

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

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning

07/01, 2016, and ending

06/30, 2017

Name of foundation

SOMERVILLE HEALTH FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

P O BOX 1802

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

PROVIDENCE, RI 02901-1802

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

H Check type of organization.

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at
end of year (from Part II, col. (c), line
16) \$ 603,698.J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number

04-3382001

B Telephone number (see instructions)

888-866-3275

C If exemption application is
pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the
85% test, check here and attach
computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐**Part I Analysis of Revenue and Expenses** (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)
Revenue				
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	11,567.	11,466.		STMT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	42,338.			
b Gross sales price for all assets on line 6a 731,081.				
7 Capital gain net income (from Part IV, line 2)		42,338.		
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)	115.			STMT 2
12 Total Add lines 1 through 11	54,020.	53,804.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	6,519.	3,911.		2,607.
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) STMT 3	1,250.	750.	NONE	500.
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions) STMT 4	245.	245.		
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 5	35.			35.
24 Total operating and administrative expenses Add lines 13 through 23.	8,049.	4,906.	NONE	3,142.
25 Contributions, gifts, grants paid	25,500.			25,500.
26 Total expenses and disbursements Add lines 24 and 25	33,549.	4,906.	NONE	28,642.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	20,471.			
b Net investment income (if negative, enter -0-)		48,898.		
c Adjusted net income (if negative, enter -0-)				

JSA For Paperwork Reduction Act Notice, see instructions

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Part II Balance Sheets		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
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	24,423.	18,953.	18,953.
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶ NONE			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) . STMT 6	543,776.	569,519.	584,745.
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶ (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶ (attach schedule)				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	568,199.	588,472.	603,698.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons.			
	21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)		NONE		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	568,199.	588,472.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	568,199.	588,472.	
31	Total liabilities and net assets/fund balances (see instructions)	568,199.	588,472.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	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)	1	568,199.
2	Enter amount from Part I, line 27a	2	20,471.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	588,670.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	198.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	588,472.

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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.)**1 a PUBLICLY TRADED SECURITIES**

b			
c			
d			
e			

(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)
a 731,081.		688,743.	42,338.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. 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))
a			42,338.
b			
c			
d			
e			

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	42,338.
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

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(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))
2015	30,114.	559,800.	0.053794
2014	31,680.	603,875.	0.052461
2013	35,538.	608,068.	0.058444
2012	36,992.	584,946.	0.063240
2011	32,190.	569,810.	0.056493

2 Total of line 1, column (d)	2	0.284432
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	0.056886
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	569,272.
5 Multiply line 4 by line 3.	5	32,384.
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	489.
7 Add lines 5 and 6.	7	32,873.
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	28,642.

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)	1	978.
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		
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	978.
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	978.
6 Credits/Payments		
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	156.
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	156.
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	822.
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 2017 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 2016 or the taxable year beginning in 2016 (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

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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? Website address <u>N/A</u>	13	X
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>		
16 At any time during calendar year 2016, 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	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <u></u>		

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 <input type="checkbox"/>		
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <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 2016 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 2016)	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 2016?	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 4945(d)(4)(A)? (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)? ☐ **5b**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? ☐ **6b** X

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? ☐ **7b****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 9		6,519.		

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**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	558,608.
b	Average of monthly cash balances	1b	19,333.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	577,941.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	577,941.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,669.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	569,272.
6	Minimum investment return. Enter 5% of line 5	6	28,464.

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.)

1	Minimum investment return from Part X, line 6	1	28,464.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	978.
b	Income tax for 2016. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	978.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,486.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	27,486.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	27,486.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	28,642.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	28,642.
5	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)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,642.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				27,486.
2 Undistributed income, if any, as of the end of 2016			NONE	
a Enter amount for 2015 only				
b Total for prior years 20 <u>14</u> , 20 <u> </u> , 20 <u> </u>		NONE		
3 Excess distributions carryover, if any, to 2016				
a From 2011	4,753.			
b From 2012	8,601.			
c From 2013	6,557.			
d From 2014	1,908.			
e From 2015	777.			
f Total of lines 3a through e	22,596.			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>28,642.</u>				
a Applied to 2015, but not more than line 2a . . .			NONE	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2016 distributable amount				27,486.
e Remaining amount distributed out of corpus . . .	1,156.			
f Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,752.			
b Prior years' undistributed income Subtract line 4b from line 2b.		NONE		
c 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		
d Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
e Undistributed income for 2015. Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				NONE
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)	NONE			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	4,753.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	18,999.			
10 Analysis of line 9				
a Excess from 2012 . . .	8,601.			
b Excess from 2013 . . .	6,557.			
c Excess from 2014 . . .	1,908.			
d Excess from 2015 . . .	777.			
e Excess from 2016 . . .	1,156.			

