Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0047

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

Open to Public Inspection

For	calen	dar year 2023 or tax year beginning	, 2023, a	and ending		, 20
	e of fou		•	A Employe	er identification number	
ΜA	SSAC	HUSETTS HEALTH DECISIONS, INC.		20-8	557066	
		street (or P.O. box number if mail is not delivered to street address)	Room/su	ite B Telephor	ne number (see instructi	ons)
ΡO	BOX	1407		9193	873666	
City	or town,	, state or province, country, and ZIP or foreign postal code	'	C If exemp	tion application is pend	ina. check here . \square
ΑP	EX N	C 27502				3, 1 11 11
			of a former public cha	arity D 1. Foreig	n organizations, check	here
		☐ Final return ☐ Amended r	•	٠	n organizations meeting	
		☐ Address change ☐ Name char	nge	"	here and attach compu	· —
Н	Check	type of organization: X Section 501(c)(3) exempt private	ate foundation	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust Other taxal		n section 5	07(b)(1)(A), check here	
		narket value of all assets at J Accounting method			ndation is in a 60-mont	n termination
		f year (from Part II, col. (c),		under se	ction 507(b)(1)(B), check	here
	line 16	638,372. (Part I, column (d), mu	st be on cash basis.)			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	b) Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	, X ,		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check 🗵 if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	18,776.	18,776.		
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>P</u>	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances 21,325.				
	b	Less: Cost of goods sold 11,095.				
	C	Gross profit or (loss) (attach schedule)	10,230.			
	11	Other income (attach schedule)	22.225	10 556		
	12 13	Total. Add lines 1 through 11	29,006. 72,000.	18,776. 0.	0.	72 000
es	14	Other employee salaries and wages	72,000.	0.	0.	72,000.
benses	15	Pension plans, employee benefits				
		Logal foos (attach schodula)				
ш	b	Accounting fees (attach schedule)	2,200.	770.	0.	1,430.
<u>ĕ</u> .	c	Other professional fees (attach schedule) L-16c .Stmt.	7,500.	4,000.	Ŭ.	3,500.
rat	17	Interest	,			,
ist	18	Taxes (attach schedule) (see instructions) See. Stmt	640.	240.		
ij	19	Depreciation (attach schedule) and depletion				
À	20	Occupancy				
∀	21	Travel, conferences, and meetings				
an	22	Printing and publications				
g	23	Other expenses (attach schedule) See. Stmt.	1,186.	10.		1,176.
atir	24	Total operating and administrative expenses.				
Operating and Administrative Ex		Add lines 13 through 23	83,526.	5,020.	0.	78,106.
o	25	Contributions, gifts, grants paid	00		_	
	26	Total expenses and disbursements. Add lines 24 and 25	83,526.	5,020.	0.	78,106.
	27	Subtract line 26 from line 12:	F4 500			
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-54,520.	12 756		
	b c	Adjusted net income (if negative, enter -0-)		13,756.	0.	
	, ,	Adjusted life interine (in negative, enter -0-)			U.	

Form 990-PF (2023)

