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	_	1 E		ENDED TO M				av Baturn	_	OMB No 1545-0047
Form	√990-T		Exempt Organ	nd proxy tax und					F	OMB NO 1545-0047
	•	E	lendar year 2019 or other tax year					ν 30 202	$_{n}$	2010
	ě	Forca		irs.gov/Form990T for i					<u> </u>	2013
Depar Intern	rtment of the Treasury		• Do not enter SSN number	•						Open to Public Inspection for 10 1(c)(3) Organizations Only
A [Check box if		Name of organization (D Emplo	yer identification number
A L	address changed		Name of Organization (Officer box it fiatile t	Jilaliyeu	anu see msuu	ctions.)		(Emplo	oyees' trust, see ctions)
. <u> </u>	xempt under section	Print	DOUGLAS A. T	THOM CLINIC	. TN	VC.			0.4	4-2104268
	501(c @3 ,)	Or	Number, street, and room						E Unrela	ted business activity code
	408(e) 220(e)	Type	251 W. CENTE						(See in	structions)
	408A 530(a)		City or town, state or prov					-		
	529(a)		NATICK, MA	01760	J	·			5614	199
C Bo	ook value of all assets end of year		F Group exemption numb	er (See instructions.)	>			·		
	16,447,3	78.	G Check organization type	x 501(c) cor	poration	n 50°	(c) trust	401(a)	trust	Other trust
		-	ation's unrelated trades or b		1		Describe	the only (or first) uni	related	
tra	ade or business here 🕨	<u> </u>	EE STATEMENT	1		ا	f only one,	complete Parts I-V.	lf more	than one,
			ace at the end of the previou	s sentence, complete P	arts I an	d II, complete	a Schedule	M for each additiona	al trade	or
	isiness, then complete						·			
	•		poration a subsidiary in an a	•	nt-subsi	idiary controlle	d group?	► L	Yes	s X No
			tifying number of the parent				T-1		508	\ CEE E222
			GRETCHEN R. (de or Business Inc			(A) Inco		one number ((B) Expenses) 655-5222 (C) Net
			254,780.			(A) IIICC	ine	(B) Expenses		(C) NET
	Gross receipts or sale Less returns and allow		234,700.	c Balance	1c	254	780.		İ	
2	Cost of goods sold (S		Δ line 7)	G Dalatice	2	234,	700.		i	•
3	Gross profit. Subtract		•		3	254	780.			254,780.
4 a					4a					
	. •	•	Part II, line 17) (attach Form	4797)	4b					
c	Capital loss deduction	for trus	sts		4c					
5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5					··
6	Rent income (Schedu	le C)			6					
7	Unrelated debt-financ	ed incor	ne (Schedule E)		7					
8			and rents from a controlled o	-						
9			on 501(c)(7), (9), or (17) or	ganization (Schedule G)						
¹⁰	Exploited exempt activ		, ,		10					
207	Advertising income (S		•		11					
GD 12	Other income (See ins Total, Combine lines		•		12	254	780.			254,780.
Pa			ot Taken Elsewhere	C (See instructions for						234,700.
ت ر			oe directly connected wit							
台 14	Compensation of off	icers. di	rectors, and trustees (Sche	dule K)			_		14	
SCANNED 15 16 17 18 19 20	Salaries and wages	•		RECE	VE	ו מ			15	172,248.
₩ 16	Repairs and mainten	ance				<u> </u>			16	
2 17	Bad debts			8 FEB 2 4	202	1 Ÿ			17	
≸ 18	Interest (attach sche	dule) (s	ee instructions)	FEB 2 4	נ בטב	, 3			18	
Ø₁9	Taxes and licenses			00000					19	19,251.
20	Depreciation (attach	,		OGDE	A H		20	<u>6</u> ,617.		6 64 54
21		aimed oi	n Schedule A and elsewhere	e on return			21a		21b	6,617.
22	Depletion								22	<u></u>
23	Contributions to defe		mpensation plans						23	1,814.
24 25	Employee benefit pro Excess exempt exper		chadula I)						24	1,014.
25 26	Excess exempt exper								25 26	
26 27	Other deductions (at					SEE	ይሞልጥ	емент з	26	88,652.
28	Total deductions (at					,,,,	~		28	288,582.
29	,		ncome before net operating	loss deduction. Subtract	t line 28	3 from line 13			29	-33,802.
30	/		loss arising in tax years beg							~ <u>*</u>
	(see instructions)				, ,				30	۲. و,
31	•	axable ıı	ncome. Subtract line 30 from	m line 29					31	-33,862.
00070			work Reduction Act Notice							Form 990-T (2019)

