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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

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

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf)

OMB No 1545-0052

**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning

07/01, 2013, and ending

06/30, 2014

Name of foundation <b>SOMERVILLE HEALTH FOUNDATION</b>		<b>A</b> Employer identification number <b>04-3382001</b>
Number and street (or P O box number if mail is not delivered to street address) <b>P O BOX 1802</b>	Room/suite	<b>B</b> Telephone number (see instructions) <b>888-866-3275</b>
City or town, state or province, country, and ZIP or foreign postal code <b>PROVIDENCE, RI 02901-1802</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply:		<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 642,306.</b>		
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	10,995.	10,995.		STMT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	64,198.			
	b Gross sales price for all assets on line 6a <b>588,388.</b>				
	7 Capital gain net income (from Part IV, line 2)		64,198.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	200.			STMT 2	
12 <b>Total.</b> Add lines 1 through 11	75,393.	75,193.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	6,506.	3,904.		2,603.
	14 Other employee salaries and wages		NONE	NONE	
	15 Pension plans, employee benefits		NONE	NONE	
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	745.	185.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings		NONE	NONE	
	22 Printing and publications		NONE	NONE	
	23 Other expenses (attach schedule) STMT 4	35.			35.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	7,286.	4,089.	NONE	2,638.
	25 Contributions, gifts, grants paid	32,900.			32,900.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	40,186.	4,089.	NONE	35,538.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	35,207.				
b Net investment income (if negative, enter -0-)		71,104.			
c <b>Adjusted net income</b> (if negative, enter -0-)					

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<b>Part II Balance Sheets</b>		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
<b>Assets</b>	<b>1</b>	Cash - non-interest-bearing . . . . .				
	<b>2</b>	Savings and temporary cash investments . . . . .		21,342.	12,686.	12,686.
	<b>3</b>	Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	<b>4</b>	Pledges receivable ▶ Less: allowance for doubtful accounts ▶				
	<b>5</b>	Grants receivable . . . . .				
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .				
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶	NONE			
	<b>8</b>	Inventories for sale or use . . . . .				
	<b>9</b>	Prepaid expenses and deferred charges . . . . .				
	<b>10 a</b>	Investments - U.S. and state government obligations (attach schedule) . .				
	<b>b</b>	Investments - corporate stock (attach schedule) . <b>STMT 5</b> .	544,551.	588,410.	629,620.	
	<b>c</b>	Investments - corporate bonds (attach schedule) . . . . .				
	<b>11</b>	Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶				
	<b>12</b>	Investments - mortgage loans . . . . .				
	<b>13</b>	Investments - other (attach schedule) . . . . .				
	<b>14</b>	Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶				
<b>15</b>	Other assets (describe ▶ )					
<b>16</b>	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	565,893.	601,096.	642,306.		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .				
	<b>18</b>	Grants payable . . . . .				
	<b>19</b>	Deferred revenue . . . . .				
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons .				
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . .				
	<b>22</b>	Other liabilities (describe ▶ )				
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		NONE		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	<b>24</b>	Unrestricted . . . . .				
	<b>25</b>	Temporarily restricted . . . . .				
	<b>26</b>	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, . . . ▶ <input checked="" type="checkbox"/></b> <b>check here and complete lines 27 through 31.</b>					
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .	565,893.	601,096.		
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund . . . .				
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds . .				
<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	565,893.	601,096.			
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	565,893.	601,096.			

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	565,893.
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	35,207.
<b>3</b>	Other increases not included in line 2 (itemize) ▶	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	601,100.
<b>5</b>	Decreases not included in line 2 (itemize) ▶ <b>ROUNDING ADJUSTMENT</b>	<b>5</b>	4.
<b>6</b>	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . .	<b>6</b>	601,096.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b> 588,388.		524,190.	64,198.		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
<b>a</b>			64,198.		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	64,198.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	36,992.	584,946.	0.063240
2011	32,190.	569,810.	0.056493
2010	27,514.	591,913.	0.046483
2009	35,196.	531,695.	0.066196
2008	36,771.	474,788.	0.077447
2 Total of line 1, column (d)			2 0.309859
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.061972
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			4 608,068.
5 Multiply line 4 by line 3			5 37,683.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 711.
7 Add lines 5 and 6			7 38,394.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			8 35,538.