		- (2023)	Davissis a form	E. J.	Page 2
Par	ŢΠ	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	(b) Book Value	f year (c) Fair Market Value
$\overline{}$	4		` '	<u>``</u>	
	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			
	4	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Cuenta magnitude for doubtful accounts			
	5 6	Grants receivable			
	U	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less: allowance for doubtful accounts			
တ္က	8	Inventories for sale or use	14,500.	9,106.	9,106.
Assets	9	Prepaid expenses and deferred charges	14,500.	7,100.	7,100.
ξĮ.	10a	Investments—U.S. and state government obligations (attach schedule)			
` '	b	Investments—corporate stock (attach schedule) L-10b Stmt	577,839.	525,159.	593,654.
	c	Investments—corporate bonds (attach schedule)	311,037.	323,137.	373,034.
-	11	Investments—land, buildings, and equipment: basis			
	-	Less: accumulated depreciation (attach schedule)			
-	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
1	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)	10		
1	15		7		
1	16	Other assets (describe) Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	633,203.	569,877.	638,372.
1	17	Accounts payable and accrued expenses			
ဖ ါ	18	Grants payable			
tie ∣	19	Deferred revenue			
≣ 2	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
2	22	Other liabilities (describe)			
2	23	Total liabilities (add lines 17 through 22)			
es		Foundations that follow FASB ASC 958, check here and			
ances		complete lines 24, 25, 29, and 30			
_ 4	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			
ਫ਼ ਂ		here and complete lines 26 through 30			
ō 3	26 27	Capital stock, trust principal, or current funds			
ts	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds	622 202	F.CO. 077	
Ž ;	29 30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	633,203.	569,877.	
Net Assets or Fund Ba	30	instructions)	622 202	E60 077	
– Part	3111	Analysis of Changes in Net Assets or Fund Balances	633,203.	569,877.	
		I net assets or fund balances at beginning of year—Part II, colui	mn (a), line 29 (mus	t agree with	
		of-year figure reported on prior year's return)			633,203.
		er amount from Part I, line 27a			-54,520.
		er increases not included in line 2 (itemize) NONDIVIDEND DIST			45.
		lines 1, 2, and 3			578,728.
		and a section bedselved in the confidence of the section of the se			8,851.
		I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lir	ne 29 6	569,877.
			Part II, column (b), lir		

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		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
_	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or By language in the governing instrument of the governing instrum			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
-		6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
b	MA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	-	
Э	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		
	names and addresses	10		×
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address www.masshealthdecisions.org			
14	The books are in care of DAVID B. CLARKE Telephone no. (781)784	-196	56	
	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			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Par	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)		×
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		×
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	×	
	(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)		×
	(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)		×
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		×
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2023?	1d		×
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)):			
а	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		×
	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		
С	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		×
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		×
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		×
BAA	REV 03/21/24 PRO Fo	orm 99	0-PF	(2023

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Par	Statements Regarding Activities	s tor W	Vhich Form	4720	Мау Ве Н	equire	ed (continued)			
5a	During the year, did the foundation pay or incur	any am	ount to:						Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 4945(e))?					5a(1)		×	
	(2) Influence the outcome of any specific put						on, directly or			
	indirectly, any voter registration drive?							5a(2)		×
	(3) Provide a grant to an individual for travel, stu							5a(3)		×
	(4) Provide a grant to an organization other than							Sa(S)		_
	``			•		ibea iii	section 4945(d)	- (1)		
	(4)(A)? See instructions							5a(4)		×
	(5) Provide for any purpose other than religious				•		• •			
	the prevention of cruelty to children or anima							5a(5)		×
b	If any answer is "Yes" to 5a(1)–(5), did any of the									
	in Regulations section 53.4945 or in a current no					ee instr	uctions	5b		
С	Organizations relying on a current notice regardi	•								
d	μ									
	maintained expenditure responsibility for the grant?						5d			
	If "Yes," attach the statement required by Regul	ations s	section 53.49	45-5(d)						
6a	Did the foundation, during the year, receive any	funds,	, directly or in	ndirectl	y, to pay p	remium	s on a personal			
	benefit contract?						<i>.</i>	6a		×
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .					6b		×		
-	If "Yes" to 6b, file Form 8870.									
7a							7a		×	
b							7b			
8	the state of the s									
Ū	excess parachute payment(s) during the year?						8			
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em								200	and	
Гаг	Contractors	iors, i	irustees, i t	ourida	tion iviant	agers,	riigiliy raid Li	прісу	ces,	anu
		lotion r	managara an	d their	compone	otion (Saa inatrustiana			
1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (b) Title, and average (c) Compensation (d) Contributions to										
	(a) Name and address	hou	rs per week ed to position	s per week (If not paid, employee benefit plans		yee benefit plans	(e) Exper			
DAV	ID B. CLARKE	PRES	IDENT							
PO	BOX 1407 APEX NC 27502		35.00		72,000.					
JUD	ITH PRESSER	DIRE	CTOR							
PΩ	BOX 1407 APEX NC 27502		0.50		0.					
	ISTINE SWANSON	DIRE								
	BOX 1407 APEX NC 27502	DIKE	0.50		0.					
	Statement		0.30		<u> </u>					
200	Scacement		1.50		0.					
2	Compensation of five highest-paid employed	es (oth		se incl		ne 1_	see instructions	e) If no	nne /	enter
_	"NONE."	(UIII	o. Glair Glos	50 11101	aaca on II	1	occ monucuons	<i>,</i> ,	J. 1. C., \	SIILEI
							(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expended to the control of the c	nse aco allowan	count, ices
NONE										
Total	number of other employees paid over \$50,000 .							0		

