

Form **8868**
(Rev. January 2025)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. HEALTHSPARK FOUNDATION	Taxpayer identification number (TIN) 23-1352175
	Number, street, and room or suite no. If a P.O. box, see instructions. 2506 N BROAD ST., 206	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLMAR, PA 18915	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **EMMA HERTZ, PRESIDENT/CEO**
2506 N BROAD ST., STE. 206 - COLMAR, PA 18915

Telephone No. **215-716-5400** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	59,304.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	47,304.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	12,000.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Form 990-PF

Return of Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990PF for instructions and the latest information.

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning JUL 1, 2024, and ending JUN 30, 2025

Name of foundation: HEALTHSPARK FOUNDATION
A Employer identification number: 23-1352175
B Telephone number: 215-716-5400
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 ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: [X] Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 46,590,014.
J Accounting method: [X] Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Net investment income and Adjusted net income.

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	35,392.	729.	729.
	2 Savings and temporary cash investments	758,995.	661,814.	661,814.
	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			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	51,406.	90,696.	90,696.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	21,440,238.	20,282,663.	20,282,663.
	c Investments - corporate bonds STMT 11	4,028,306.	4,464,371.	4,464,371.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 12	12,437,954.	14,375,261.	14,375,261.	
14 Land, buildings, and equipment: basis 8,976,677.				
Less: accumulated depreciation STMT 13 4,110,333.	5,073,826.	4,866,344.	4,866,344.	
15 Other assets (describe STATEMENT 14)	1,780,785.	1,848,136.	1,848,136.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	45,606,902.	46,590,014.	46,590,014.	
Liabilities	17 Accounts payable and accrued expenses	445,440.	125,643.	
	18 Grants payable	60,000.	330,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	9,969.	6,646.	
	22 Other liabilities (describe STATEMENT 15)	414,777.	459,192.	
	23 Total liabilities (add lines 17 through 22)	930,186.	921,481.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	43,031,756.	43,956,222.	
	25 Net assets with donor restrictions	1,644,960.	1,712,311.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances	44,676,716.	45,668,533.		
30 Total liabilities and net assets/fund balances	45,606,902.	46,590,014.		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	44,676,716.
2 Enter amount from Part I, line 27a	2	144,053.
3 Other increases not included in line 2 (itemize) SEE STATEMENT 9	3	847,764.
4 Add lines 1, 2, and 3	4	45,668,533.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	45,668,533.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

(a) List and describe the kind(s) of property sold (for example, 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.)
1a				
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				
b				
c				
d				
e	21,908,966.	19,430,267.	2,478,699.	
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))	
a				
b				
c				
d				
e			2,478,699.	
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	2,478,699.
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	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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	46,729.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	0.
3	Add lines 1 and 2		3	46,729.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	46,729.
6	Credits/Payments:			
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	47,304.	
b	Exempt foreign organizations - tax withheld at source	6b	0.	
c	Tax paid with application for extension of time to file (Form 8868)	6c	12,000.	
d	Backup withholding erroneously withheld	6d	0.	
7	Total credits and payments. Add lines 6a through 6d		7	59,304.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	15.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	12,560.
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax 12,560. Refunded		11	0.

Part VI-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 the 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. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>PA</u>		
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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>WWW.HEALTHSPARK.ORG</u>		
14 The books are in care of <u>EMMA HERTZ, PRESIDENT/CEO</u> Telephone no. <u>215-716-5400</u> Located at <u>2506 N BROAD ST., STE. 206, COLMAR, PA</u> ZIP+4 <u>18915</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	15	N/A
16 At any time during calendar year 2024, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
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
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2024?	1d	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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	2a	X
If "Yes," list the years _____, _____, _____, _____		
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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2024 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.)	3b	N/A
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 2024?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(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 16		192,115.	7,685.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
JOHN RAMIREZ, JR. - 2506 N BROAD ST., STE. 206, COLMAR, PA 18915	CFO - LEFT MAY 2025 37.50	126,024.	5,041.	0.
AKSHARA VIVEKANANTHAN - 2506 N BROAD ST., STE. 206, COLMAR, PA 18915	DIRECTOR OF EXTERNAL AFFAIRS 37.50	113,300.	3,965.	0.