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . . Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	1,422.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .		2	
3 Add lines 1 and 2 . . . . .		3	1,422.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	1,422.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .	6a	988.	
b Exempt foreign organizations - tax withheld at source . . . . .	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	NONE	
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	988.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9	434.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10		
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> NONE Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
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? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . . 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		X
c Did the foundation file Form 1120-POL for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		X
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 . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b 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? . . . . . If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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? . . . . .	X	
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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA		
b 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? If "No," attach explanation. . . . .	X	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV. . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

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**Part VII-A Statements Regarding Activities (continued)**

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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X	
Website address <u>N/A</u>				
14	The books are in care of <u>US TRUST FIDUCIARY TAX SERVICES</u> Telephone no <u>(888) 866-3275</u>			
	Located at <u>PO BOX 1802, PROVIDENCE, RI</u> ZIP+4 <u>02901</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . .	15		
16	At any time during calendar year 2013, 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? . . . . .	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <u></u>			X

**Part VII-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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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
Organizations relying on a current notice regarding disaster assistance check here <u></u>		
c 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 2013? . . . . .	1c	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years <u></u>		
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 <u></u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2013 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013) . . . . .	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 2013? . . . . .	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****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))? . . . . . ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) . . . . . ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . ☐ Yes ☒ No

**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)? . . . . .Organizations relying on a current notice regarding disaster assistance check here . . . . . ☐**c** 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . ☐ Yes ☒ No  
If "Yes" to 6b, file Form 8870**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . . ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, 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
SEE STATEMENT 7		6,506.		

**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		NONE	NONE	NONE

**Total number of other employees paid over \$50,000** . . . . . **NONE**Form **990-PF** (2013)



**Part VIII 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
NONE		NONE
Total number of others receiving over \$50,000 for professional services . . . . .		NONE

**Part IX-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 NONE	
2	
3	
4	

**Part IX-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 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	597,875.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	19,453.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	NONE
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	617,328.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	NONE
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	617,328.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	9,260.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	608,068.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	30,403.

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	30,403.
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b>	1,422.
<b>b</b>	Income tax for 2013. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,422.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	28,981.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	NONE
<b>5</b>	Add lines 3 and 4	<b>5</b>	28,981.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	NONE
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	28,981.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	35,538.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	NONE
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	NONE
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	NONE
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	35,538.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	N/A
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	35,538.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7 . . . . .				28,981.
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only . . . . .			NONE	
<b>b</b> Total for prior years 20____, 20____, 20____		NONE		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008 . . . . .	13,408.			
<b>b</b> From 2009 . . . . .	8,939.			
<b>c</b> From 2010 . . . . .	NONE			
<b>d</b> From 2011 . . . . .	4,753.			
<b>e</b> From 2012 . . . . .	8,601.			
<b>f</b> Total of lines 3a through e . . . . .	35,701.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: \$ 35,538.				
<b>a</b> Applied to 2012, but not more than line 2a . . . . .			NONE	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .		NONE		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .	NONE			
<b>d</b> Applied to 2013 distributable amount . . . . .				28,981.
<b>e</b> Remaining amount distributed out of corpus . . . . .	6,557.			
<b>5</b> Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same amount must be shown in column (a) )	NONE			NONE
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e. Subtract line 5	42,258.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		NONE		
<b>c</b> 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 . . . . .		NONE		
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions . . . . .		NONE		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .			NONE	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				NONE
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .	NONE			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .	13,408.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	28,850.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009 . . . . .	8,939.			
<b>b</b> Excess from 2010 . . . . .	NONE			
<b>c</b> Excess from 2011 . . . . .	4,753.			
<b>d</b> Excess from 2012 . . . . .	8,601.			
<b>e</b> Excess from 2013 . . . . .	6,557.			



**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i). . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization. . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV 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 (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 9

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

SEE ATTACHED STATEMENT FOR LINE 2

**c** Any submission deadlines:

SEE ATTACHED STATEMENT FOR LINE 2

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

SEE ATTACHED STATEMENT FOR LINE 2



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<i>a Paid during the year</i>  PLEASE SEE ATTACHED LIST	N/A	PC	GENERAL UNRESTRICTED SUPPORT	32,900.
<b>Total</b> . . . . .			▶ <b>3a</b>	32,900.
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	



<b>Part XVI-A</b>	<b>Analysis of Income-Producing Activities</b>
-------------------	--

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue*					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments . . . . .					
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities . . . . .			14	10,995.	
<b>5</b>	Net rental income or (loss) from real estate					
a	Debt-financed property . . . . .					
b	Not debt-financed property . . . . .					
<b>6</b>	Net rental income or (loss) from personal property .					
<b>7</b>	Other investment income . . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory			18	64,198.	
<b>9</b>	Net income or (loss) from special events . . . . .					
<b>10</b>	Gross profit or (loss) from sales of inventory . .					
<b>11</b>	Other revenue a					
b	EXCISE TAX REFUND			1	200.	
c						
d						
e						
<b>12</b>	Subtotal. Add columns (b), (d), and (e) . . . . .				75,393.	
<b>13</b>	Total. Add line 12, columns (b), (d), and (e) . . . . .				75,393.	75,393.