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp Contractors (continued)	loyees, and
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	19
		(c) Compensation
DAVI	B. CLARKE ADMINISTRATION	
103	UVEGAN CT APEX NC 27502	72,000.
	umber of others receiving over \$50,000 for professional services)
Part \	III-A Summary of Direct Charitable Activities	
	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations 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		
Dow't V	III D. Commons of Discovery Deleted Investor anto (see instructions)	
Part \	Summary of Program-Related Investments (see instructions) be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	Amount
'	N/A	
		0.
2		0.
All o	er program-related investments. See instructions.	
3		
Total.	dd 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

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

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.

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

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Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fo	undations, see
	instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	588,938.
b	Average of monthly cash balances	1b	59,945.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	648,883.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
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		found	ations
	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		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	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.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4	70 10 6
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	78,106.
ь	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:	0-	
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.

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Part	Undistributed Income (see instruction		(b)	(a)	(d)
		(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:				
а	Enter amount for 2022 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2023:				
a	From 2018				
b	From 2019				
c d	From 2020				
u e	From 2021				
f	Total of lines 3a through e	468,457.			
4	Qualifying distributions for 2023 from Part XI, line 4: \$ 78,106.				
а	Applied to 2022, but not more than line 2a.				
b	Applied to undistributed income of prior years			4.	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2023 distributable amount				
е	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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	546,563.			
b	Prior years' undistributed income. Subtract line 4b from line 2b	7	0.		
С	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	$\mathcal{O}_{\mathbf{X}}$			
d	Subtract line 6c from line 6b. Taxable		0		
е	Undistributed income for 2022. Subtract line		0.		
C	4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2023. Subtract lines			0.	
•	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:				
а	Excess from 2019 111,956.				
b	Excess from 2020				
C	Excess from 2021 97,529.				
d e	Excess from 2022 87,066. Excess from 2023 78,106.				
	LACESS HOTH 2020 /0,100.				Form 990-PF (2023)

Form 990-PF (2023) Page 10 Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A1a 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 Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Enter the lesser of the adjusted net Tax year Prior 3 years income from Part I or the minimum (e) Total (a) 2023 **(b)** 2022 (c) 2021 (d) 2020 investment return from Part IX for each year listed **b** 85% (0.85) of line 2a Qualifying distributions from Part XI, line 4, for each year listed **d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test-enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed **c** "Support" alternative test—enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on loans securities (section 512(a)(5)), or royalties) (2) Support from general public or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XIV any time during the year—see instructions.) Information Regarding Foundation Managers: 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 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\square\) 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,	Foundation							
		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount					
a	Name and address (home or business) Paid during the year	or substantial contributor	recipient							
		OPT. D								
b	Total	<u></u>	 I	3a						
NON										
	Total	1	1	3h	1					