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SOJOURNER CONSULTING LLC 3007 W CABOT ST., PHILADELPHIA, PA 19121	PROGRAM DEVELOPMENT	141,847.
MEKETA INVESTMENT GROUP - 100 LOWDERBROOK DR., STE. 1100, WESTWOOD, MA 02090	INVESTMENT MANAGEMENT	78,828.
CAPACITY FOR CHANGE LLC 911 GENERAL WAYNE DR., WEST CHESTER, PA 19382	PROGRAM DEVELOPMENT	73,458.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-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 SEE STATEMENT 17	394,562.
2 SEE STATEMENT 18	49,036.
3 	
4 	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2 	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

Part IX 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	38,825,431.
b	Average of monthly cash balances	1b	995,266.
c	Fair market value of all other assets (see instructions)	1c	1,448,136.
d	Total (add lines 1a, b, and c)	1d	41,268,833.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	41,268,833.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	619,032.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	40,649,801.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,032,490.

Part X 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 IX, line 6	1	2,032,490.
2a	Tax on investment income for 2024 from Part V, line 5	2a	46,729.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	46,729.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,985,761.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,985,761.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	1,985,761.

Part XI 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	2,059,745.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	4,200.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,063,945.

Form 990-PF (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				1,985,761.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022		171,054.		
e From 2023		359,801.		
f Total of lines 3a through e	530,855.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$	2,063,945.			
a Applied to 2023, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				1,985,761.
e Remaining amount distributed out of corpus	78,184.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	609,039.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0.
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)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	609,039.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022		171,054.		
d Excess from 2023		359,801.		
e Excess from 2024		78,184.		

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, 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)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 19

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

c Any submission deadlines:

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

HEALTHSPARK FOUNDATION

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.)
1a PUBLICLY TRADED SECURITIES			
b FIRST EAGLE INSTITUTIONAL GOLD FD LP	P	10/15/20	12/31/24
c KKR DIVERSIFIED CORE INFRA A SR	P	09/30/24	12/31/24
d KOHINOOR SERIES CAYMAN FUND CI	P	09/30/24	01/31/25
e LCP X (OFFSHORE) LP	P	12/24/24	06/25/25
f SCULPTOR CREDIT OPP OVERSEAS FUND LP	P	07/08/20	06/30/25
g LP 85-2758350			
h LP 85-3749025			
i LP 88-2916989			
j LP 84-4305167			
k LP 98-1549738			
l CAPITAL GAINS DIVIDENDS			
m			
n			
o			

(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 19,642,758.		18,244,059.	1,398,699.
b 1,250,000.		941,088.	308,912.
c 5,089.		2,768.	2,321.
d 107.		89.	18.
e 31,033.		28,420.	2,613.
f 216,281.		213,843.	2,438.
g 77,537.			77,537.
h 218,565.			218,565.
i 302,532.			302,532.
j 137,213.			137,213.
k 237.			237.
l 27,614.			27,614.
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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	
a			1,398,699.
b			308,912.
c			2,321.
d			18.
e			2,613.
f			2,438.
g			77,537.
h			218,565.
i			302,532.
j			137,213.
k			237.
l			27,614.
m			
n			
o			

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	2,478,699.
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). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
ACCESS SERVICES 500 OFFICE CENTER DR., STE. 100 FORT WASHINGTON, PA 19034		PC	OPERATIONAL SUPPORT FOR INITIATIVES PROMOTING HOMELESSNESS PREVENTION TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	35,000.
ACLAMO FAMILY CENTERS 512 W MARSHALL ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	45,000.
ASSIST OF PA 319 W MAIN ST., STE. 7 LANSDALE, PA 19446		PC	OPERATIONAL SUPPORT FOR YOUTH LEADERSHIP PROGRAMMING TO ADVANCE SDOH EDUCATION ACCESS & QUALITY	10,000.
BE REZILIENT, HEALING THROUGH THE ARTS 613 MANATAWNY ST. POTTSTOWN, PA 19464		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	29,000.
BUCKS-MONT COLLABORATIVE PO BOX 66 HARLEYSVILLE, PA 19438		PC	OPERATIONAL SUPPORT FOR PROGRAMS FOCUSED ON CIVIC ENGAGEMENT AND SHAPING EQUITABLE COMMUNITY OUTCOMES TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	30,000.
CATHOLIC SOCIAL SERVICES MONTGOMERY COUNTY 353 E JOHNSON HIGHWAY NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR PROGRAMS ADDRESSING FOOD SECURITY AND NUTRITION ACCESS TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	20,000.
CEASEFIREPA 100 S JUNIPER ST., 3RD FLR. PHILADELPHIA, PA 19109		PC	OPERATIONAL SUPPORT FOR EFFORTS THAT STRENGTHEN SAFE, HEALTHY COMMUNITIES TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	20,000.
Total from continuation sheets				893,750.