	(20)4 DOUGLAS A. THOM CLI				04-21	04268	Page 2
Part I		ble income					
32 T	otal of unrelated business taxable income computer	d from all unrelated trades or businesses (s	ee instructions)	(-33,8	02.
	nounts paid for disallowed fringes			•	33		
34 Č	naritable contributions (see instructions for limitati	on rules)		<u>_</u>	34 35		0.
	otal unrelated business taxable income before pre-2	•				-33,8	
	eduction for net operating loss arising in tax years		,	STMT 4	36		0.
37 T	otal of unrelated business taxable income before sp	ecific deduction. Subtract line 36 from line	35	0-1		<u>-33,8</u>	
	pecific deduction (Generally \$1,000, but see line 38			8.	38	1,0	00.
39 U	nrelated business taxable income. Subtract line 3	38 from line 37. If line 38 is greater than line	e 37,		1 1		
	nter the smaller of zero or line 37 Tax Computation				39	-33,8	02.
	rganizations Taxable as Corporations. Multiply lin	ne 39 by 21% (0.21)		•	40		0.
	rusts Taxable at Trust Rates. See instructions for		t on line 39 from	-			
г	Tax rate schedule or Schedule D (Form	•		•	41		
42 P	roxy tax. See instructions	,			42		
	ternative minimum tax (trusts only)				43		
	ax on Noncompliant Facility Income. See instruct	ions			44		
	otal. Add lines 42, 43, and 44 to line 40 or 41, which				45		0.
Part V		Move applied			1 10		
	preign tax credit (corporations attach Form 1118, tr	rusts attach Form 1116)	46a		1 1		
	ther credits (see instructions)	usts attacker of the fire to	46b		┦		
	eneral business credit. Attach Form 3800		46c		┥ ┃		
	redit for prior year minimum tax (attach Form 8801	or 9927\	46d	-	1		
_	otal credits. Add lines 46a through 46d	01 6627)	40u	-	460		
	•				46e 47		0
	ubtract line 46e from line 45 ther taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	ooce Other	(attach schedule)	48		
] FOITH 6011 [] FOITH 6097 [] FOITH	1 00000 L Ottlei	(attach schedule)			0.
	otal tax. Add lines 47 and 48 (see instructions)	OCE B Boot II column (b) line 2			49		0.
	019 net 965 tax liability paid from Form 965-A or Fi	orm 965-B, Part II, Column (K), line 3	ا جما		50		
	ayments A 2018 overpayment credited to 2019		51a		-		
	019 estimated tax payments		51b				
	ax deposited with Form 8868		51c		-		
	preign organizations. Tax paid or withheld at source	e (see instructions)	51d	_	-		
	ackup withholding (see instructions)		51e		-		
	redit for small employer health insurance premium	· ·	51f		-		
g O	= = = = = = = = = = = = = = = = = = = =	orm 2439					
L		Other Total	► 51g		-		
	otal payments. Add lines 51a through 51g				52		
	stimated tax penalty (see instructions). Check if Fo				53		
54 T	ax due. If line 52 is less than the total of lines 49, 5	0, and 53, enter amount owed		>	54		
	verpayment. If line 52 is larger than the total of lin			>	55		
	nter the amount of line 55 you want: Credited to 20			efunded <u></u>	56		
Part \	I Statements Regarding Certain t any time during the 2019 calendar year, did the oi					Vac	T No
		•	-			Yes	No
	ver a financial account (bank, securities, or other) i						
	nCEN Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," enter the name of th	e toreign country				- T
	ere	 				_	X
	uring the tax year, did the organization receive a di		transferor to, a fore	ign trust?		<u> </u>	┼^
	"Yes," see instructions for other forms the organiza	_					
59 E	nter the amount of tax-exempt interest received or		d - 4 - 4				<u> </u>
Sign	Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that				age and beller, it	is true,	
Here	1 100	2-10-21 EXECUT		[May the IRS discus	s this return i	with
icic	Steel In X. Chen	BABCO	TIVE DIRE		he preparer shown		–
	Signature of officer	Date Title			nstructions)?	Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN		
Paid		LANGE TOTAL	04/0001	self- employed			
Prepa	rer LYNNE JOHNSON	LYNNE JOHNSON	2/1/2021			<u>57336</u>	
Use C	nly Firm's name ► RSM US LLP			Firm's EIN	<u>42−0</u>	<u>71432</u>	5
	80 CITY SQ	- · · · · · · · · · · · · · · · · · · ·					1
	Firm's address ► BOSTON, MA	A 02129		Phone no.	<u> 517-912</u>		
23711 01	27-20			<u></u>	Forr	m 990-T	(2019

Page 3

1 Inventory at beginning of year 2 Purchases 2 Cost of goods sold. Subtract line 6 3 Cost of labor 3 Inventory at end of year 7 Cost of goods sold. Subtract line 6 4 Additional section 263A costs (attach schedule) 4 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)	Schedule A - Cost of Goods	S Sold. Enter	method of inver	ntory v	aluation > N/A					
3 Cost of labor 4a Additional section 263A costs (attach schedule) 4a Department of the costs (attach schedule) 4b Department of the costs (attach schedule) 5 Total Additional section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of poperty (if the precentage of control of the costs (attach schedule) 2. Ried recentage of control of the costs (attach schedule) (a) From personal property (if the precentage of control of the costs (attach schedule) (b) From real and property (if the precentage of control of the costs (attach schedule) (c) (d) (d) (d) (e) (e) (f) Total income. Add totals of columns 2(a) and 2(b), Enter here and on page 1, Part I, line 6, column (a) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Grass income from (a) Schedule (a) Sched	1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
4 Additional section 263A costs (statch schedule) 4 b 5 Orther rules of section 263A (with respect to property produced or acquired for resale) apply to 5 Total Add lines 1 through 4b 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (10) (2) (3) (4) 2. Rent received or accrued (1a) From personal property (if the percentage or response to property in the percentage or response to property or the percentage or response to property accorded 50% or or the relation of personal property or the percentage or response to property accorded 50% or or the relation of personal property or the percentage or response to property accorded 50% or or or section or property (if the percentage or response to property accorded 50% or or or section or personal property in the percentage or response to property accorded 50% or or or section or personal property (if the percentage or response to property accorded 50% or or or section or personal property (if the percentage or response to property accorded 50% or or or section or personal property (if the percentage or response to property accorded 50% or or or section or personal property (if the percentage or response to personal property accorded 50% or or or section or personal property (if the percentage or response to personal property accorded 50% or or or section or personal property (if the percentage or response to th	2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6			
(attach schedule) 44	3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
b Other costs (attach schedule) 5 Total Add lines 1 through 4b	4 a Additional section 263A costs				line 2		1	7		
S Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or socreed (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property in the percentage of rent for personal property in the percentage of rent for personal property (if the percentage of rent for personal property and personal property acceptable of a social property acceptable of the personal property ac	(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
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(2) (3) (4) 2. Rentreceved or accrued (a) From personal property (if the percentage of rective of the percentage of the p	1. Description of property									
(2) (3) (4) 2. Rentreceved or accrued (a) From personal property (if the percentage of rective of the percentage of the p	(1)									
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debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (B) Totals							_			
(2)	debt on or allocable to debt-financed	of or a debt-fina	allocable to inced property				reportable (column		column 6 x total of co	
(2)	(1)		·		%			İ		
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals O . O .					•			Ì		
(4) Enter here and on page 1, Part I, line 7, column (A) Fart I, line 7, column (B) Totals									_	
Enter here and on page 1, Part I, line 7, column (A) Totals Enter here and on page 1, Part I, line 7, column (B) O . O .	·									
				•						
	Totals				▶		0	.		0.
		ncluded in columi	n 8				<u> </u>			

