

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**

Name of foundation HEALTHSPARK FOUNDATION		A Employer identification number 23-1352175
Number and street (or P.O. box number if mail is not delivered to street address) 2506 N. BROAD ST.	Room/suite 206	B Telephone number 215-716-5400
City or town, state or province, country, and ZIP or foreign postal code COLMAR, PA 18915		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 44,371,291.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	12,123.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	56.	63,243.		STATEMENT 1
	4 Dividends and interest from securities	169,242.	350,105.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	637,315.			
	b Gross sales price for all assets on line 6a	21,692,277.			
	7 Capital gain net income (from Part IV, line 2)		1,019,551.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	353,366.	338,005.	353,366.	STATEMENT 3	
12 Total. Add lines 1 through 11	1,172,102.	1,770,904.	353,366.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	200,317.	0.	0.	215,766.
	14 Other employee salaries and wages	235,224.	0.	0.	232,378.
	15 Pension plans, employee benefits	104,975.	0.	0.	95,700.
	16a Legal fees	524,749.	0.	0.	530,149.
	b Accounting fees	45,206.	0.	0.	50,114.
	c Other professional fees	318,331.	15,000.	0.	324,941.
	17 Interest	116,912.	126,012.	126,012.	0.
	18 Taxes	4,307.	6,910.	0.	0.
	19 Depreciation and depletion	202,813.	125,176.	125,176.	
	20 Occupancy	160,268.	97,610.	97,610.	12,049.
	21 Travel, conferences, and meetings	49,853.	0.	0.	49,220.
	22 Printing and publications				
	23 Other expenses	82,405.	40,957.	0.	75,424.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,045,360.	411,665.	348,798.	1,585,741.
	25 Contributions, gifts, grants paid	480,210.			430,210.
26 Total expenses and disbursements. Add lines 24 and 25	2,525,570.	411,665.	348,798.	2,015,951.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,353,468.				
b Net investment income (if negative, enter -0-)		1,359,239.			
c Adjusted net income (if negative, enter -0-)			4,568.		

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		45,938.	118,138.	118,138.
	2	Savings and temporary cash investments		352,376.	289,029.	289,029.
	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		23,593.	34,945.	34,945.
	10a	Investments - U.S. and state government obligations				
		b Investments - corporate stock	STMT 11	11,336,228.	3,808,901.	3,808,901.
		c Investments - corporate bonds	STMT 12	10,067,750.	4,134,140.	4,134,140.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 13	16,084,948.	29,473,735.	29,473,735.	
14	Land, buildings, and equipment: basis	8,536,723.				
	Less: accumulated depreciation	STMT 14	3,062,262.	5,474,461.	5,474,461.	
15	Other assets (describe)	STATEMENT 15)	1,022,122.	1,037,942.	1,037,942.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		44,552,127.	44,371,291.	44,371,291.	
Liabilities	17	Accounts payable and accrued expenses		104,251.	82,776.	
	18	Grants payable			50,000.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		3,378,991.	3,275,208.	
	22	Other liabilities (describe)	STATEMENT 16)	829,077.	841,424.	
23	Total liabilities (add lines 17 through 22)		4,312,319.	4,249,408.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.					
	24	Unrestricted		38,953,511.	38,819,766.	
	25	Temporarily restricted		817,412.	835,379.	
	26	Permanently restricted		468,885.	466,738.	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances		40,239,808.	40,121,883.		
31	Total liabilities and net assets/fund balances		44,552,127.	44,371,291.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	40,239,808.
2	Enter amount from Part I, line 27a	2	-1,353,468.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 9	3	1,300,563.
4	Add lines 1, 2, and 3	4	40,186,903.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 10	5	65,020.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	40,121,883.

