUSETTS
eFiler Phone Number (diff frm Charity)	9783029913	Organization First Charity Engage Date	1/1/2008
Organization Name	MASSACHUSETTS HEALTH DECISIONS, INC.	Other form of Organization	
Organization Purpose 1	Other educational	Primary Contact Name	DAVID B. CLARKE
Organization Purpose 2	Other health	Contact Person Email	dclarke@masshealthdecisions.org
Organization Address	118 WASHINGTON ST	Primary Contact Street Address	103 DUNVEGAN CT
Organization City	GLOUCESTER	Primary Contact City	APEX
Organization State	Massachusetts	Primary Contact State	North Carolina
Organization Zip Code	01930	Primary Contact Zip Code	27502
Type of Organization	Educational Institutions and Related Activities	Primary Contact Phone	781-784-1966
Under what section 501(c)	3		

Types of Solicitation activities expect to engage (Fiscal year reported here)

Sch.A1 Mass mailing	<input type="checkbox"/>	Sch.A1 door-to-door	<input type="checkbox"/>
Sch.A1 Entertainment event	<input type="checkbox"/>	Sch.A1 Telemarketing w/out sale of goods	<input type="checkbox"/>
Sch.A1 Telemarketing with sale of goods	<input type="checkbox"/>	Sch.A1 Telemarketing with sale of ads	<input type="checkbox"/>
Sch.A1 Via the Internet	<input checked="" type="checkbox"/>	Sch.A1 Raffle, bingo, or gaming event	<input type="checkbox"/>
Sch.A1 Sale of goods not by telephone	<input checked="" type="checkbox"/>	Sch.A1 Individual mailings	<input type="checkbox"/>
Sch.A1 Corporate solicitations	<input type="checkbox"/>	Sch.A1 Grant proposals	<input type="checkbox"/>
Sch.A1 Other types of solicitation			

Types of Solicitation activities expect to engage (Fiscal year following)

Sch.A2 Mass mailing	<input type="checkbox"/>	Sch.A2 door-to-door	<input type="checkbox"/>
Sch.A2 Entertainment event	<input type="checkbox"/>	Sch.A2 Telemarketing w/out sale of goods	<input type="checkbox"/>
Sch.A2 Telemarketing with sale of goods	<input type="checkbox"/>	Sch.A2 Telemarketing with sale of ads	<input type="checkbox"/>
Sch.A2 Via the Internet	<input checked="" type="checkbox"/>	Sch.A2 Raffle, bingo, or gaming event	<input type="checkbox"/>
Sch.A2 Sale of goods not by telephone	<input checked="" type="checkbox"/>	Sch.A2 Individual mailings	<input type="checkbox"/>
Sch.A2 Corporate solicitations	<input type="checkbox"/>	Sch.A2 Grant proposals	<input type="checkbox"/>
Sch.A2 Other types of solicitation			