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 2016, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, 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					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 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					

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 11

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
a Paid during the year PLEASE SEE ATTACHED LIST	N/A	PC	GENERAL UNRESTRICTED SUPPORT	25,500.
Total			3a	25,500.
b Approved for future payment				
Total			3b	

1 Program service revenue

a	
b	
c	
d	
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

6 Net rental income or (loss) from personal property. •

7 Other investment income

8 Gain or (loss) from sales of assets other than inventor

9 Net income or (loss) from special events . . .

10 Gross profit or (loss) from sales of inventory . .

11 Other revenue a _____

b EXCISE TAX REFUND

C

d

e

12 Subtotal Add columns (b), (d), and (e)

13 Total Add line 12, columns (b), (d), and (e)		13	54,020.
--	--	-----------	----------------

(See worksheet in line 13 instructions to verify calculations)

Part XVI-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 XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

NOT APPLICABLE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|--------------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of officer or trustee

10/14/12
Date

► Treasurer
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

BARBARA TREMBLAY

Preparer's signature _____

Date

08/31/2017

Check <input type="checkbox"/> if self-employed	PTIN
	P00

P00153767

Firm's name **▶ BANK OF AMERICA, N.A.**

Firm's EIN ► 94-1687665

Firm's address ► P O BOX 1802

PROVIDENCE, RI

02901-1802

Phone no 888-866-3275

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS	288.	288.
FOREIGN DIVIDENDS	2,224.	2,224.
NONDIVIDEND DISTRIBUTIONS	101.	
DOMESTIC DIVIDENDS	4,530.	4,530.
OTHER INTEREST	50.	50.
NONQUALIFIED FOREIGN DIVIDENDS	177.	177.
NONQUALIFIED DOMESTIC DIVIDENDS	4,197.	4,197.
TOTAL	11,567.	11,466.

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
EXCISE TAX REFUND	115.

TOTALS	115.
	=====

FORM 990PF, PART I - ACCOUNTING FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
TAX PREPARATION FEE - BOA	1,250.	750.		500.
TOTALS	1,250.	750.	NONE	500.
	=====	=====	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FOREIGN TAXES ON QUALIFIED FOR	221.	221.
FOREIGN TAXES ON NONQUALIFIED	24.	24.
	-----	-----
TOTALS	245.	245.
	=====	=====

SOMERVILLE HEALTH FOUNDATION

04-3382001

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
STATE FILING FEE	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	16,593.		
464287655 ISHARES RUSSELL 2000	10,881.	17,119.	19,306.
921943858 VANGUARD FTSE DEVELO		73,715.	75,161.
922042858 VANGUARD FTSE EMERGI		25,225.	25,396.
00078H281 ASTON MONTAG & CALDW			
269858304 EAGLE SM CAP GROWTH			
277905642 EATON VANCE LARGE-CA			
47803W406 JOHN HANCOCK FDS III			
552983694 MFS VALUE FUND CL I	11,638.	5,690.	5,995.
744336504 PRUDENTIAL GLOBAL RE	14,014.		
74441C808 PRUDENTIAL JENNISON	25,737.		
87234N302 TCW SELECT EQUITIES			
92646A815 VICTORY SMALL CO OPP	12,347.		
19765N245 COLUMBIA DIVIDEND IN			
19765N567 COLUMBIA SMALL CAP V			
19765Y688 COLUMBIA SELECT LARG			
55272P778 MFS RESEARCH BD FUND	16,653.		
64128K868 NEUBERGER BERMAN HIG			
693390700 PIMCO TOTAL RETURN F			
693390841 PIMCO HIGH YIELD FD			
722005667 PIMCO COMMODITY REAL			
008882532 INVESCO INTL GROWTH	26,766.	5,926.	6,341.
38142Y401 GOLDMAN SACHS GROWTH			
411511306 HARBOR INTERNATIONAL			
47803T627 JOHN HANCOCK FDS III			
4812A0573 JPMORGAN INTL VALUE			
483438206 KALMAR POOLED INVT T	25,100.	5,889.	6,306.
52106N889 LAZARD EMERGING MKTS			
19765Y852 COLUMBIA EMERGING MA			