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
CENTER FOR POSITIVE AGING IN LOWER MERION 117 ARDMORE AVE. ARDMORE, PA 19003		PC	OPERATIONAL SUPPORT FOR HEALTH EDUCATION AND OUTREACH TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	5,000.
CENTRO DE CULTURA ARTE TRABAJO Y EDUCACION (CCATE) PO BOX 1185 BLUE BELL, PA 19422		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	45,000.
COALITION FOR RACIAL EQUITY AND SOCIAL JUSTICE 905 N BETHLEHEM PIKE, #754 SPRING HOUSE, PA 19477		PC	OPERATIONAL SUPPORT FOR YOUTH LEADERSHIP PROGRAMMING TO ADVANCE SDOH EDUCATION ACCESS & QUALITY	20,000.
COLLEGIATE BRIDGE INC. 3801 SKIPPACK PIKE, #406 SKIPPACK, PA 19474		PC	OPERATIONAL SUPPORT FOR COMMUNITY-DRIVEN APPROACHES TO PROMOTING MENTAL AND EMOTIONAL WELL-BEING TO ADVANCE SDOH HEALTH CARE ACCESS & QUALITY	15,000.
COMMUNITY HERO ACTION GROUP 9456 STATE RD., STE. 11 PHILADELPHIA, PA 19114		PC	OPERATIONAL SUPPORT FOR COMMUNITY-DRIVEN APPROACHES TO PROMOTING MENTAL AND EMOTIONAL WELL-BEING TO ADVANCE SDOH HEALTH CARE ACCESS & QUALITY	20,000.
EDUCATION LAW CENTER - PA 1800 JFK BLVD., STE. 1900A PHILADELPHIA, PA 19103		PC	OPERATIONAL SUPPORT FOR EFFORTS THAT STRENGTHEN EDUCATION ACCESS TO ADVANCE SDOH EDUCATION ACCESS & QUALITY	20,000.
FAMILY PROMISE MONTCO PA (DBA INTER-FAITH HOUSING ALLIANCE) 31 S SPRING GARDEN ST. AMBLER, PA 19002		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	35,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
FIRST UP 1608 WALNUT ST., STE. 300 PHILADELPHIA, PA 19103		PC	OPERATIONAL SUPPORT FOR EFFORTS THAT STRENGTHEN EDUCATION ACCESS TO ADVANCE SDOH EDUCATION ACCESS & QUALITY	20,000.
GENERATIONS OF INDIAN VALLEY 259 N 2ND ST. SOUDERTON, PA 18964		PC	OPERATIONAL SUPPORT FOR PROGRAMS FOCUSED ON CIVIC ENGAGEMENT AND SHAPING EQUITABLE COMMUNITY OUTCOMES TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	5,000.
GEORGE WASHINGTON CARVER COMMUNITY CENTER 249 E JACOBY ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
GIRLS FIRST 1208 GREEN ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
GWYNEDD MERCY UNIVERSITY 1325 SUMNEYTOWN PIKE, PO BOX 901 GWYNEDD VALLEY, PA 19437		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	2,500.
HOPEWORX, INC. 1210 STANBRIDGE ST., STE. 600 NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	3,000.
HOUSING ALLIANCE OF PENNSYLVANIA 1501 CHERRY ST. PHILADELPHIA, PA 19102		PC	OPERATIONAL SUPPORT FOR PROGRAMS FOCUSED ON CIVIC ENGAGEMENT AND SHAPING EQUITABLE COMMUNITY OUTCOMES TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.