Solicitation

Solicit contributions FY reported?	Yes	Sch.A1 Claim exemption?	No
Sch.A1 religious exemption	<input type="checkbox"/>	Sch.A1 Under 5k, 10 people exemption	<input type="checkbox"/>
AKA during Solicitation of Charity			
Sch.A1 Professional solicitor	No	Sch.A1 Professional solicitor name	
Sch.A1 Professional solicitor address		Sch.A1 Professional solicitor city	
Sch.A1 Professional solicitor state		Sch.A1 Professional solicitor zip code	
Sch.A1 Professional fundraising counsel	No	Sch.A1 Prof fundraising counsel name	
Sch.A1 Prof fundraising counsel address		Sch.A1 Prof fundraising counsel city	
Sch.A1 Prof fundraising counsel state		Sch.A1 Prof fundraising counsel zip code	
Sch.A1 Commercial co-venturer	No	Sch.A1 Commercial co-venturer Name	
Sch.A1 Commercial co-venturer address		Sch.A1 Commercial co-venturer city	
Sch.A1 Commercial co-venturer state		Sch.A1 Commercial co-venturer zip code	
Sch.A1 Own employees	<input type="checkbox"/>	Sch.A1 Volunteers	<input checked="" type="checkbox"/>
Sch.A1 Custody Indiv Responsible Name 1	J. PETER MASELLI, VICE PRESIDENT AND TREASURER	Sch. A1 Custody Indiv Responsible Add 1	PO BOX 1407
Sch.A1 Custody Indiv Responsible City 1	APEX	Sch.A1 Custody Indiv Responsible State 1	North Carolina
Sch.A1 Custody Indiv Responsible Zip 1	27502		
Sch.A1 Custody Indiv Responsible Name 2	DAVID B. CLARKE, PRESIDENT AND EXECUTIVE DIRECTOR	Sch. A1 Custody Indiv Responsible Add 2	PO BOX 1407
Sch.A1 Custody Indiv Responsible City 2	APEX	Sch.A1 Custody Indiv Responsible State 2	North Carolina
Sch.A1 Custody Indiv Responsible Zip 2	27502		
Sch.A1 Custody Indiv Responsible Name 3		Sch. A1 Custody Indiv Responsible Add 3	
Sch.A1 Custody Indiv Responsible City 3		Sch.A1 Custody Indiv Responsible State 3	
Sch.A1 Custody Indiv Responsible Zip 3			
Sch.A1 Distrib Indiv Responsible Name 1	J. PETER MASELLI, VICE PRESIDENT AND TREASURER	Sch.A1 Distrib Indiv Responsible Add 1	PO BOX 1407
Sch. A1 Distrub Indiv Responsible City 1	APEX	Sch.A1 Distrib Indiv Responsible State 1	North Carolina
Sch. A1 Distrib Indiv Responsible Zip 1	27502		
Sch.A1 Distrib Indiv Responsible Name 2	DAVID B. CLARKE, PRESIDENT AND EXECUTIVE DIRECTOR	Sch.A1 Distrib Indiv Responsible Add 2	PO BOX 1407
Sch. A1 Distrub Indiv Responsible City 2	APEX	Sch.A1 Distrib Indiv Responsible State 2	North Carolina