Part IV Capital Gains and Losses for Tax on Investment Income

(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 PUBLICLY TRADED SECURITIES	P		
b PARTNERSHIP INVESTMENTS	P		
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 21,692,277.		21,054,962.	637,315.
b		382,236.	382,236.
c			
d			
e			

(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			637,315.
b			382,236.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	1,019,551.
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 V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,585,855.	38,618,433.	.041065
2016	2,032,789.	36,511,467.	.055675
2015	1,957,366.	36,323,929.	.053886
2014	1,574,328.	38,691,582.	.040689
2013	1,580,839.	39,139,131.	.040390

2 Total of line 1, column (d)	2	.231705
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.046341
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	36,991,037.
5 Multiply line 4 by line 3	5	1,714,202.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	13,592.
7 Add lines 5 and 6	7	1,727,794.
8 Enter qualifying distributions from Part XII, line 4	8	2,074,053.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	13,592.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	13,592.
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	13,592.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	28,350.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	10,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	38,350.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
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	24,758.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 24,758. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See 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. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> PA		
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 <i>General Instruction G</i> ? 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

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

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A **5b**

Organizations relying on a current notice regarding disaster assistance, check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No **6b** X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **7b** 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? Yes No

Part VIII 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 17		200,317.	9,244.	4,800.

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
TAMELA LUCE - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	SENIOR PROGRAM OFFICER 37.50	98,610.	5,869.	0.
JENNIFER PEDRONI - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	VP ADMINISTRATION 37.50	55,923.	4,326.	0.

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

Part VIII 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
LAMB MCERLANE PC - 24 EAST MARKET STREET, BOX 565, WEST CHESTER, PA 19381	LEGAL	383,352.
MEKETA INVESTMENT GROUP - 100 LOWDERBROOK DRIVE, SUITE 1100, WESTWOOD, MA 02090	INVESTMENT MANAGER	127,792.
LAURA SOLOMON AND ASSOCIATES 121 SIBLEY AVENUE, ARDMORE, PA 19003	LEGAL	86,772.
CAPACITY FOR CHANGE LLC - 911 GENERAL WAYNE DRIVE, WEST CHESTER, PA 19382	PROGRAM DEVELOPMENT	71,497.
EQUAL MEASURE - 520 WALNUT STREET, SUITE 1450, PHILADELPHIA, PA 19102	PROGRAM DEVELOPMENT	70,500.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 18	163,176.
2 SEE STATEMENT 19	205,524.
3 SEE STATEMENT 20	57,829.
4 SEE STATEMENT 21	5,175.

Part IX-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	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	36,120,396.
b	Average of monthly cash balances	1b	396,014.
c	Fair market value of all other assets	1c	1,037,942.
d	Total (add lines 1a, b, and c)	1d	37,554,352.
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	37,554,352.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	563,315.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,991,037.
6	Minimum investment return. Enter 5% of line 5	6	1,849,552.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,849,552.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	13,592.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	13,592.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,835,960.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,835,960.
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 XIII, line 1	7	1,835,960.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,015,951.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	58,102.
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 V, line 8; and Part XIII, line 4	4	2,074,053.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	13,592.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,060,461.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,835,960.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				23,392.
e From 2017				
f Total of lines 3a through e	23,392.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$				2,074,053.
a Applied to 2017, 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 2018 distributable amount				1,835,960.
e Remaining amount distributed out of corpus	238,093.			
5 Excess distributions carryover applied to 2018 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	261,485.			
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	261,485.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				23,392.
d Excess from 2017				
e Excess from 2018				238,093.

Part XIV Private Operating Foundations (see instructions and Part VII-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 2018, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., 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 22

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:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
ACLAMO FAMILY CENTERS 512 WEST MARSHALL STREET NORRISTOWN, PA 19401		PC	TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND	6,200.
ACLAMO FAMILY CENTERS 512 WEST MARSHALL STREET NORRISTOWN, PA 19401		PC	TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND	8,800.
BUCKS-MONT COLLABORATIVE P. O. BOX 66 HARLEYSVILLE, PA 19438		PC	IN SUPPORT OF EARLY STAGE TRAUMA WORK	1,000.
BUCKS-MONT COLLABORATIVE P. O. BOX 66 HARLEYSVILLE, PA 19438		PC	HONORARIUM	500.
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	PEOPLE POWER IS A THREE-PHASE APPROACH TOWARDS INTEGRATING & FURTHERING THE PERSPECTIVES OF THE	30,000.
Total	SEE CONTINUATION SHEET(S)			430,210.
b Approved for future payment				
NONE				
Total				0.