Page 12

(a) (b) (c) (d)	Pa	rt XV-	A Analysis of Income-Producing Ac	ctivities				
1 Program service revenue: a b	Ente	r gross			ısiness income	Excluded by sect	ion 512, 513, or 514	(e)
a b c c d d e e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities	4	Drogn	ram con los revenues					Related or exemption function income (See instructions.)
b c c d d e e f g Fees and contracts from government agencies g g Fees and contracts from government agencies s 2 Membership dues and assessments	•	_	an service revenue.					
c d d e e f g Fees and contracts from government agencies 2 Membership dues and assessments		_						
d e f f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		_						
e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property Cher investment income 6 Net rental income or (loss) from personal property 7 Other investment income 9 Net income or (loss) from sales of assets other than inventory 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) 10 ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE 10 PROXY IN ENGLISH, BRAILEE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL 10 LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND 10 INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS		. –						
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		e —						
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		f						
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		g Fe	ees and contracts from government agencies					
4 Dividends and interest from securities	2	Meml	pership dues and assessments					
5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) c d e 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations,) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) THROUGH THE HEALTH CARE PROXY PROGRAM, MHD SELLS AND LICENSES PRINT AND ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE 10 PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL 10 LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND 10 INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS	3							
a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) 10 THROUGH THE HEALTH CARE PROXY PROGRAM, MHD SELLS AND LICENSES PRINT AND 10 ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE 10 PROXY IN ENGLISH, BRATILE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL 10 LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND 10 INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS	4	Divide	ends and interest from securities			14	18,776.	
b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) 10 ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE 10 PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL 10 LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND 10 INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS	5		, ,					
6 Net rental income or (loss) from personal property 7 Other investment income								
7 Other investment income	_		• • •					
8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)	_							
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)	_					10	0.054	
10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)	_					18	-8,851.	
11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)								
b c d d e e 12 Subtotal. Add columns (b), (d), and (e)								
c d e 12 Subtotal. Add columns (b), (d), and (e)	••		Teveriue. a					
d e 12 Subtotal. Add columns (b), (d), and (e)		_						
Total. Add line 12, columns (b), (d), and (e)								
Total. Add line 12, columns (b), (d), and (e)		е _						
Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) THROUGH THE HEALTH CARE PROXY PROGRAM, MHD SELLS AND LICENSES PRINT AND ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS	12	Subto	otal. Add columns (b), (d), and (e)				9,925.	
Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) 10 THROUGH THE HEALTH CARE PROXY PROGRAM, MHD SELLS AND LICENSES PRINT AND ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE 10 PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS							13	9,925.
Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) THROUGH THE HEALTH CARE PROXY PROGRAM, MHD SELLS AND LICENSES PRINT AND ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS								
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ONLINE COPIES OF IT OWN PUBLICATIONS RELATED TO THE MA HEALTH CARE PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS		e No.	of the foundation's exempt purposes (other than	by providing fur	nds for such purpo	oses). (See instru	ctions.)	e accomplishmen
PROXY IN ENGLISH, BRAILLE, AMERICAN SIGN LANGUAGE AND 15 ADDITIONAL LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS								
LANGUAGES. ON ITS WEBSITE, MHD PROVIDES EXTENSIVE EDUCATION AND INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS								
10 INFORMATION ON THESE PUBLICATIONS TO THE PUBLIC AND CLINICIANS								
AT NO COST. DEE INCEPS.//massineartineetistons.org/.						CLINICIAL	NS	
	10		AT NO COST. SEE TECEPS://illassin	earthaetis	10115.019/.			

Here

Form 99	0-PF	(2023)						Pa	age 13
Part	XV	Informatio Organizati	n Regarding Tran ons	sfers to and Transactio	ns and R	Relationships With Non	charitabl	е Ехе	empt
1				engage in any of the followin				Yes	No
			other than section	501(c)(3) organizations) or	in secti	on 527, relating to politi	tical		
	_	anizations?							
а				a noncharitable exempt org	ganization	of:			
	٠,						. 1a(1)	_	×
	٠,	Other assets .					. 1a(2)		×
b		er transactions:							
			a noncharitable exe	· -			. 1b(1	_	×
				able exempt organization .			. 1b(2	_	×
				r assets			. 1b(3	_	×
			_				. 1b(4	_	×
							. 1b(5	_	×
				nip or fundraising solicitation			. 1b(6		×
С		_	-	sts, other assets, or paid em			. 1c		×
d				s," complete the following s					
				ces given by the reporting for					
	valı	ue in any transaction	on or sharing arrang	ement, show in column (d) to	ne value o	of the goods, other assets,	or services	recei	ived.
(a) Line	e no.	(b) Amount involved	(c) Name of nonch	naritable exempt organization	(d) Descr	ription of transfers, transactions, a	nd sharing ar	rangem	ents
						<u> </u>			
				_()					
	le t	he foundation dire	ectly or indirectly at	ffiliated with, or related to,	one or m	ore tay-eyempt organizati	one		-
Za				ction 501(c)(3)) or in section		lore tax-exempt organizati		es 🛚	No
b			e following schedule.	. , . , ,	027: .			C3 <u>F</u>	<u> </u>
	-''	(a) Name of organ		(b) Type of organization		(c) Description of	relationshin		
		(a) Ivaine of organ	iization	(b) Type of organization		(c) Description of	Ciationship		
	11-	udor popultion of paritime.	doctors that I have ever-	ed this return, including accompanying	sobodulos car	d statements, and to the best of mile	nowlodge and	holiof "	t in true
Cias				an taxpayer) is based on all information		parer has any knowledge.			
Sign		, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. , ,			the IRS disc	uss this	return