Sch. A1 Distrib Indiv Responsible Zip 2	27502		
Sch.A1 Distrib Indiv Responsible Name 3		Sch.A1 Distrib Indiv Responsible Add 3	
Sch. A1 Distrib Indiv Responsible City 3		Sch.A1 Distrib Indiv Responsible State 3	
Sch. A1 Distrib Indiv Responsible Zip 3			
Solicit contributions following FY?	Yes	Sch.A2 Claim exemption?	No
Sch.A2 religious exemption	<input type="checkbox"/>	Sch.A2 Under 5k, 10 people exemption	<input type="checkbox"/>
AKA during Solicitation of Charity 2			
Sch.A2 Professional solicitor	No	Sch.A2 Professional solicitor name	
Sch.A2 Professional solicitor address		Sch.A2 Professional solicitor city	
Sch.A2 Professional solicitor state		Sch.A2 Professional solicitor zip code	
Sch.A2 Professional fundraising counsel	No	Sch.A2 Prof fundraising counsel name	
Sch.A2 Prof fundraising counsel address		Sch.A2 Prof fundraising counsel city	
Sch.A2 Prof fundraising counsel state		Sch.A2 Prof fundraising counsel zip code	
Sch.A2 Commercial co-venturer	No	Sch.A2 Commercial co-venturer name	
Sch.A2 Commercial co-venturer address		Sch.A2 Commercial co-venturer city	
Sch.A2 Commercial co-venturer state		Sch.A2 Commercial co-venturer zip code	
Sch.A2 Own employees	<input type="checkbox"/>	Sch.A2 Volunteers	<input checked="" type="checkbox"/>
Sch.A2 Custody Indiv Responsible Name 1	J. PETER MASELLI, VICE PRESIDENT AND TREASURER	Sch.A2 Custody Indiv Responsible Add 1	PO BOX 1407
Sch.A2 Custody Indiv Responsible City 1	APEX	Sch.A2 Custody Indiv Responsible State 1	North Carolina
Sch.A2 Custody Indiv Responsible Zip 1	27502		
Sch.A2 Custody Indiv Responsible Name 2	DAVID B. CLARKE, PRESIDENT AND EXECUTIVE DIRECTOR	Sch.A2 Custody Indiv Responsible Add 2	PO BOX 1407
Sch.A2 Custody Indiv Responsible City 2	APEX	Sch.A2 Custody Indiv Responsible State 2	North Carolina
Sch.A2 Custody Indiv Responsible Zip 2	27502		
Sch.A2 Custody Indiv Responsible Name 3		Sch.A2 Custody Indiv Responsible Add 3	
Sch.A2 Custody Indiv Responsible City 3		Sch.A2 Custody Indiv Responsible State 3	
Sch.A2 Custody Indiv Responsible Zip 3			
Sch.A1 Distrib Indiv Responsible Name 4	J. PETER MASELLI, VICE PRESIDENT AND TREASURER	Sch.A1 Distrib Indiv Responsible Add 4	PO BOX 1407
Sch.A2 Distrib Indiv Responsible City 1	APEX	Sch.A2 Distrib Indiv Responsible State 1	North Carolina
Sch.A2 Distrib Indiv Responsible Zip 1	27502		
Sch.A1 Distrib Indiv Responsible Name 5	DAVID B. CLARKE, PRESIDENT AND EXECUTIVE DIRECTOR	Sch.A1 Distrib Indiv Responsible Add 5	PO BOX 1407
Sch.A2 Distrib Indiv Responsible City 2	APEX	Sch.A2 Distrib Indiv Responsible State 2	North Carolina
Sch.A2 Distrib Indiv Responsible Zip 2	27502		
Sch.A1 Distrib Indiv Responsible Name 6		Sch.A1 Distrib Indiv Responsible Add 6	
Sch.A2 Distrib Indiv Responsible City 3		Sch.A2 Distrib Indiv Responsible State 3	
Sch.A2 Distrib Indiv Responsible Zip 3			
Has this org solicitd funds out of state	No	Solicitation States	

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Financial

Paid employees?	No	Compensation to individuals not included	
Explanation for not quantified response		Compensation provided to consultants	Yes
Charity maintain a Bank Account?	Yes	No Charity Bank Reason	
Organization's accounting method	Cash		
Contributions, gifts, grants received	\$0	Gross support and revenue	\$29,006
Program services and similar amounts	\$10,230	Fundraising expenses	\$0
Management and general expenses	\$83,526	Payments to affiliates	
Total expenses	\$83,526	Net assets or fund balances	\$638,372

Restricted funds

Donor restrict funds loaned unrestrict	No	Restrict remove from fund - explain	
Restrict remove from donor-restrict fund	No	Donor restrict funds loaned - explain	

Management & Affiliates

Enjoined/prohibited from solic contrib?	No	Enj/prohib from solic contrib - explain	
Been refused reg?	No	Been refused reg - Explanation	
Voluntary agreement of compliance?	No	Voluntary agree of compliance - Explain	
Subject of a proceeding?	No	Subject of a proceeding - explanation	
Other offices/branches/chapters/affilia	No		

Reviewer's Data

Filer type for reviewer info		Reviewer name as a confirmation	
Single Employee Charity Request	<input type="checkbox"/>	Single Signatory Request Status	
Reviewer 1 Name	DAVID B. CLARKE, EXECUTIVE DIRECTOR AND PRESIDENT	Reviewer 2 Name	JUDITH PRESSER, DIRECTOR
Reviewer 1 Email	clarkemhd@verizon.net	Reviewer 2 Email	judith.presser@gmail.com
Reviewer1 Status		Reviewer2 Status	
Preparer authorized signatory?	No		