(See worksheet in line 13 instructions to verify calculations )

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]







FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
USGI REPORTED AS NONQUALIFIED DIVIDENDS	110.	110.
FOREIGN DIVIDENDS	1,482.	1,482.
DOMESTIC DIVIDENDS	3,777.	3,777.
OTHER INTEREST	13.	13.
NONQUALIFIED FOREIGN DIVIDENDS	243.	243.
NONQUALIFIED DOMESTIC DIVIDENDS	5,370.	5,370.
	-----	-----
TOTAL	10,995.	10,995.
	=====	=====



FORM 990PF, PART I - OTHER INCOME  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
EXCISE TAX REFUND	200.
	-----
TOTALS	200.
	=====



FORM 990PF, PART I - TAXES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
EXCISE TAX ESTIMATES	560.	
FOREIGN TAXES ON QUALIFIED FOR	156.	156.
FOREIGN TAXES ON NONQUALIFIED	29.	29.
	-----	-----
TOTALS	745.	185.
	=====	=====



SOMERVILLE HEALTH FOUNDATION

04-3382001

FORM 990PF, PART I - OTHER EXPENSES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
OTHER CHARITABLE EXPENSES	35.	35.
TOTALS	----- 35. =====	----- 35. =====



## SOMERVILLE HEALTH FOUNDATION

04-3382001

FORM 990PF, PART II - CORPORATE STOCK  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
464287507 ISHARES CORE S&P MID	6,026.	18,271.	21,176.
464287655 ISHARES RUSSELL 2000	7,041.	11,412.	13,782.
921943858 VANGUARD FTSE DEVELO	16,341.	18,310.	20,997.
922042858 VANGUARD FTSE EMERGI	12,148.		
00078H281 ASTON MONTAG & CALDW	19,551.		
269858304 EAGLE SM CAP GROWTH	7,277.		
277905642 EATON VANCE LARGE-CA	40,015.		
47803W406 JOHN HANCOCK FDS III	12,636.		
552983694 MFS VALUE FUND CL I	19,551.	31,952.	36,823.
744336504 PRUDENTIAL GLOBAL RE	18,047.	37,594.	40,730.
74441C808 PRUDENTIAL JENNISON	11,578.		
87234N302 TCW SELECT EQUITIES	19,551.	66,274.	72,704.
92646A815 VICTORY SMALL CO OPP	7,038.		
19765N245 COLUMBIA DIVIDEND IN	19,551.	32,676.	37,020.
19765N567 COLUMBIA SMALL CAP V	8,301.		
19765Y688 COLUMBIA SELECT LARG	35,422.		
55272P778 MFS RESEARCH BD FUND	17,445.		
64128K868 NEUBERGER BERMAN HIG	7,038.	24,945.	25,171.
693390700 PIMCO TOTAL RETURN F	42,248.		
693390841 PIMCO HIGH YIELD FD	11,424.		
722005667 PIMCO COMMODITY REAL	48,091.		
008882532 INVESCO INTL GROWTH	11,527.		
38142Y401 GOLDMAN SACHS GROWTH	10,287.		
411511306 HARBOR INTERNATIONAL	11,315.		
47803T627 JOHN HANCOCK FDS III	10,287.	28,342.	31,496.
4812A0573 JPMORGAN INTL VALUE	10,287.	28,360.	31,564.
483438206 KALMAR POOLED INVT T	7,038.		
52106N889 LAZARD EMERGING MKTS	27,723.		
19765Y852 COLUMBIA EMERGING MA	12,031.	39,045.	42,402.