Sign Here		ct, and complete. Declaration of preparer (other than ature of officer or trustee	04/23/2024 Date	DIRECTOR Title	rer nas any kno	wieage.	with the	IRS discuss this preparer shown be uctions. Yes	elow?
Paid Prepa	ror	Print/Type preparer's name Susan J. McCarthy	Preparer's signature		Date 05/07/2		Check X if elf-employed	PTIN P01232744	4
Use O						Firm's E	IN 81-4	881562	
USE C	rilly	Firm's address 36 Walnut St, #2	Canton MA 020	21		Phone n	o. (978):	302-9913	

MASSACHUSETTS HEALTH DECISIONS, INC. 20-8557066

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	list of necessary attachments, available at <pre><masshealthdecisions.org grants-="" information=""></masshealthdecisions.org></pre>	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.

MASSACHUSETTS HEALTH DECISIONS, INC. 20-8557066

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	VICE PRES/TREASURER	0.		
PO BOX 1407	0.50			
APEX, NC 27502				
RUTH L. FISHBACH	DIRECTOR	0.		
PO BOX 1407	0.50			
APEX, NC 27502				
PAUL MONTGOMERY	CLERK	0.		
PO BOX 1407	0.50			
APEX, NC 27502		. ()		
		0.	0.	0.

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

Form 990-PF: Return of Private Foundation

Taxes

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.		
To	otal 640.	240.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

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.	H		182.
OFFICE EXPENSE	369.			369.
Total	1,186.	10.		1,176.

Legal and Professional Fees

2023

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-P	F, 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
		24			
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 PENNER WEBSITE DESIGN AIMEE MILLIKEN	WEBSITE MAINTENANCE	4,000. 500. 3,000.	4,000.		500. 3,000.
Total to Form 990-	PF, Part I, Line 16c	7,500.	4,000.		3,500.

Name MASSACHUSETTS HEALTH DEC	CISIONS, INC.				ver Identification No.
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	End of US Government Obligations Book Value		of Year US Government Obligations FMV	
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Book Value		f Year , Fair Market Value
CHARLES SCHWAB - SEE AT	FTACHED		525,	159.	593,654.
Totals to Form 990-PF, Part II, L	ine 10b		525,	159.	593,654.
Line 10c - Investme	ents - Corporate I	Bonds:	Book Value	-	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	Line 10c				
Line 12 - Investme	ents - Mortgage l	oans:	Book Value		f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	estments - Other:	:	Book Value		f Year Fair Market Value
Totals to Form 990-PF, Part II, L	_ine 13				

Additional Information From 2023 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Part IX, Line 1b

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

Itemization Statement

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

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 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

Charity Portal

- Close WindowPrint This PageExpand 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@sjmccarthycpa.com	Preparer Name	
Filing Year	2023	Filing Status	In-Progress
Filing Mode	eFile		
Owner to all the Date the			
Organization Details Form-PC Name	EDO 070744	Data of data mulication latter	7/04/0007
	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?	\checkmark
eFiler Street Address (diff frm Charity)	18 WASHINGTON ST, SUITE 307	Is Final Prior to Dissolution?	
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 act	tivities expect to engage (Fiscal year reported	here)	
Sch.A1 Mass mailing		Sch.A1 door-to-door	
Sch.A1 Entertainment event		Sch.A1 Telemarketing w/out sale of goods	
Sch.A1 Telemarketing with sale of goods		Sch.A1 Telemarketing with sale of ads	
Sch.A1 Via the Internet	✓	Sch.A1 Raffle, bingo, or gaming event	
Sch.A1 Sale of goods not by telephone	✓	Sch.A1 Individual mailings	
Sch.A1 Corporate solicitations		Sch.A1 Grant proposals	
Sch.A1 Other types of solicitation			