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			
592905509 METRO WEST T/R BD CL	3,882.	14,804.	14,775.
693390882 PIMCO FOREIGN BD US\$	33,208.	18,300.	18,469.
464288588 ISHARES MBS ETF	108,310.		
78464A474 SPDR BARCLAYS SHORT	12,342.	21,289.	24,056.
057071813 BAIRD MIDCAP FUND IN	13,681.		
76628R615 RIDGEWORTH MID CAP V	11,965.	21,758.	22,301.
89154Q737 TOUCHSTONE SMALL CAP	12,207.		
904504842 UNDISCOVERED MANAGER	15,641.	17,061.	12,136.
22544R305 CREDIT SUISSE COMMOD	17,043.		
233051200 DB X-TRACKERS MSCI E	86,195.		
464287200 ISHARES CORE S&P 500	1,475.	14,826.	14,786.
92203J407 VANGUARD TOTAL INTL	14,306.		
922908553 VANGUARD REIT ETF	11,422.		
97717X701 WISDOMTREE EUROPE HE	13,149.	5,385.	6,040.
413838608 OAKMARK SELECT FUND	29,221.		
808090757 SCHRODER EMERGING MK		75,648.	73,919.
464287226 ISHARES CORE US AGGR		7,571.	7,356.
464287440 ISHARES 7-10 YEAR TR		29,660.	31,506.
464287499 ISHARES RUSSELL MID-		18,477.	18,412.
464288661 ISHARES 3-7 YR TREAS		29,483.	29,585.
92206C870 VANGUARD INTERMEDIAT		101,893.	107,477.
922908363 VANGUARD S&P 500 ETF		10,581.	12,782.
41665H847 HARTFORD MUT FDS II		5,320.	5,989.
543487110 NATIXIS LOOMIS SAYLE		22,616.	24,164.
55272P596 MFS MID CAP VALUE FU		21,283.	22,487.
94975P447 WELLS FARGO SPECIAL			
TOTALS	543,776.	569,519.	584,745.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

=====

DESCRIPTION

AMOUNT

INCOME ADJUSTMENT

24.

COST ADJUSTMENT

174.

TOTAL

198.

=====

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

OFFICER NAME:

CATHY WIRTH

ADDRESS:

11 CENTRE ST

SOMERVILLE, MA 02143

TITLE:

SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

GERALD MCCUE

ADDRESS:

21 BROMFIELD RD APT 1

SOMERVILLE, MA 02144

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

KATHLEEN MCGILVRAY

ADDRESS:

17 GILMAN ST

SOMERVILLE, MA 02145

TITLE:

TREASURER

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

6,519.

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

=====

OFFICER NAME:

ROBINA BHASIN

ADDRESS:

32 N MADISON ST #2

SOMERVILLE, MA 02143

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

DOUG KRESS

ADDRESS:

50 EVERGREEN AVE.

SOMERVILLE, MA 02143

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

6,519.

=====

SOMERVILLE HEALTH FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d
=====

04-3382001

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

SEE ATTACHED GUIDELINES FOR APPLICANTS

SUBMISSION DEADLINES:

WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX

SEE GUIDELINES FOR APPLICANTS

RESTRICTIONS OR LIMITATIONS ON AWARDS:

WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX

SEE GUIDELINES FOR APPLICANTS

STATEMENT 11

Grants Paid attachment to return

SOMERVILLE HEALTH FOUNDATION

Posting Date	Amount	Distribution	Relationship to substantial contributor	Purpose	Foundation Status of Recipient
08/19/2016	\$ (4,500.00)	BOYS AND GIRLS CLUBS OF	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (3,500.00)	BRAZILIAN WOMENS GROUP	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (2,500.00)	GROUNDWORK SOMERVILLE	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (2,500.00)	IMMIGRANT SERVICES PROVIDER	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (3,500.00)	MYSTIC LEARNING CENTER	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (4,000.00)	NEIGHBORHOOD COUNSELING AND	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (2,500.00)	THE FAMILY CENTER INC	N/A	UNRESTRICTED GENERAL SUPPORT	PC
08/19/2016	\$ (2,500.00)	THE WELCOME PROJECT	N/A	UNRESTRICTED GENERAL SUPPORT	PC
TOTAL	\$ (25,500.00)				

SOMERVILLE HEALTH FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d
=====

04-3382001

RECIPIENT NAME:

SOMERVILLE COMMUNITY HEALTH AGENDA/COMMUNITY AFFAI

ADDRESS:

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

RECIPIENT'S PHONE NUMBER: 617-591-4433

E-MAIL ADDRESS: LBRUKILACCHIO@CHALLIANCE.ORG

FORM, INFORMATION AND MATERIALS:

WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX

SEE ATTACHED GUIDELINES FOR APPLICANTS

SUBMISSION DEADLINES:

WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX

SEE GUIDELINES FOR APPLICANTS

RESTRICTIONS OR LIMITATIONS ON AWARDS:

WWW.CHALLIANCE.ORG/INTHECOMMUNITY/SOMERVILLEHEALTHAGENDA.ASPX

SEE GUIDELINES FOR APPLICANTS

STATEMENT 11

XD576 2 000

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37 E



SOMERVILLE HEALTH FOUNDATION

2017-2018

REQUEST FOR PROPOSALS

GUIDELINES FOR APPLICANTS

DEADLINE: Proposals are due no later than July 14th, 2017 noon

CONTACT FOR FURTHER INFORMATION:

Lisa Brukilacchio
Director, Somerville Community Health Agenda
230 Highland Avenue
Somerville, MA 02143
Phone: 617-591-4433
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:

- Robina Bhasin, Somerville CHA Board of Trustees member, Clerk
- Doug Kress, Director, Somerville Health & Human Services Department (City of Somerville Mayor's designee)
- Gerry McCue, Somerville CHA Board of Trustees member, Chair Designee
- Kathleen McGilvray, Somerville CHA Board of Trustees member, Treasurer
- Cathy Wirth, Somerville CHA Board of Trustees member

SHF PRIORITY AREAS FOR 2017-2018 FUNDING

The Foundation invites proposals for projects that relate to its major purposes as stated above. The priority for funding support is programs/projects **with a prime emphasis on root causes of disease, health equity and/or health disparities and serving vulnerable populations among Somerville residents.**

Projects that also address the following preventative health priorities will receive extra consideration.

1. Protective factors to reduce substance abuse and/or decrease violence;
 2. Mental and emotional health promotion and/or stress prevention, suicide prevention;
 3. Physical activity and food/nutrition programming, infrastructure and/or policy work related to obesity prevention and reduction of diabetes and/or cardiovascular disease;
 4. Chronic disease and disability prevention, based on Somerville health outcomes indicating respiratory disease (asthma and COPD), digestive diseases, cancer, living with a disability, and dental health are factors impacting the health of residents
- Projects that address multiple priorities are strongly encouraged.
 - Collaborative approaches will receive priority consideration.

AMOUNT OF FUNDING AVAILABLE

The Somerville Health Foundation was created by a generous endowment by Margaret Hutchinson, 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 \$25,000- \$35,000 has been distributed per year. In 2017, the Somerville Health Foundation hopes to distribute a minimum of \$25,000, though the final amount is determined by available funds at time of distribution. As in past years, the maximum amount of funding is \$5,000, with the average of \$3,000.

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 coalitions and/or organizations addressing the specified interests in the proposal. SHF will consider repeat funding for up to three years for any given project, with few exceptions. Funds may be used to support capital expenses and/or staffing to support the goals of the project. New applicants, new collaborative efforts and innovative new programs are strongly encouraged to apply.