## SOMERVILLE HEALTH FOUNDATION

04-3382001

FORM 990PF, PART II - CORPORATE STOCK  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
55273E640 MFS EMERGING MKTS DE	7,038.		8,473.
592905509 METRO WEST T/R BD CL	41,975.	8,444.	42,639.
693390882 PIMCO FOREIGN BD US\$	8,723.	41,844.	108,728.
464288588 ISHARES MBS ETF		108,571.	23,897.
78464A474 SPDR BARCLAYS SHORT		23,772.	25,248.
057071813 BAIRD MIDCAP FUND IN		23,382.	13,826.
76628R615 RIDGEWORTH MID CAP V		13,574.	13,917.
89154Q737 TOUCHSTONE SMALL CAP		13,463.	19,027.
904504842 UNDISCOVERED MANAGER		18,179.	
22544R305 CREDIT SUISSE COMMOD			
TOTALS	544,551.	588,410.	629,620.



## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

## OFFICER NAME:

CATHY WIRTH

## ADDRESS:

230 HIGHLAND AVE

SOMERVILLE, MA 02143

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

## OFFICER NAME:

ISSAC MACHADO

## ADDRESS:

421 HIGHLAND AVE

SOMERVILLE, MA 02144

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

## OFFICER NAME:

GERALD MCCUE

## ADDRESS:

21 BROMFIELD RD APT 1

SOMERVILLE, MA 02144

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

## OFFICER NAME:

KATHLEEN MCGILVRAY

## ADDRESS:

19 SIMPSON AVE

SOMERVILLE, MA 02144

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1



## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

## OFFICER NAME:

PAULETTE RENAULT-CARAGIANES

## ADDRESS:

50 EVERGREEN AVE

SOMERVILLE, MA 02143

## TITLE:

CO TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

## OFFICER NAME:

BANK OF AMERICA

## ADDRESS:

1 FINANCIAL PLAZA

PROVIDENCE, RI 02903

## TITLE:

AGENT FOR TRUSTEE, INVEST MGT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 6,506.

TOTAL COMPENSATION:

6,506.

=====



RECIPIENT NAME:

SOMERVILLE COMMUNITY HEALTH AGENDA/COMMUNITY AFFAI

ADDRESS:

ATTN: LISA BRUKILACCHIO, DIR.230 HIGHLAND AVERM502  
SOMERVILLE, MA 02143

RECIPIENT'S PHONE NUMBER: 617-591-6940

E-MAIL ADDRESS: LBRUKILACCHIO@CHALLIANCE.ORG

FORM, INFORMATION AND MATERIALS:

[WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX](http://WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX)

SEE ATTACHED GUIDELINES FOR APPLICANTS

SUBMISSION DEADLINES:

[WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX](http://WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX)

SEE GUIDELINES FOR APPLICANTS

RESTRICTIONS OR LIMITATIONS ON AWARDS:

[WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX](http://WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX)

SEE GUIDELINES FOR APPLICANTS



# **SOMERVILLE HEALTH FOUNDATION**

**2013**

## **REQUEST FOR PROPOSALS**

### **GUIDELINES FOR APPLICANTS**

**DEADLINE:** Proposals are due no later than August 16th, 201~~3~~<sup>4</sup>

#### **CONTACT FOR FURTHER INFORMATION:**

Lisa Brukilacchio  
Director, Somerville Community Health Agenda  
230 Highland Avenue  
School of Nursing, 5<sup>th</sup> floor, Rm 502  
Somerville, MA 02143  
Phone: 617-591-6940  
Fax: 617-591-6949  
Email: lbrukilacchio@challiance.org



### THE SOMERVILLE HEALTH FOUNDATION, INC.

The Somerville Health Foundation, Inc. (SHF) was established on June 26, 1996 in the Affiliation Agreement executed by Somerville Hospital and the Cambridge Hospital when those hospitals merged. Under the terms of the Agreement, Somerville Hospital incorporated a new nonprofit corporation known as the Somerville Health Foundation, Inc.

The SHF has two main purposes. First, it is to promote and support the provision of primary care and preventive health services accessible to the residents of the City of Somerville, Massachusetts. Second, it is to promote and support educational, research and outreach programs that will improve the delivery and accessibility of primary care and preventive health services to the residents of the City of Somerville, Massachusetts. It is the Foundation's goal to provide financial resources for projects or activities which will enable it to fulfill these purposes.

### GOVERNANCE

The Foundation is governed by a Board of Trustees, including the Mayor of the City of Somerville (or representative), the Chairman of the Board of the Cambridge Public Health Commission or designee, and three Somerville representatives selected annually by and from the Somerville representatives then serving on the Commission Board.