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer or trustee: [] Title: TREASURER

Paid Preparer Use Only Print/Type preparer's name: KAREN GRIES, Preparer's signature: KAREN GRIES, Date: 02/17/20, Firm's name: CLIFTONLARSONALLEN LLP, Firm's address: 610 W. GERMANTOWN PIKE, STE. 400 PLYMOUTH MEETING, PA 19462

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [] No

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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 LOWER MERION 117 ARDMORE AVE. ARDMORE, PA 19003		PC	THIS PROJECT IS TO MOVE NONPROFITS WHO HAVE ANY RELATION TO OLDER PEOPLE, GOVERNMENT (COUNTY &	15,000.
GWYNEDD-MERCY UNIVERSITY P.O. BOX 901 GWYNEDD VALLEY, PA 19437-0901		PC	MATCHING GIFT	160.
GWYNEDD-MERCY UNIVERSITY P.O. BOX 901 GWYNEDD VALLEY, PA 19437-0901		PC	MATCHING GIFT	500.
HEALTH CARE IMPROVEMENT FDN, INC., THE TEN PENN CENTER PHILADELPHIA, PA 19103		PC	FUNDING FOR A LEARNING COLLABORATIVE TO SUPPORT MONTGOMERY COUNTY-BASED PRIMARY CARE PRACTICES IN	10,000.
INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002		PC	THE PRIMARY PURPOSE OF THIS RESEARCH PROJECT IS TO DEVELOP RECOMMENDATIONS REGARDING THE DESIGN	15,000.
INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002		PC	SERVICES	500.
INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002		PC	HONORARIUM	3,000.
MISSION FIRST HOUSING GROUP 2042-48 ARCH ST, 2ND FLOOR PHILADELPHIA, PA 19103		PC	MATCHING GIFT	500.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY, SUITE 302 BLUE BELL, PA 19422		PC	THE YOUR WAY HOME LGBTQ COMMUNITY ENGAGEMENT PROJECT WILL ADVANCE EQUITABLE ACCESS TO HOUSING AND	10,150.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY, SUITE 302 BLUE BELL, PA 19422		PC	HONORARIUM	1,500.
Total from continuation sheets				383,710.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY, SUITE 302 BLUE BELL, PA 19422		PC	SPONSORSHIP FOR YOUR WAY HOME COMMUNITY OF PRACTICE.	4,000.
MONTGOMERY COUNTY OPPORTUNITIES INDUSTRIA 1101 ARCH STREET NORRISTOWN, PA 19401		PC	THE COMBINING ORGANIZATIONS RESOURCES TO ENHANCE STABILITY (CORES) GROUP WILL WORK	50,000.
PENNSYLVANIA ASSISTIVE TECHNOLOGY FDN. 1ST FLOOR KING OF PRUSSIA, PA 19406		PC	PATF AND PHLP WILL EXPAND CAPACITY BY CREATING A TOOLKIT THAT CAN BE USED BY EXISTING AND NEW	18,000.
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY STREET PHILADELPHIA, PA 19102		PC	PHAN WILL HELP BUILD THE INFRASTRUCTURE FOR A MONTGOMERY COUNTY SAFETY NET COALITION USING FUNDS TO	25,000.
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY STREET PHILADELPHIA, PA 19102		PC	PHAN IN PARTNERSHIP WITH PA VOICE AND KEYSTONE COUNTS COALITION, WILL WORK WITH COMMUNITY-BASED	25,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	TO CREATE A MODEL TO END HUNGER FOREVER AND STRENGTHEN THE SAFETY NET FOR OUR CONSUMERS, PHILABUNDANCE WILL	50,000.
PHILADELPHIA FOUNDATION, THE 1835 MARKET STREET PHILADELPHIA, PA 19103		PC	PRIMARY FOCUS IS TO CONTINUE TO PROVIDE GRANT SUPPORT TO NONPROFITS LOOKING TO EXPLORE OR ENTER	15,000.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET PHILADELPHIA, PA 19102		PC	PLAN TO ACKNOWLEDGE THE CHALLENGES, INSPIRE CHANGE, SHARE PRACTICAL STRATEGIES, AND NURTURE SKILLS TO	10,000.
POTTSTOWN CLUSTER OF RELIGIOUS COMM. 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	CREATE AN OPPORTUNITY FOR COMMUNITY MEMBERS RELYING ON THE SAFETY NET TO BECOME MORE ENGAGED IN THE	35,500.
SHARE FOOD PROGRAM, INC. 2901 W. HUNTING PARK AVE. PHILADELPHIA, PA 19129		PC	FOOD NEEDS OF LOW INCOME FAMILIES & SENIORS ARE MET BY ONLINE PANTRY NETWORK PROVIDING DELIVERED	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SHARE FOOD PROGRAM, INC. 2901 W. HUNTING PARK AVE. PHILADELPHIA, PA 19129		PC	HONORARIUM	1,500.
SUSTAINABLE AGRICUL & FOOD SYS FUNDERS 601 E. ARRELLAGA ST., SUITE 101 SANTA BARBARA, CA 93103		PC	SPONSORSHIP.	1,000.
TRICOUNTY COMMUNITY NETWORK 2151 EAST HIGH STREET, SUITE C POTTSTOWN, PA 19464		PC	DESIGN A PROOF OF CONCEPT PILOT THAT FLIPS THE PREDOMINANT LEARN AND EARN WORKFORCE MODEL TO AN	42,400.
Total from continuation sheets				