Total from continuation sheets

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 CHOOSE TO WIN PO BOX 613 FORT WASHINGTON, PA 19034		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
IMMIGRANT RIGHTS ACTION 70 W OAKLAND AVE., STE. 200 DOYLESTOWN, PA 18901		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	5,000.
INTEGRATED FOR GOOD 832 MOUNTAINTOP DR. COLLEGEVILLE, PA 19426		PC	OPERATIONAL SUPPORT FOR PROGRAMS FOCUSED ON CIVIC ENGAGEMENT AND SHAPING EQUITABLE COMMUNITY OUTCOMES TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	5,000.
KB FOUNDATION INC. 2303 BRANDENBURG WAY KING OF PRUSSIA, PA 19406		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
MAKING A DIFFERENCE ECONOMICALLY INC. (MADE) 439 E HIGH ST. POTTSTOWN, PA 19464		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
MANNA ON MAIN STREET 606 E MAIN ST., PO BOX 763 LANSDALE, PA 19446		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
MONTCO ANTI-HUNGER NETWORK C/O MANNA ON MAIN STREET 606 E MAIN ST. LANSDALE, PA 19446		PC	OPERATIONAL SUPPORT FOR PROGRAMS ADDRESSING FOOD SECURITY AND NUTRITION ACCESS TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	5,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
NEIGHBORS HELPING NEIGHBORS ON THE MAIN LINE 50 RITTENHOUSE PL. ARDMORE, PA 19003		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
NORTH PENN YMCA 2506 N BROAD ST. COLMAR, PA 18915		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	500.
PA YOUTH VOTE 1207 CHESTNUT ST., STE. 700 PHILADELPHIA, PA 19107		PC	OPERATIONAL SUPPORT FOR PROGRAMS FOCUSED ON CIVIC ENGAGEMENT AND SHAPING EQUITABLE COMMUNITY OUTCOMES TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
PENNYPACK FARM EDUCATION CENTER FOR SUSTAINABLE FOOD SYSTEMS 685 MANN RD. HORSHAM, PA 19044		PC	OPERATIONAL SUPPORT FOR EFFORTS THAT SUPPORT SUSTAINABLE, HEALTHY COMMUNITIES TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	5,000.
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST. PHILADELPHIA, PA 19107		PC	OPERATIONAL SUPPORT FOR HEALTH EDUCATION AND OUTREACH TO ADVANCE SDOH HEALTH CARE ACCESS & QUALITY	20,000.
POTTSTOWN BEACON OF HOPE 1310 RANDY DR. POTTSTOWN, PA 19464		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	42,500.
PROJECT LIBERTAD 518 KIMBERTON RD., #341 PHOENIXVILLE, PA 19460		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	5,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
SEACHANGE CAPITAL PARTNERS, INC. 1385 BROADWAY, 23RD FLR. NEW YORK, NY 10018		PC	OPERATIONAL SUPPORT FOR EFFORTS STRENGTHENING THE NONPROFIT SECTOR TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	30,000.
SENIOR ADULT ACTIVITY CENTER OF MONTGOMERY COUNTY 536 GEORGE ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR PROGRAMS ADDRESSING FOOD SECURITY AND NUTRITION ACCESS TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	5,000.
SYSTEMATIC REFORMATIVE CHANGE FOUNDATION 102 DEKALB ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
THE BIRTH CENTER DBA LIFECYCLE WOMANCARE 918 COUNTY LINE RD. BRYN MAWR, PA 19010		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	6,000.
THE PARTNERSHIP TMA 125 N MAIN ST. NORTH WALES, PA 19454		PC	OPERATIONAL SUPPORT FOR EFFORTS THAT PROMOTE AND BRING ATTENTION TO TRANSPORTATION ACCESS TO ADVANCE SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	2,500.
THE PHILIP JAISOHN MEMORIAL FOUNDATION 6705 OLD YORK RD. PHILADELPHIA, PA 19126		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
THE STRIVE INITIATIVE, INC. PO BOX 1511 POTTSTOWN, PA 19464		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.

Total from continuation sheets

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
THE WELCOME PROJECT PA 350 S YORK RD. HATBORO, PA 19040		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	40,000.
THEATRE HORIZON 401 DEKALB ST. NORRISTOWN, PA 19401		PC	OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT	20,000.
TRICOUNTY COMMUNITY NETWORK 13 ARMAND HAMMER BLVD., STE. 102 POTTSTOWN, PA 19464		PC	\$40,000 RACIAL EQUITY LEARNING COMMUNITY AND MONTCO 30% PROJECT; \$42,750 OPERATIONAL SUPPORT FOR COMMUNITY RESOURCES AND PROGRAMMING TO ADVANCE SDOH SOCIAL & COMMUNITY CONTEXT AND SDOH NEIGHBORHOOD & BUILT ENVIRONMENT	82,750.
Total from continuation sheets				

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

HEALTHSPARK FOUNDATION

Employer identification number

23-1352175

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SPIERS TRUST, C/O WELLS FARGO WEALTH MGT ONE WEST FOURTH ST., D4000-0062 WINSTON-SALEM, NC 27101	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Attach to the corporation's tax return. **FORM 990-PF**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	46,729.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	46,729.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	28,399.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	28,399.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	11/15/24	12/15/24	03/15/25	06/15/25
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	7,100.	16,265.	11,682.	1,391.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	7,304.	20,000.		20,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		204.	3,939.	
13 Add lines 11 and 12	13		20,204.	3,939.	20,000.
14 Add amounts on lines 16 and 17 of the preceding column	14				7,743.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	7,304.	20,204.	3,939.	12,257.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			7,743.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	204.	3,939.		