PROPOSAL DEADLINE AND AWARD DATES

In 2017, applications will be due on **July 14th by 12:00 PM**. The Foundation will give priority consideration to timely submissions. Applications may be submitted **electronically via email**. (Hard copies will be accepted if received by the due date. This may be particularly applicable for submission of reports from last year's grantees, which may include photos and other documentation as supplemental material. In such case, please indicate "sending by mail" in the electronic version of the proposal, for that section.)

Grantees will be notified of the Foundation's decisions by early-September and funds are typically released soon after. A reception for grantees will be planned for mid-September.

ELEMENTS OF THE PROPOSAL

Items 1-3 are required of all applicants.

#4 is only required of grantees from last year who are reapplying):

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

- Name of applicant organization
- Key contact information
- A brief (2-3 sentences) description of the project to be funded

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

1. (30 points) Project Description, Goals and Objectives
 - a. Brief description of the project for which funding is being sought.
 - b. Identification of target population and why specified vulnerable population is a priority for funding to address barriers to access and health prevention.
 - c. Timeline for the project. (Funding will be disbursed in September, 2017 and must be spent by September, 2018.)
 - d. Specific goals and objectives with clear and achievable outcomes measures, including details on what will be measured and how.
2. (20 points) Match with SHF Priorities
 - a. How the project addresses the Foundation's stated priorities and addresses a community need
3. (15 points) Collaboration and Sustainability
 - a. Description of collaborative partnerships in place to enhance the project, and partner(s) roles.
 - b. If applicant organization is active in community coalitions, and proposed project supports coalition goals, please describe.
 - c. 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
- d. Letters of support are welcome, *as additional pages*.

4. (15 points) Budget

- Line item budget (see example below*)
- Include short narrative explanations of costs and how determined.
- Please include the total cost of project, indicating other funding sources (if relevant) including in-kind contributions
- Show how the SHF funding will contribute to supporting total required funding and/or leveraging other funding
- How this funding will be used to address preventative health for Somerville residents, (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 numbers served and the impact on Somerville residents.)

Please take note: Reviewers may also assign up to 20 additional points based on the overall application for:

- 5 points for clarity, conciseness and completion of application
- 15 points for project strength, impact and likelihood of success of proposed project

**Budget Template Example:*

XYZ Organization Proposed Budget

Description	Project costs	Funding Source(s)	Portion Requested from SHF
Food for trainings (\$75 per training x 5 trainings)	\$ 375	Somerville Health Foundation (SHF)	\$ 375
ABCD staff time to (a) perform outreach, (b) conduct trainings, (c) develop brochure, (d) administrative tracking/management (\$25/hr x 290 hours)	\$7,250	SHF and XYZ Foundation	\$3,625
Training materials (\$3 per participant x 50 participants; \$250 for flipcharts and other teaching tools)	\$ 400	SHF and In-Kind	\$ 200
Translation costs for brochure (translation costs at \$.30 per word for 1000 word brochure)	\$ 300	SHF	\$ 300
Evaluation (\$50/hour x 10 hours to analyze responses and produce a report)	\$ 500	SHF	\$ 500
TOTAL	\$8,825		\$5,000

- 3) **Copy of the IRS tax determination letter** indicating the organization's 501c (3) status must be included with the proposal (unless on file with SHF).
- 4) **Report to Somerville Health Foundation on 2016-2017 funding is required for 2016 grantees.** Include the following in a short report of 3 pages or less:
- 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.

PROPOSAL DEVELOPMENT QUESTIONS

During the development stage, questions related to creating strong proposals to this RFP or related data inquiries are welcome. Please contact Lisa Brukilacchio at 617-591-4433 or lbrukilacchio@challiance.org

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 are three pages, or less. To be eligible for funding next year, current grantees must submit reports by July 14th. If project is not yet completed, a description with plans for completion is required. Grantees are encouraged to consult with the Somerville Community Health Agenda Director on questions regarding evaluation and/or reporting.

SUBMITTING THE PROPOSAL

Please submit proposals electronically (preferred) or by mail in time to arrive by **July 14th, 12pm to: lbrukilacchio@challiance.org phone: 617-591-4433**

Somerville Health Foundation, Inc.

Lisa Brukilacchio, Director Somerville Community Health Agenda

Somerville Hospital

230 Highland Avenue

Somerville, MA 02143

SOMERVILLE HEALTH FOUNDATION

2017-2018

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

Key points from review process: