

1912

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

46-3250612

B Exempt under section: X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

EVIDENCE FOR HEALTHCARE IMPROVEMENT

Number, street, and room or suite no. If a P.O. box, see instructions.

TWO LIBERTY SQUARE, NINTH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02109

E Unrelated business activity code (See instructions)

C Book value of all assets at end of year: 14,188,477.

F Group exemption number (See instructions.)

G Check organization type: X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of THE ORGANIZATION Telephone number (617) 528-4013

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing various income and expense categories.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Deduction description (lines 14-31) and Amount. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 20 2020.

SCANNED MAY 18 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 46-58 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, Yes/No response. Includes questions 57-59.

Signature and preparer information section including Sarah K. Emond (Chief Operating Officer) and Matthew Kalil (Preparer).