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

FORM 990-PF

Form 2220 (2024)

HEALTHSPARK FOUNDATION

23-1352175

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			15.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c, 3a-3c), calculations for percentages (4-6), and final tax calculations (7-19).

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions)	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	560,024.	870,852.	1,829,210.	1,966,085.
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	23a	3,360,144.	3,483,408.	3,658,420.	2,621,440.
23b	Extraordinary items (see instructions)	23b				
23c	Add lines 23a and 23b	23c	3,360,144.	3,483,408.	3,658,420.	2,621,440.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	24	46,706.	48,419.	50,852.	36,438.
25	Enter any alternative minimum tax for each payment period. See instructions	25				
26	Enter any other taxes for each payment period. See instr.	26				
27	Total tax. Add lines 24 through 26	27	46,706.	48,419.	50,852.	36,438.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	46,706.	48,419.	50,852.	36,438.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	11,677.	24,210.	38,139.	36,438.

Part III Required Installments

		1st	2nd	3rd	4th	
		installment	installment	installment	installment	
Note: Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	11,677.	24,210.	38,139.	36,438.
33	Add the amounts in all preceding columns of line 38. See instructions	33		7,100.	23,365.	35,047.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	11,677.	17,110.	14,774.	1,391.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	7,100.	16,265.	11,682.	11,683.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36				
37	Add lines 35 and 36	37	7,100.	16,265.	11,682.	11,683.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	7,100.	16,265.	11,682.	1,391.

Form 2220 (2024)

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

<u>SOURCE</u>	<u>(A) REVENUE PER BOOKS</u>	<u>(B) NET INVESTMENT INCOME</u>	<u>(C) ADJUSTED NET INCOME</u>
SAVINGS ACCOUNT	27,194.	27,194.	27,194.
TOTAL TO PART I, LINE 3	<u>27,194.</u>	<u>27,194.</u>	<u>27,194.</u>

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

<u>SOURCE</u>	<u>GROSS AMOUNT</u>	<u>CAPITAL GAINS DIVIDENDS</u>	<u>(A) REVENUE PER BOOKS</u>	<u>(B) NET INVEST- MENT INCOME</u>	<u>(C) ADJUSTED NET INCOME</u>
SECURITIES	797,363.	27,614.	769,749.	769,749.	769,749.
LP 98-1549738					
INTEREST	0.	0.	0.	2,382.	0.
LP 98-1549738					
DIVIDENDS	0.	0.	0.	81,241.	0.
LP 88-2916989					
INTEREST	0.	0.	0.	9,935.	0.
LP 88-2916989					
DIVIDENDS	0.	0.	0.	15,486.	0.
LP 85-3749025					
DIVIDENDS	0.	0.	0.	7,816.	0.
LP 85-2758350					
INTEREST	0.	0.	0.	71.	0.
LP 85-2758350					
DIVIDENDS	0.	0.	0.	12,544.	0.
LP 84-4305167					
INTEREST	0.	0.	0.	472.	0.
LP 84-4305167					
DIVIDENDS	0.	0.	0.	96,977.	0.
TO PART I, LINE 4	<u>797,363.</u>	<u>27,614.</u>	<u>769,749.</u>	<u>996,673.</u>	<u>769,749.</u>

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

OTHER INCOME

STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
LP 84-4305167	0.	16,823.	0.
LP 85-2758350	0.	490.	0.
LP 85-3749025	0.	-115.	0.
LP 88-2916989	0.	7,865.	0.
RENTAL INCOME	402,378.	402,378.	402,378.
INTEREST ON PROGRAM-RELATED INVESTMENTS	4,000.	4,000.	0.
OTHER INCOME	142,364.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	548,742.	431,441.	402,378.

FORM 990-PF

LEGAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	17,297.	0.	0.	10,175.
TO FM 990-PF, PG 1, LN 16A	17,297.	0.	0.	10,175.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDIT EXPENSE	72,163.	0.	0.	72,448.
TO FORM 990-PF, PG 1, LN 16B	72,163.	0.	0.	72,448.