The current members are:

- Isaac Machado, Somerville CHA Board of Trustees member
- Gerry McCue, Somerville CHA Board of Trustees member, Chair
- Kathleen McGilvray, Somerville CHA Board of Trustees member
- Paulette Renault-Caragianes, Director, Somerville Health Department (City of Somerville Mayor's designee)
- Cathy Wirth, Somerville CHA Board of Trustees member



### SHF PRIORITY AREAS FOR 2013 FUNDING

The Foundation invites proposals for projects that relate to its major purposes as stated above. The priorities for funding support for this year are programs/projects that address **at least one of the following preventative health priorities while also addressing the health disparity issues of a specified vulnerable population among Somerville residents:**

- Root causes of disease, health disparities and inequities in health;
- Mental and emotional health, chronic stress prevention/interventions;
- Protective factors to reduce substance abuse, decrease violence or improve mental health;
- Physical activity and food/nutrition programming, infrastructure and/or policy work related to obesity prevention and reduction of diabetes and/or cardiovascular disease;
- Environmental health issues, including air, water and/or soil quality related to human health.

Projects that address multiple priorities are strongly encouraged. Use of collaborative approaches will also receive priority consideration.

### AMOUNT OF FUNDING AVAILABLE

The Somerville Health Foundation was created by a generous endowment, to provide a private source of funding for Somerville health efforts in compliance with state and federal regulations governing such foundations. In 1997, its first year of making grants, the Foundation distributed \$33,000 in multiple grants. In 1998 through 2000, it distributed over \$50,000 annually, due to banner years in the stock market. Because of a decline in the value of the funds, no grants were issued in 2003 or 2004. Since then, between \$30,000-\$35,000 has been distributed per year.

In 201<sup>4</sup>, the Somerville Health Foundation hopes to distribute a minimum of \$26,000, though the final amount is determined by available funds at time of distribution. As in past years, there will be a maximum amount of funding of \$5,000 to any one entity for the 2013-2014 year.

### WHO MAY APPLY

Any organization that has been determined to be nonprofit under section 501c (3) of the Internal Revenue Service Code may apply for a grant. Partnerships with a fiscal agent will be considered. Ideal applicants for SHF funding will have a history of collaborating with other community organizations/groups addressing the interests in the proposal. SHF will consider repeat funding for up to three years for a given program, with some exceptions. New applicants, new collaborative efforts and innovative new programs are strongly



encouraged to apply. Funds may be used to support capital expenses and/or staffing to support the goals of the project.

#### PROPOSAL DEADLINE AND AWARD DATES

In ~~2014~~ applications will be due on **August 16th by 12:00 PM**. The Foundation will give priority consideration to timely submissions. Applications may be submitted **electronically via email (preferable)**, but hard copies will also be accepted.

The Foundation's decisions will be determined by early-September and funds released soon after. A reception for grantees is tentatively planned for mid-September.

#### HOW TO APPLY FOR A GRANT, four items required:

1) **Cover sheet** (*provided at end of this document*) that must include:

- Name of applicant organization
- Key contact information
- A concise description of the project for which funding is being sought

2) **Funding request**, no more than three pages in length, single spaced that must include:

- A concise description of the project for which funding is being sought.
- How the project addresses the Foundation's stated targeted priorities.
- Specific goals and objectives with clear and achievable outcomes measures, including details on what will be measured and how.
- Timeline for the project. Funding will be disbursed in September, 201~~4~~<sup>5</sup> and must be spend by September, 201~~5~~<sup>6</sup>
- Collaborative partnerships that enhance the project, and their roles.
- How this funding will be used to address preventative health for Somerville residents, with a focus on health disparities. (Note that the intention of the foundation is focused on *residents of the City of Somerville*, so programs serving other communities as well must present evidence of how they will distinguish the impact on Somerville residents.)
- How the sustainability of funded projects will be addressed, for example by leveraging other funds, or how a start-up initiative will be continued. Please also mention any products or systems that can be used beyond the length of the grant.



- o An expression of the organization's willingness to file a report with the Foundation at the end of the grant year describing the outcome of the project.

3) **Line item budget:** *(in one page or less)* Include short narrative explanations of costs and how determined. Please include the total cost of project, indicate other funding sources (if relevant) including in-kind contributions, and show how the SHF funding will contribute to supporting total required funding.