Schedule VCO

Schedule VCO Q1	No	Schedule VCO Q2	
Charitable purposes		Organization purpose	

Related Parties

Payment/value transfer to related party	No
Payment Transf Addl info:	
Sold/bought asset to/from related party?	No
Asset Transacted Addl Info:	
Leased assets to/from related party?	No
Leased Assets Addl Info:	
Been indebted to related party?	No
Indebted Addl Info:	
Made/help investment in related party?	No

Investments Addl info

Furnished goods, etc to related party? No

Furnished Goods Addl Info:

Acquired goods etc from RP-compensation? No

Acquired Goods Addl Info:

Agreement with related party No

Agreement Addl Info:

Paid wages to related party? Yes

Paid Wages Addl Info: DAVID B. CLARKE, PO BOX 1407, APEX NC 27502

NATURE OF TRANSACTION AND AMOUNT INVOLVED:
ADMIN/CONSULTATION SERVICES \$72,000

PROCEDURE FOLLOWED:
MASSACHUSETTS HEALTH DECISIONS, INC. COMPENSATES DAVID B. CLARK (EXECUTIVE DIRECTOR) AS AN INDEPENDENT CONTRACTOR. IN CALENDAR YEAR 2023, DAVID B. CLARKE WAS PAID \$72,000. A FORM 1099-NEC WAS ISSUED AND FILED WITH THE IRS FOR THIS COMPENSATION. THE BOARD APPROVES THE COMPENSATION.

Transferred income to/for use by RP? No

Transferred Income Addl Info:

Org party to transaction w/fin interest? No

Fin Interest Addl info:

Org invested in corporate stock? No

Corporate Stock Addl Info:

Property held in name of person/org? No

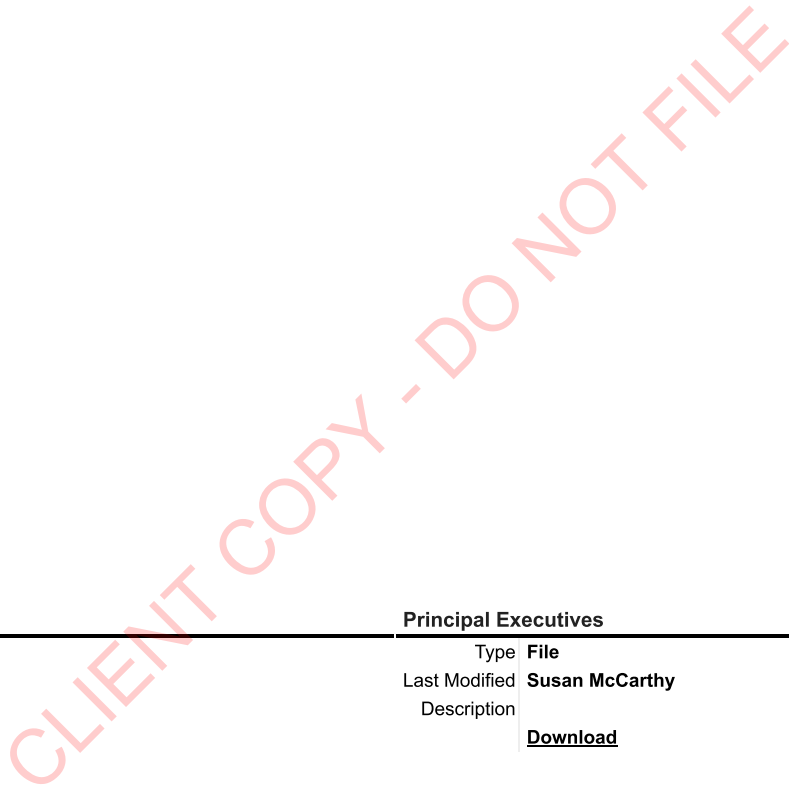
Property Held Addl Info:

Org make grant award/contribution? No

Contribution Addl info:

Related party explanation - value, terms

Related party explanation - name, nature



Notes & Attachments

Authorized Charity Individuals

Type	File
Last Modified	Susan McCarthy
Description	Download

Principal Executives

Type	File
Last Modified	Susan McCarthy
Description	Download

Federal Revenue Support

Type	File
Last Modified	Susan McCarthy
Description	Download

Highest Paid Consultants

HPC-069807

Name/Title	AIMEE MILLIKEN, CONSULTANT
Amount of \$\$	\$3,000.00
Type(s) of Service	EDUCATIONAL COSULTING
View More	Click Here

HPC-069808

Name/Title	SUSAN J. MCCARTHY, CPA, MST, CSEP
Amount of \$\$	\$2,200.00
Type(s) of Service	ACCOUNTING/TAX
View More	Click Here

HPC-069809

Name/Title **PENNER WEBSITE DESIGN**
 Amount of \$\$ **\$500.00**
 Type(s) of Service **WEBSITE SERVICES**
 View More [Click Here](#)

HPC-069810

Name/Title **CHARLES SCHWAB INVESTMENTS**
 Amount of \$\$ **\$4,000.00**
 Type(s) of Service **INVESTMENT ADVISORY SERVICES**
 View More [Click Here](#)

HPC-069811

Name/Title **DAVID P. CLARKE, EXEC DIR**
 Amount of \$\$ **\$72,000.00**
 Type(s) of Service **ADMIN/CONSULTATION**
 View More [Click Here](#)

Bank Details

BANK-072990

Address **7 SOUTH MAIN ST, SHARON MA 02067**
 Bank **EASTERN BANK**
 Phone Number **(781) 794-7800**
 View More [Click Here](#)

BANK-072991

Address
 Bank
 Phone Number
 View More [Click Here](#)

BANK-072992

Address
 Bank
 Phone Number
 View More [Click Here](#)

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FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
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NONE

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
---------	--	-----------	---

NAME AND ADDRESS	TITLE
DAVID B. CLARKE PO BOX 1407 APEX, NC 27502	PRESIDENT; EXECUTIVE DIRECTO
JUDITH PRESSER PO BOX 1407 APEX, NC 27502	DIRECTOR
CHRISTINE SWANSON PO BOX 1407 APEX, NC 27502	DIRECTOR
J. PETER MASELLI PO BOX 1407 APEX, NC 27502	VICE PRESIDENT; TREASURER
RUTH L. FISCHBACH PO BOX 1407 APEX, NC 27502	DIRECTOR
PAUL MONTGOMERY PO BOX 1407 APEX, NC 27502	CLERK

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NAME AND ADDRESS

AREA OF RESPONSIBILITY

DAVID B CLARKE
P.O. BOX 1407
APEX, NC 27502

RESPONSIBLE FOR CUSTODY OF FUNDS

DAVID B CLARKE
P.O. BOX 1407
APEX, NC 27502

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

DAVID B CLARKE
P.O. BOX 1407
APEX, NC 27502

RESPONSIBLE FOR FUNDRAISING

DAVID B CLARKE
P.O. BOX 1407
APEX, NC 27502

CUSTODY OF FINANCIAL RECORDS

DAVID B CLARKE
P.O. BOX 1407
APEX, NC 27502

AUTHORIZED TO SIGN CHECKS

PETER MASELLI
P.O. BOX 1407
APEX, NC 27502

RESPONSIBLE FOR CUSTODY OF FUNDS

PETER MASELLI
P.O. BOX 1407
APEX, NC 27502

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

PETER MASELLI
P.O. BOX 1407
APEX, NC 27502

CUSTODY OF FINANCIAL RECORDS

PETER MASELLI
P.O. BOX 1407
APEX, NC 27502

AUTHORIZED TO SIGN CHECKS

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