823631
04-01-18

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ACLAMO FAMILY CENTERS

TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND IMPROVE LONG-TERM HEALTH OUTCOMES FOR LOW-INCOME, AT-RISK LATINO POPULATIONS.

NAME OF RECIPIENT - ACLAMO FAMILY CENTERS

TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND IMPROVE LONG-TERM HEALTH OUTCOMES FOR LOW-INCOME, AT-RISK LATINO POPULATIONS.

NAME OF RECIPIENT - CATHOLIC SOCIAL SERVICES

PEOPLE POWER IS A THREE-PHASE APPROACH TOWARDS INTEGRATING & FURTHERING THE PERSPECTIVES OF THE COMMUNITIES WE SERVE, INTO COLLABORATIVE PROBLEM-SOLVING SOLUTIONS.

NAME OF RECIPIENT - CENTER FOR POSITIVE AGING LOWER MERION

THIS PROJECT IS TO MOVE NONPROFITS WHO HAVE ANY RELATION TO OLDER PEOPLE, GOVERNMENT (COUNTY & LOWER MERION), BUSINESSES, POLITICAL AFFILIATIONS AND ELDERS IN THE COMMUNITY FROM FRAGMENTATION TO COLLECTIVE ACTIONS ON SHARED VIEW OF THE FUTURE AND GOALS.

NAME OF RECIPIENT - HEALTH CARE IMPROVEMENT FDN, INC., THE

FUNDING FOR A LEARNING COLLABORATIVE TO SUPPORT MONTGOMERY COUNTY-BASED PRIMARY CARE PRACTICES IN INTEGRATING BEHAVIORAL HEALTH SERVICES.

NAME OF RECIPIENT - INTER-FAITH HOUSING ALLIANCE

THE PRIMARY PURPOSE OF THIS RESEARCH PROJECT IS TO DEVELOP RECOMMENDATIONS REGARDING THE DESIGN AND IMPLEMENTATION OF A SHARED

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

HOUSING PROGRAM THAT ARE GROUNDED IN BEST PRACTICES OF EXISTING SIMILAR PROGRAMS.

NAME OF RECIPIENT - MONTGOMERY COUNTY FOUNDATION, INC.

THE YOUR WAY HOME LGBTQ COMMUNITY ENGAGEMENT PROJECT WILL ADVANCE EQUITABLE ACCESS TO HOUSING AND HOMELESS SERVICES FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING/QUEER YOUTH, ADULTS AND SENIORS IN MONTGOMERY COUNTY BY ENGAGING BOTH LGBTQ COMMUNITY LEADERS AND INDIVIDUALS WITH LIVED EXPERIENCE IN A COMPREHENSIVE REVIEW OF YOUR WAY HOME POLICIES, PROGRAMS, DATA, COMMUNICATIONS AND LEADERSHIP STRUCTURES TO IDENTIFY OPPORTUNITIES TO MAKE THEM MORE CULTURALLY RELEVANT AND INCLUSIVE.

NAME OF RECIPIENT - MONTGOMERY COUNTY OPPORTUNITIES INDUSTRIA

THE COMBINING ORGANIZATIONS RESOURCES TO ENHANCE STABILITY (CORES) GROUP WILL WORK TOGETHER TO OPERATE A "ONE-STOP" SHOP WHERE INDIVIDUALS WHO HAVE RECENTLY RE-ENTERED THE COMMUNITY CAN RECEIVE COOPERATIVE AND COLLABORATIVE SAFETY NET SERVICES.

NAME OF RECIPIENT - PENNSYLVANIA ASSISTIVE TECHNOLOGY FDN.

PATF AND PHLP WILL EXPAND CAPACITY BY CREATING A TOOLKIT THAT CAN BE USED BY EXISTING AND NEW PROGRAMS. MATERIALS WILL INCLUDE INFORMATION ABOUT ACCESSIBILITY, SERVICES AND SUPPORTS FOR PWD FROM WAIVERS AND CONTACT INFORMATION FOR ORGANIZATIONS THAT CAN PROVIDE FURTHER ASSISTANCE.

NAME OF RECIPIENT - PENNSYLVANIA HEALTH ACCESS NETWORK

PHAN WILL HELP BUILD THE INFRASTRUCTURE FOR A MONTGOMERY COUNTY SAFETY

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NET COALITION USING FUNDS TO DEDICATE A FULL-TIME STAFF MEMBER TO DEVELOP A SET OF POLICY PRIORITIES AND GOALS TO PROTECT AND STRENGTHEN THE SAFETY NET.

NAME OF RECIPIENT - PENNSYLVANIA HEALTH ACCESS NETWORK

PHAN IN PARTNERSHIP WITH PA VOICE AND KEYSTONE COUNTS COALITION, WILL WORK WITH COMMUNITY-BASED NONPROFITS AND SERVICE PROVIDERS TO ENGAGE THEM IN WORK AROUND THE CENSUS.

NAME OF RECIPIENT - PHILABUNDANCE

TO CREATE A MODEL TO END HUNGER FOREVER AND STRENGTHEN THE SAFETY NET FOR OUR CONSUMERS, PHILABUNDANCE WILL PARTNER WITH HABITAT FOR HUMANITY OF MONTGOMERY AND DELAWARE COUNTIES AND POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES TO ASSIST 12 FAMILIES WITH CHILDREN WHO ARE FOOD INSECURE TO IMPROVE THEIR CIRCUMSTANCES AND NO LONGER REQUIRE SUPPLEMENTAL FOOD RELIEF.

NAME OF RECIPIENT - PHILADELPHIA FOUNDATION, THE

PRIMARY FOCUS IS TO CONTINUE TO PROVIDE GRANT SUPPORT TO NONPROFITS LOOKING TO EXPLORE OR ENTER STRATEGIC ALLIANCES INCLUDING THE DEVELOPMENT OF TECHNICAL ASSISTANCE, UNIFORM DATA EVALUATION AND REPORTING FRAMEWORKS, AND COMMUNICATION AND FUNDRAISING STRATEGIES.

NAME OF RECIPIENT - PHILANTHROPY NETWORK GREATER PHILADELPHIA

PLAN TO ACKNOWLEDGE THE CHALLENGES, INSPIRE CHANGE, SHARE PRACTICAL STRATEGIES, AND NURTURE SKILLS TO SUPPORT THE CHANGES THAT ARE ESSENTIAL FOR A THRIVING PHILANTHROPIC COMMUNITY AND SOCIAL SECTOR IN OUR REGION.

Part XV | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - POTTSTOWN CLUSTER OF RELIGIOUS COMM.

CREATE AN OPPORTUNITY FOR COMMUNITY MEMBERS RELYING ON THE SAFETY NET TO BECOME MORE ENGAGED IN THE PROGRAMS AND DECISIONS OF ORGANIZATIONS SUPPORTING THE SAFETY NET.

NAME OF RECIPIENT - SHARE FOOD PROGRAM, INC.

FOOD NEEDS OF LOW INCOME FAMILIES & SENIORS ARE MET BY ONLINE PANTRY NETWORK PROVIDING DELIVERED FOOD TO ENSURE BARRIER FREE ACCESS. FAMILIES/INDIVIDUALS TRANSITIONING FROM HOMELESSNESS/CRIMINAL JUSTICE SYSTEM GIVEN STARTER FOOD AND EQUIPMENT TO PREPARE MEALS & ARE CONNECTED TO LOCAL PANTRY.

NAME OF RECIPIENT - TRICOUNTY COMMUNITY NETWORK

DESIGN A PROOF OF CONCEPT PILOT THAT FLIPS THE PREDOMINANT LEARN AND EARN WORKFORCE MODEL TO AN EARN TO LEARN MODEL WITH THE POTENTIAL TO INCREASE LONG-TERM JOB RETENTION, INCREASE PLACEMENT IN LIVING WAGE JOBS WITH GROWTH POTENTIAL, TO INCREASE SELF-SUFFICIENCY, WHICH IN TURN MOVES PEOPLE OUT OF POVERTY AND REDUCES RELIANCE ON THE SERVICES OF THE SAFETY NET.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
---	---

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 WST FOURTH ST, D4000-0062 WINSTON-SALEM, NC 27101	\$ 8,800.	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
---	---

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	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

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

2018

Name HEALTHSPARK FOUNDATION	Employer identification number 23-1352175
---------------------------------------	---

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	13,592.
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	13,592.
4 Enter the tax shown on the corporation's 2017 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	17,766.
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	13,592.

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	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input checked="" type="checkbox"/> The corporation is using the annualized income installment method.
8	<input checked="" type="checkbox"/> 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	11/15/18	12/15/18	03/15/19	06/15/19
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	894.	5,902.	2,691.	658.
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	8,311.	15,000.	5,039.	
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		7,417.	16,515.	18,863.
13 Add lines 11 and 12	13		22,417.	21,554.	18,863.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	8,311.	22,417.	21,554.	18,863.
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				
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	7,417.	16,515.	18,863.	

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.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2018)

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 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	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 6/30/2019 and before 10/1/2019	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 9/30/2019 and before 1/1/2020	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 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	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			\$ 0.

* 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 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120S 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.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.					
a Tax year beginning in 2015	1a				
b Tax year beginning in 2016	1b				
c Tax year beginning in 2017	1c				
2 Enter taxable income for each period for the tax year beginning in 2018. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2015	3a				
b Tax year beginning in 2016	3b				
c Tax year beginning in 2017	3c				
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ...	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax for each payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	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)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	59,568.	497,777.	632,473.	760,871.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	357,408.	1,991,108.	1,264,946.	1,014,492.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	357,408.	1,991,108.	1,264,946.	1,014,492.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	3,574.	19,911.	12,649.	10,145.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	3,574.	19,911.	12,649.	10,145.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	3,574.	19,911.	12,649.	10,145.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	894.	9,956.	9,487.	10,145.

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	894.	9,956.	9,487.	10,145.
33	Add the amounts in all preceding columns of line 32. See instructions		894.	6,796.	9,487.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	894.	9,062.	2,691.	658.
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	3,398.	3,398.	3,398.	3,398.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		2,504.		707.
37	Add lines 35 and 36	3,398.	5,902.	3,398.	4,105.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	894.	5,902.	2,691.	658.