*Budget Template Example:*

**ABCD Organization Proposed Budget- Somerville Health Foundation 2012  
For ABCD Health Training program**

Project costs	Description	Funding Source(s)	Portion Requested from SHF
\$ 375	Food for trainings (\$75 per training x 5 trainings)	Somerville Health Foundation (SHF)	\$ 375
\$7,250	ABCD staff time to (a) perform outreach, (b) conduct trainings, (c) develop brochure, (d) administrative tracking/management (\$25/hr x 290 hours)	SHF and XYZ Foundation	\$3,625
\$ 400	Training materials (\$3 per participant x 50 participants; \$250 for flipcharts and other teaching tools)	SHF and In-Kind	\$ 200
\$ 300	Translation costs for brochure (translation costs at \$.30 per word for 1000 word brochure)	SHF	\$ 300
\$ 500	Evaluation (\$50/hour x 10 hours to analyze responses and produce a report)	SHF	\$ 500
\$14,700	<b>TOTAL</b>		<b>\$5,000</b>

4) **Copy of the IRS tax determination letter** indicating the organization's 501c (3) status must be included with the proposal . *(If you have submitted the IRS letter with prior applications and it is on file with the SHF office, this will not be required.)*

**PROPOSAL DEVELOPMENT QUESTIONS**

During the development stage, questions about the fit of the proposed project with this RFP are welcome. Please contact Lisa Brukılacchio at [lbrukılacchio@challiance.org](mailto:lbrukılacchio@challiance.org) or 617-591-6940 or Linda Cundiff at 617-591-6935.

**REVIEW PROCESS**

Following receipt, the proposal will be screened to ensure it is complete and meets the basic criteria. An Advisory Board composed of health and human service leaders in the



community will assist with reviewing and discussing all proposals along with the members of the Somerville Health Foundation Board, which retains final authority for awarding the annual grants. This process allows for participation representing diverse points of view and experience with health issues in Somerville to inform the decision-making.

#### REPORTING REQUIREMENTS

Brief electronic or verbal progress reports will be expected at least once through the course of the funding period. Final written reports should include at a minimum:

- How the original goals and objectives were met, or if not, why not;
- The measurements that reflect these goals; including what target populations the project served;
- Unexpected outcomes;
- Collaborations and/or leveraging of funds that occurred due to SHF support; and
- How the project advances work in Somerville in the targeted priority area and plans for the sustainability of this work, if appropriate.

#### SUBMITTING THE PROPOSAL

Please submit proposals electronically (preferred) or by mail in time to arrive by August 16th, 2014 to:

Somerville Health Foundation, Inc.  
Lisa Brukilacchio, Director Somerville Community Health Agenda  
Somerville Hospital  
230 Highland Avenue  
Somerville, MA 02143  
Phone: 617-591-6940  
Fax: 617-591-6949  
[lbrukilacchio@challiance.org](mailto:lbrukilacchio@challiance.org)



# SOMERVILLE HEALTH FOUNDATION

2013-2014

## **Applicant Cover Sheet**

*(required for complete proposal)*

**Name of Applicant Organization:**

**Key contact information:**

**Name:**

**Mailing Address:**

**Phone:**

**Fax:**

**Email:**

**Website, if applicable:**

**Concise description of the project for which funding is being sought:**

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For review purposes:

- ☐ Cover Sheet
- ☐ Funding Request
- ☐ Budget Page
- ☐ IRS documentation



**FORM 990PF, Part XV, Ln. 3:**  
**Grants Paid attachment to return :**  
**SOMERVILLE HEALTH FND**

Posting Date	Amount	Distribution	Relationship to substantial contributor	Purpose	Foundation Status of Recipient
9/27/2013	\$ (3,000.00)	COMMUNITY ACTION AGENCY	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (4,000.00)	CASPAR	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (4,000.00)	GROUNDWORK SOMERVILLE	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (1,800.00)	SOMERVILLE COMMUNITY CORPORATION	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (3,000.00)	MYSTIC LEARNING CENTER	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (2,100.00)	SOMERVILLE COMMUNITY ACCESS TV	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (2,500.00)	SOMERVILLE CAMBRIDGE ELDER SVCS	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (3,000.00)	BISEXUAL RESOURCE CENTER	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (1,500.00)	TEEN EMPOWERMENT	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (4,000.00)	HAITIAN COALITION	N/A	UNRESTRICTED GENERAL SUPPORT	PC
9/27/2013	\$ (4,000.00)	THE WELCOME PROJECT	N/A	UNRESTRICTED GENERAL SUPPORT	PC
<b>TOTAL</b>	<b>\$ (32,900.00)</b>				