

006722

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning 11/08 and ending 12/31/08

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>GROUNDWORK SOMERVILLE, INC.</b>		<b>D</b> Employer identification number 04-3537152
		Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number (617) 628-9988
		240 ELM STREET	Room/suite B7	<b>F</b> Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: WWW.GROUNDWORKSOMERVILLE.ORG  
**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... \$ 194,983.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received						190,509.																									
	2	Program service revenue including government fees and contracts																															
	3	Membership dues and assessments																															
	4	Investment income																															
	5a	Gross amount from sale of assets other than inventory																															
	5b	Less: cost or other basis and sales expenses																															
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																															
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																															
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)																															
	6b	b Less: direct expenses other than fundraising expenses																															
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																
7a	7a Gross sales of inventory, less returns and allowances																																
7b	b Less: cost of goods sold																																
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																
8	8 Other revenue (describe <u>OTHER INCOME</u> )							4,474.																									
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							194,983.																									
Expenses	10	10 Grants and similar amounts paid (attach schedule)																															
	11	11 Benefits paid to or for members																															
	12	12 Salaries, other compensation, and employee benefits							117,743.																								
	13	13 Professional fees and other payments to independent contractors						4,503.																									
	14	14 Occupancy, rent, utilities, and maintenance						7,420.																									
	15	15 Printing, publications, postage, and shipping						619.																									
	16	16 Other expenses (describe <u>SEE STATEMENT 5</u> )						43,167.																									
17	17 Total expenses. Add lines 10 through 16						173,452.																										
Net Assets	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)						21,531.																									
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						-3,442.																									
	20	20 Other changes in net assets or fund balances (attach explanation)																															
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20						18,089.																									

### Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	17,935.	22	4,851.	
23	Land and buildings		23		
24	24 Other assets (describe <u>SEE STATEMENT 6</u> )	15,368.	24	58,361.	
25	25 Total assets	33,303.	25	63,212.	
26	26 Total liabilities (describe <u>SEE STATEMENT 7</u> )	36,745.	26	45,123.	
27	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-3,442.	27	18,089.	

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 9</b>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.				
28	PROMOTE PHYSICAL IMPROVEMENTS TO THE AMOUNT, QUALITY, AND ACCESS TO OPEN SPACE IN SOMERVILLE, MA.		28a	142,048.
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>				
29			29a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>				
30			30a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>				
31	Other program services (attach schedule)		31a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>				
32	Total program service expenses (add lines 28a through 31a)		32	142,048.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
PETER KWASS, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	PRESIDENT 2.50	0.	0.	0.
MEREDITH SMITH, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	TREASURER 2.50	0.	0.	0.
MEREDITH LEVEY, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	SECRETARY 2.50	0.	0.	0.
VILMA SULLIVAN, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
NANCY BERNHARD, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
KARYN COUGHLIN, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
JENNIFER LAWRENCE, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	EXECUTIVE DIRECTOR 40.00	39,263.	1,987.	0.
PETER MILLS, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
MICHAEL LAMBERT, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
VITHAL DESHPANDE, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
RON BOONEY, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.
LEANNE DARRIGO, 240 ELM STREET, SUITE B7, SOMERVILLE, MA 02144	BOARD MEMBER 2.50	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. <input checked="" type="checkbox"/> MA		
42a	The books are in care of <input checked="" type="checkbox"/> JENNIFER LAWRENCE, EXECUTIVE DIRECT Telephone no. <input checked="" type="checkbox"/> (617) 628-9988 Located at <input checked="" type="checkbox"/> 240 ELM STREET, SOMERVILLE, MA ZIP +4 <input checked="" type="checkbox"/> 02144		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           |     | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                       |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           |     | X  |
| b If "Yes," was the related organization(s) a section 527 organization?                                                                                                                 |     |    |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**JENNIFER LAWRENCE, EXECUTIVE DIRECTOR**  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 09/01/09 Check if self-employed:  Preparer's Identifying Number (See Instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **SMITH, SULLIVAN & COMPANY, P.C.**  
**80 FLANDERS ROAD - SUITE #200**  
**WESTBOROUGH, MA 01581**

EIN: \_\_\_\_\_ Phone no.: **(508) 871-7178**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **GROUNDWORK SOMERVILLE, INC.** Employer identification number **04-3537152**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,075.	73,119.	70,133.	128,760.	185,841.	603,928.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	146,075.	73,119.	70,133.	128,760.	185,841.	603,928.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27,711.
6 Public support. Subtract line 5 from line 4.						576,217.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	146,075.	73,119.	70,133.	128,760.	185,841.	603,928.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	195.	31.	61.			287.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,107.	9,143.	10,250.
11 Total support. Add lines 7 through 10						614,465.
12 Gross receipts from related activities, etc. (see instructions)					12	16,194.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.78 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.92 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
INSURANCE		3,407.	
MISCELLANEOUS		942.	
BANK FEES		941.	
MARKETING		575.	
SUPPLIES		1,280.	
TRAVEL		1,473.	
INTEREST		6,116.	
TELEPHONE		2,823.	
MOVING EXPENSES		598.	
STAFF TRAINING		250.	
PROGRAM EXPENSES		3,177.	
BICYCLE PATH PROGRAM		7,745.	
SCHOOL AND SUMMER PROGRAMS		6,209.	
GARDEN PROGRAM		7,631.	
TOTAL TO FORM 990-EZ, LINE 16		43,167.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	7,260.	6,333.	
GRANTS RECEIVABLE	7,500.	51,420.	
PREPAID EXPENSES AND DEFERRED CHARGES	608.	608.	
TOTAL TO FORM 990-EZ, LINE 24	15,368.	58,361.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	26,745.	36,234.	
LINE OF CREDIT	10,000.	8,889.	
TOTAL TO FORM 990-EZ, LINE 26	36,745.	45,123.	



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO PROMOTE IMPROVEMENTS TO SOMERVILLE NEIGHBORHOODS.

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