Exempt Organization Business Income Tax Return Form 990-T OMB No 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) address changed 46-3250612 EVIDENCE FOR HEALTHCARE IMPROVEMENT B Exempt under section **Print** F Unrelated business activity code X 501(c)(3 ()) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) TWO LIBERTY SQUARE, NINTH FLOOR City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) BOSTON, MA 02109]529(a) Book value of all assets at end of year 14,188,477. F Group exemption number (See instructions.) Other trust G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, trade or business here 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. ! During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? \neg No If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► (617) 528-4013 J The books are in care of THE ORGANIZATION (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales c Balance b Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 48 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 122 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business income.) \Part N Compensation of officers, directors, and trustees (Schedule K) 14 14 35 NOV 20 2020 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 OGDEN. UT Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 21 22 Contributions to deferred compensation plans 23 23 24 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 0. 28 Total deductions. Add lines 14 through 27 2h Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 0. (see instructions)



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Partillit Total Unrelated Business Taxable Income					
32		inrelated business taxable income computed from all unrelated trades or businesses (see instructions)		82	0.
33	Amounts paid for disaflowed fringes			/33	
	Charitable contributions (see instructions for timitation rules)			34	0.
34	Cismisme committee in the manufacture in annual mess.			35	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subsect time 34 from the sum of lines 32 and 33			_	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)			38	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			37	4 000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38	1,000.
39	39 Unrelated business taxable income. Subtract line 38 from line 37. If I'ne 38 is greater than line 37,			11	
	enter the	smaller of zero or line 37		39	0.
Part	IV) T	ax Computation		T	
40		illons Taxable as Corporations. Multiply line 39 by 21% (0.21)		140	0.
-		exable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:		7 - 1	
41					
	Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions			41	
42	Proxy ta	x. See instructions		42	
43	Alternati	ve minimum tax (trusts only)	.,. ,	43	· · · · · · · · · · · · · · · · · · ·
44		Ioncompliant Facility Income. See instructions		44	
45_	Total. A	id lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Rari	V T	ax and Payments			
46 a/	Foreign	ax credit (corporations attach Form 1118; trusts attach Form 1116) 48a		ן יו	
b	Other cr	edits (see instructions) 46b		7)	
-	Control	edits (see instructions) business credit. Attach Form 3800 466 48c		7	
	Credit fo	s miles upon minimum toy (attach Seem 9804 or 9927)		1	
đ	Great to	r prior year minimum tax (attach Form 8801 or 8827)		46e	
	e Total credits. Add lines 46a through 46d				0.
47	47 Subtract line 46e from line 45				<u> </u>
48	Total tax, Add lines 47 and 48 (see Instructions) 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				
49					<u> </u>
50					Ō.
51 a					
ь	2019 est	is; A 2018 overpayment credited to 2019 imated tax payments 51a 51b 3	,697.		
		osited with Form 8868		7)	
		organizations: Tax paid or withheld at source (see instructions) 51d		7) (
	-	, , , , , , , , , , , , , , , , , , , ,		-1 1 1	
	-	1		⊣ '	
T		Contain and property to the contract of the co		⊣ ;	
9		edits, adjustments, and payments: Form 2439			
		rm 4136 Other Total ▶ 51g			
52	Total pa	yments. Add l'nes 51a through 51g		52	3,697.
53				58	
54	Tax due	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	3,697.
56		amount of line 55 you want. Credited to 2020 estimated tax	الهُ	56	3,697.
Part VI Statements Regarding Certain Activities and Other Information (see instructions)					
0/	livered at				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
					استاستا
	here				X_
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st? . ,		
	If "Yes,"	see Instructions for other forms the organization may have to file.			
59	Enter the	e amount of tax-exempt interest received or accrued during the tax year > \$			
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my knowle	edge and be	lief, it le true
Şign	Sarah K. Emond, Date 2020 11 1d13 44-03 -05'00' OFFICER				
Here			-	discuss this return with shown below (see	
			netructions):		
					1.00
		Print/Type preparer's name Preparer's signature Date Chec	_	ii PTIN	
Paid	d		employed		1517060
Pre	parer	MBA 11/05/20			1517069
	Only		n's EIN 🕨	<u>04</u>	-3077056
	1 HIGHWOOD DRIVE		_		
		Firm's address ► TEWKSBURY. MA 01876	ne no.	(978)	557-5300

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