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAMMATIC/BOARD/OTHER CONSULTING	347,375.	34,144.	34,144.	279,627.
INVESTMENT FEES	109,024.	109,024.	0.	0.
MANAGEMENT FEE	14,815.	0.	0.	12,965.
TO FORM 990-PF, PG 1, LN 16C	<u>471,214.</u>	<u>143,168.</u>	<u>34,144.</u>	<u>292,592.</u>

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	93,899.	0.	0.	0.
FOREIGN TAXES PAID	0.	12,219.	0.	0.
TO FORM 990-PF, PG 1, LN 18	<u>93,899.</u>	<u>12,219.</u>	<u>0.</u>	<u>0.</u>

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES & COMPUTER MAINTENANCE	40,344.	0.	0.	43,682.
TELEPHONE & COMMUNICATIONS	19,233.	0.	0.	19,080.
INSURANCE	29,103.	0.	0.	30,459.
DUES & SUBSCRIPTIONS	17,623.	0.	0.	16,808.
MISCELLANEOUS	883.	0.	0.	837.
PARTNERSHIP EXPENSES	0.	56,371.	0.	0.
TO FORM 990-PF, PG 1, LN 23	<u>107,186.</u>	<u>56,371.</u>	<u>0.</u>	<u>110,866.</u>

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 9

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON SECURITIES	780,413.
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	56,746.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	10,605.
TOTAL TO FORM 990-PF, PART III, LINE 3	<u>847,764.</u>

FORM 990-PF CORPORATE STOCK STATEMENT 10

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
FIDELITY LARGE-CAP GROWTH INDEX FUND 52,617.780SH	2,186,795.	2,186,795.
FIDELITY SMALL-CAP INDEX FUND 20,944.391SH	569,687.	569,687.
KOPERNIK GLOBAL ALL-CAP FUND 118,827.677SH	1,766,968.	1,766,968.
VANGUARD BALANCED INDEX FUND 7,818.643SH	391,708.	391,708.
VANGUARD DEVELOPED MARKETS IDX 191,179.848SH	3,504,327.	3,504,327.
VANGUARD EMERGING MKTS STOCK IDX ADM 21,605.531SH	884,963.	884,963.
VANGUARD ENERGY INDEX FD ADM 5,200.627SH	309,541.	309,541.
VANGUARD MATERIALS IDX ADM 2,976.873SH	295,484.	295,484.
VANGUARD TOTAL STK MKT IND 69,640.131SH	10,373,190.	10,373,190.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>20,282,663.</u>	<u>20,282,663.</u>

FORM 990-PF CORPORATE BONDS STATEMENT 11

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
AMERICAN CENTURY HIGH INCOME FUND 153,735.967SH	1,340,578.	1,340,578.
ARISTOTLE FUNDS FLOATING RATE INC I 134,382.431SH	1,264,539.	1,264,539.
VANGUARD SHORT TERM INFLATION 34,149.673SH	860,975.	860,975.
VANGUARD TOTAL BOND MARKET INDEX ADM 102,333.621SH	998,279.	998,279.
TOTAL TO FORM 990-PF, PART II, LINE 10C	<u>4,464,371.</u>	<u>4,464,371.</u>

HEALTHSPARK FOUNDATION

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FORM 990-PF

OTHER INVESTMENTS

STATEMENT 12

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
ARTISAN GLOBAL OPPS FUND LP 1,485,221.760SH	FMV	1,485,222.	1,485,222.
BHDG SYSTEMATIC TRADING FUND 4,331.736SH	FMV	552,170.	552,170.
FIRST EAGLE GLOBAL EQUITY FUND LP 2,654.221SH	FMV	4,263,263.	4,263,263.
FIRST EAGLE INSTITUTIONAL GOLD FUND LP 170.894SH	FMV	300,185.	300,185.
KKR DIVERSIFIED CORE INFRA A SR 1,460.46SH	FMV	1,833,110.	1,833,110.
KOHINOOR SERIES (CAYMAN) FUND 667.491SH	FMV	666,737.	666,737.
LCP X (OFFSHORE) LP 885,687.000SH	FMV	885,687.	885,687.
LOOP CAPITAL CORE FIXED INCOME, LLC 300,587.986SH	FMV	3,290,176.	3,290,176.
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	354,689.	354,689.
SCULPTOR CREDIT OPP OVERSEAS FUND LP 744,021.660SH	FMV	744,022.	744,022.
TOTAL TO FORM 990-PF, PART II, LINE 13		<u>14,375,261.</u>	<u>14,375,261.</u>

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 13

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
LAND	1,906,479.	0.	1,906,479.
LAND IMPROVEMENTS	712,599.	661,795.	50,804.
BUILDING	4,876,412.	2,060,926.	2,815,486.
LEASEHOLD IMPROVEMENTS	924,517.	921,849.	2,668.
FURNITURE, FIXTURES AND EQUIPMENT	556,670.	465,763.	90,907.
TOTAL TO FM 990-PF, PART II, LN 14	<u>8,976,677.</u>	<u>4,110,333.</u>	<u>4,866,344.</u>