Types of Solicitation ac	tivities expect to engage (Fiscal year following)	1	
Sch.A2 Mass mailing		Sch.A2 door-to-door	
Sch.A2 Entertainment event		Sch.A2 Telemarketing w/out sale of goods	
Sch.A2 Telemarketing with sale of goods		Sch.A2 Telemarketing with sale of ads	
Sch.A2 Via the Internet	 ✓	Sch.A2 Raffle, bingo, or gaming event	
Sch.A2 Sale of goods not by telephone	✓	Sch.A2 Individual mailings	
Sch.A2 Corporate solicitations		Sch.A2 Grant proposals	
Sch.A2 Other types of solicitation			
Solicitation			
Solicit contributions FY reported?	Yes	Sch.A1 Claim exemption?	No
Sch.A1 religious exemption		Sch.A1 Under 5k, 10 people exemption	
AKA during Solicitation of Charity			4.
Sch.A1 Profressional solicitor	No	Sch.A1 Professional solicitor name	
Sch.A1 Professional solicitor address		Sch.A1 Professional solicitor	
Sch.A1 Professional solicitor state		Sch.A1 Professional solicitor zip code	
Sch.A1 Profressional 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 coventurer Name	
Sch.A1 Commercial co- venturer address		Sch.A1 Commercial co- venturer city	
Sch.A1 Commercial co- venturer state	CO '	Sch.A1 Commercial co- venturer zip code	
Sch.A1 Own employees		Sch.A1 Volunteers	✓
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

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Sch. A1 Distrib Indiv Responsible Zip 2	27502		
Sch.A1 Distrib Indiv Responsible Name 3		Sch.A1 Distrib Indiv Responsible Add 3	
Sch. A1 Distrub 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		Sch.A2 Under 5k, 10 people exemption	
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 Profressional 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		Sch.A2 Volunteers	✓
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 Distrub 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 Distrub 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 Distrub 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	

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?		Voluntary agree of compliance - Explain	
Subject of a proceeding?	No	Subject of a proceeding - explanation	
Other offices/branches/chapters/affilia	No		
Reviewer's Data	4		
Filer type for reviewer info		Reviewer name as a confirmation	
Single Employee Charity Request		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 No

related party?

Furnished Goods Addl Info:

Acquired Goods Addl Info:

Acquired goods etc from RP-No

compensation?

Agreement with related party No

Agreement Addl Info:

Paid wages to related party?

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?

Transferred Income Addl

Org party to transaction w/fin No interest?

Fin Interest Addl info: Org invested in corporate No

Corporate Stock Addl Info: Property held in name of

No person/org?

Property Held Addl Info:

Org make grant No award/contribution?

Contribution Addl info:

Related party explanation -

value, terms

Related party explanation -

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

FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 1

NAME AND ADDRESS PHONE NUMBER

NONE

PO BOX 1407 APEX, NC 27502

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES 2 FORM PC STATEMENT TITLE NAME AND ADDRESS PRESIDENT; EXECUTIVE DIRECTO DAVID B. CLARKE PO BOX 1407 APEX, NC 27502 JUDITH PRESSER DIRECTOR PO BOX 1407 APEX, NC 27502 CHRISTINE SWANSON DIRECTOR PO BOX 1407 APEX, NC 27502 J. PETER MASELLI VICE PRESIDENT; TREASURER PO BOX 1407 APEX, NC 27502 RUTH L. FISCHBACH DIRECTOR PO BOX 1407 APEX, NC 27502 PAUL MONTGOMERY CLERK

MASSACHOSETTS	ULTALIU	DECISIONS,	TMC.

FORM PC	PAGE 4, L	LINE 18 STATEMENT 3
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	CORT	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	Clik	AUTHORIZED TO SIGN CHECKS