				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organization		2. Emp identific numb	ation		elated income instructions)	4. Tota paym	al of specified lents made	include	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
)							·				
)											
3)											
1)											
onexempt Controlled Organia	zations							•			
7. Taxable Income		nrelated income ee instructions)		9. Total	of specified payr made	nents	10. Part of colu in the controll gros		ization's		ductions directly connects income in column 10
)											
2)											
3)											
4)											<u> </u>
					_		Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals						•			0.		(
chedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Org	anization				
	ription of incor	me			2. Amount of	ıncome	3. Deduction directly connectation (attach scheen	ected	4. Set-	asides chedule)	5. Total deduction and set-asides (col 3 plus col 4
<u> </u>			_				- 12.13011 00/100				(55. 6 8100 501 5
1) 2)					 -						1
					 						+
3)											+
4)					F.A b						Enter have and an ac-
					Enter here and e Part I, line 9, co						Enter here and on pag Part I, line 9, column (I
otals				>		0.					
chedule I - Exploited	•	Activity	income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated income trade or b	business e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, computing through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)											
(2)								-			1
3)					 						+
											
4)	Enter here page 1, line 10, c	Part I, col (A)	Enter her page 1, line 10,	Parti, coi (B)							Enter here and on page 1, Part II, line 25
otals ► Schedule J - Advertisir	a Incon	0.	struction	0.	<u>i</u>						(
Part I Income From I				<u> </u>	solidated	Basis					
	1	• -	<u> </u>		4. Advert	ising gain	 				7. Excess readership
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (cocol 3) If a great cols 5 th	ol 2 minus ain, compute	5. Circula income		6. Reade cost		costs (column 6 minus column 5, but not mor- than column 4)
1)											
2)					1						
3)					┑						
4)					=						
	- -		-	-	+		 - -				
otals (carry to Part II, line (5))		0		0				į			(

Form 990-T (2019) DOUGLAS A. THOM CLINIC, INC 04-21042 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)				-			
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Schedule K - Compens	atior	of Officers, D	Directors, and	Trustees (see in:	structions)		

3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name (1) %

(2) % (3) % (4) Total. Enter here and on page 1, Part II, line 14 0. \blacktriangleright

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

SOFTWARE SUPPORT AND BILLING SERVICES FOR OTHER EARLY INTERVENTION CENTERS.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OCCUPANCY INSURANCE COMPUTER SERVICES OFFICE EXPENSE TRAVEL AND MEALS		13,887. 29,845. 35,719. 8,941. 260.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	88,652.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	192,914.	8,147.	184,767.	184,767.
06/30/03	102,672.	0.	102,672.	102,672.
06/30/04	70,092.	0.	70,092.	70,092.
06/30/05	83,190.	0.	83,190.	83,190.
06/30/06	186,855.	0.	186,855.	186,855.
06/30/07	163,240.	0.	163,240.	163,240.
06/30/08	159,280.	0.	159,280.	159,280.
06/30/09	174,362.	0.	174,362.	174,362.
06/30/10	178,052.	0.	178,052.	178,052.
06/30/11	191,180.	0.	191,180.	191,180.
06/30/12	218,034.	0.	218,034.	218,034.
06/30/13	213,270.	0.	213,270.	213,270.
06/30/14	289,176.	0.	289,176.	289,176.
06/30/15	389,157.	0.	389,157.	389,157.
06/30/16	495,135.	0.	495,135.	495,135.
06/30/17	524,788.	0.	524,788.	524,788.
06/30/18	4,990.	0.	4,990.	4,990.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,628,240.	3,628,240.