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF	OTHER ASSETS		STATEMENT 14
<u>DESCRIPTION</u>	<u>BEGINNING OF YR BOOK VALUE</u>	<u>END OF YEAR BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
BENEFICIAL INTEREST IN REMAINDER TRUST	1,178,008.	1,234,754.	1,234,754.
BENEFICIAL INTEREST IN PERPETUAL TRUST	202,777.	213,382.	213,382.
PROGRAM-RELATED INVESTMENTS	400,000.	400,000.	400,000.
TOTAL TO FORM 990-PF, PART II, LINE 15	1,780,785.	1,848,136.	1,848,136.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 15
<u>DESCRIPTION</u>	<u>BOY AMOUNT</u>	<u>EOY AMOUNT</u>	
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	365,734.	354,689.	
TENANT SECURITY DEPOSITS	13,530.	13,230.	
DEFERRED TAX LIABILITY	35,513.	91,273.	
TOTAL TO FORM 990-PF, PART II, LINE 22	414,777.	459,192.	

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EMMA HERTZ 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	PRESIDENT/CEO/MANAGER 37.50	192,115.	7,685.	0.
JOEL JOHNSON 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	CHAIRPERSON/DIRECTOR 2.00	0.	0.	0.
NATASHA PATTERSON 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	VICE CHAIR/DIRECTOR 1.00	0.	0.	0.
NATHANIEL WILLIAMS 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	SECRETARY/DIRECTOR 2.00	0.	0.	0.
RAYMAN SOLOMON 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	TREASURER/DIRECTOR 1.00	0.	0.	0.
MAY THEIR AYE 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
CAROLYN CAVANESS 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
AMY GIANFICARO 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
JOHN KEPNER 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
JOYCE MILLER 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.

HEALTHSPARK FOUNDATION

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ED NAWROCKI 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
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DAVID SHERMAN 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR/MANAGER 1.00	0.	0.	0.
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ANN ST. CLAIR 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
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KEN AMEY 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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CHRISTINE HUNSBERGER 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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MARIA MACALUSO 2506 N BROAD ST., STE. 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>192,115.</u>	<u>7,685.</u>	<u>0.</u>
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HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY ONE

COMMUNITY PARTNERS CENTER: THROUGH THE SUBSIDIARY 2506 LLC, THE FOUNDATION OPERATES AND IS LOCATED IN A NONPROFIT CENTER, COMMUNITY PARTNERS CENTER (WWW.COMMUNITYPARTNERSCENTER.ORG). A BOARD OF MANAGERS GOVERNS 2506 LLC, APPOINTED BY THE FOUNDATION, COMPRISED OF 5 INDIVIDUALS (3 TENANT REPRESENTATIVES). 2506 LLC OWNS AN ADJACENT RESIDENTIAL UNIT, MASTER LEASED TO A NONPROFIT TO SUBLET IN ACCORDANCE WITH A MORTGAGE AGREEMENT BETWEEN 2506 LLC AND THE MONTGOMERY COUNTY DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS. NONPROFITS RECOGNIZE THIS VALUE.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

394,562.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

ACTIVITY TWO

MONTGOMERY COUNTY CONVENINGS TO SUPPORT THE SOCIAL DETERMINANTS OF HEALTH (SDOH): OUR CONVENINGS BRING TOGETHER COMMUNITY PARTNERS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING NONPROFITS, GOVERNMENT, PHILANTHROPY, FAITH LEADERS, GRASSROOTS ORGANIZATIONS, AND ELECTED OFFICIALS. WE CREATE SPACES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING EDUCATION, ECONOMIC STABILITY, SOCIAL CONNECTION, NEIGHBORHOOD CONDITIONS AND ACCESS TO CARE. THESE GATHERINGS INSPIRE ACTION, FACILITATE LEARNING, AND STRENGTHEN PARTNERSHIPS THAT ADVANCE HEALTHY, EQUITABLE, AND HOPEFUL COMMUNITIES. BY CONNECTING KEY STAKEHOLDERS, WE WORK TO ENSURE THAT COMMUNITY VOICES SHAPE SOLUTIONS TO THE STRUCTURAL FACTORS THAT IMPACT PUBLIC HEALTH, INCLUDING WELL-BEING AND OPPORTUNITY.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 2

49,036.

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 19

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EMMA HERTZ
2506 N BROAD ST., STE. 206
COLMAR, PA 18915

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

215-716-5400

HEALTHSPARK'S GRANTMAKING

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION'S CURRENT GRANTMAKING PROCESS IS MULTI-FACETED. SOMETIMES WE INVITE SPECIFIC ORGANIZATIONS TO APPLY FOR A PARTICULAR GRANT OPPORTUNITY. AT OTHER TIMES WE ISSUE REQUESTS FOR PROPOSALS AND ALLOW ORGANIZATIONS TO RESPOND WITH THEIR IDEAS. STILL OTHER TIMES WE CREATE GRANT PROGRAMS OR INITIATIVES TARGETING A DEFINED CHALLENGE OR COMMUNITY NEED AND ALLOW ANY INTERESTED ORGANIZATION WORKING WITHIN THE COUNTY TO APPLY.

VISIT THE FOUNDATION'S WEBSITE WWW.HEALTHSPARK.ORG FOR CURRENT GRANT OPPORTUNITIES.

ANY SUBMISSION DEADLINES

PROPOSAL SUBMISSION DEADLINES ARE POSTED ON THE FOUNDATION'S WEBSITE WWW.HEALTHSPARK.ORG.

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO BE ELIGIBLE FOR GRANT SUPPORT, AN ORGANIZATION MUST PROVIDE A SERVICE OR PROGRAM THAT BENEFITS THE RESIDENTS OF ONE OR MORE OF MONTGOMERY COUNTY PENNSYLVANIA COMMUNITIES. ORGANIZATIONS DO NOT NEED TO BE PHYSICALLY LOCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT. ALL GRANT APPLICANTS ARE CONFIRMED AS A 509(A)(1) OR 509(A)(2) PUBLIC CHARITY PRIOR TO ANY FUNDS BEING AWARDED. ALL GRANTEEES ARE REQUIRED TO SIGN A GRANT AGREEMENT OUTLINING ADDITIONAL REQUIREMENTS AND RESTRICTIONS, INCLUDING THAT GRANTEEES WILL NOT INTERVENE IN ANY ELECTION OR SUPPORT OR OPPOSE ANY POLITICAL PARTY OR CANDIDATE FOR PUBLIC OFFICE OR ENGAGE IN ANY LOBBYING NOT PERMITTED BY SECTION 501(C)(3) OF THE IRC, OR IF APPLICABLE, IRC SECTIONS 501(H) AND 4911. GUIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S WEBSITE WWW.HEALTHSPARK.ORG.

HEALTHSPARK FOUNDATION

23-1352175

GENERAL EXPLANATION

STATEMENT 20

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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

EXPLANATION:

THE INDIVIDUALS ON FORM 990-PF, PART VII, LINE 1 (STATEMENT 16) THAT
HAVE A TITLE THAT INCLUDES MANAGER SERVE ON THE BOARD OF MANAGERS,
WHICH IS THE GOVERNING BODY OF 2506, LLC.

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
HEALTHSPARK FOUNDATION

Identifying number (see instructions)
23-1352175

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
 - a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
 - b Did the transferor remain in existence after the transfer? Yes No

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
 - a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
LCP X (OFFSHORE) LP

5a Identifying number, if any
98-1620269

6 Address (including country)
**INTERTRUST CORP SERVICES (CAYMAN) LTD, ONE NEXUS WAY
CAMANA BAY, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS**

5b Reference ID number

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
EXEMPTED LIMITED PARTNERSHIP

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/25/2025		164,834.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

SEE STATEMENT 21

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .010 % (b) After .010 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Form 926 (Rev. 11-2018)

HEALTHSPARK FOUNDATION

23-1352175

FORM 926

STATEMENT 21

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

(1) NAME OF TRANSFEROR: HEALTHSPARK FOUNDATION

EIN: 23-1352175

ADDRESS: 2506 N BROAD ST., STE. 206, COLMAR, PA 18915

(2) NAME OF TRANSFEREE: LCP X (OFFSHORE) LP

EIN: 98-1620269

ADDRESS: INTERTRUST CORP SERVICES (CAYMAN) LTD, ONE NEXUS WAY, CAMANA BAY, GRAND CAYMAN, CJ KY1-9005

COUNTRY OF INCORPORATION: CAYMAN ISLANDS

TRANSFEROR TRANSFERRED CASH IN THE AMOUNT OF \$164,834 TO TRANSFEREE IN TAX YEAR 2024.

(3) TRANSFEROR RECEIVED ADDITIONAL STOCK WITH THE BASIS OF \$164,834 FROM TRANSFEREE.

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY:

N/A ONLY CASH WAS TRANSFERRED

(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

(6) THE TRANSFER WAS NOT AN EXCHANGE DESCRIBED IN I.R.C. SECTION 361(A) OR (B).