Form 2220 (2018)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INVESTMENTS	0.	63,187.	0.
SAVINGS ACCOUNT	56.	56.	0.
TOTAL TO PART I, LINE 3	56.	63,243.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INVESTMENTS	0.	0.	0.	180,863.	0.
SECURITIES	169,242.	0.	169,242.	169,242.	0.
TO PART I, LINE 4	169,242.	0.	169,242.	350,105.	0.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RENTAL INCOME	352,803.	352,803.	352,803.
K-1 PARTNERSHIP	0.	-14,798.	0.
OTHER INCOME	563.	0.	563.
TOTAL TO FORM 990-PF, PART I, LINE 11	353,366.	338,005.	353,366.

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	524,749.	0.	0.	530,149.	
TO FM 990-PF, PG 1, LN 16A	524,749.	0.	0.	530,149.	

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	45,206.	0.	0.	50,114.	
TO FORM 990-PF, PG 1, LN 16B	45,206.	0.	0.	50,114.	

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	318,331.	15,000.	0.	324,941.	
TO FORM 990-PF, PG 1, LN 16C	318,331.	15,000.	0.	324,941.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX CREDIT	4,307.	0.	0.	0.	
FOREIGN TAXES PAID	0.	6,910.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	4,307.	6,910.	0.	0.	

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	18,705.	0.	0.	6,640.	
TELEPHONE & CABLE (COMMUNICATIONS)	18,423.	0.	0.	30,540.	
INSURANCE	20,354.	0.	0.	20,353.	
DUES & SUBSCRIPTIONS	15,293.	0.	0.	15,718.	
MISCELLANEOUS	9,630.	0.	0.	2,173.	
PARTNERSHIP EXPENSES	0.	40,957.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	82,405.	40,957.	0.	75,424.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED GAIN/LOSS ON SECURITIES		1,282,596.	
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST		17,967.	
TOTAL TO FORM 990-PF, PART III, LINE 3		1,300,563.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
DESCRIPTION		AMOUNT	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST		2,147.	
CHANGE IN VALUE OF INTEREST RATE SWAP		62,873.	
TOTAL TO FORM 990-PF, PART III, LINE 5		65,020.	

FORM 990-PF	CORPORATE STOCK	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BALANCED INDEX FUND	308,559.	308,559.
ARTISAN GLOBAL VALUE INSTITUTIONAL	2,381,920.	2,381,920.
FIRST EAGLE GOLD FUND I	1,118,422.	1,118,422.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,808,901.	3,808,901.

FORM 990-PF	CORPORATE BONDS	STATEMENT 12
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERICAN CENTURY HIGH INCOME FUND	2,066,285.	2,066,285.
PAYDEN EMERGING MARKET BOND INS	800,284.	800,284.
VANGUARD SHORT TERM INFLATION	1,267,571.	1,267,571.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,134,140.	4,134,140.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 13	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	497,804.	497,804.
SSGA LARGE MID-CAP NATIONAL RESOURCE	FMV	1,997,319.	1,997,319.
SSGA US AGGREGATE BOND INDEX	FMV	6,106,546.	6,106,546.
SSGA REIT INDEX COMMON TRUST	FMV	1,231,023.	1,231,023.
SSGA US TIPS INDEX	FMV	663,547.	663,547.
SSGA RUSSELL 3000 INDEX	FMV	3,912,657.	3,912,657.
SSGA MSCI EAFE NI	FMV	1,928,036.	1,928,036.
DISCOVERY SPECIAL OPPORTUNITIES II	FMV	432,727.	432,727.
BEACH POINT LOAN	FMV	44,217.	44,217.
WCM GLOBAL GROWTH FUND	FMV	2,844,880.	2,844,880.
KOPERNIK ALL-CAP FUND, LTD	FMV	1,192,291.	1,192,291.
GQG PARTNERS GLOBAL EQUITY FUND	FMV	2,607,377.	2,607,377.
SYSTEMATIC TRADING FUND	FMV	1,474,338.	1,474,338.
KOHINOOR SERIES (CAYMAN) FUND	FMV	1,312,121.	1,312,121.
SSGA US SHORT TERM	FMV	830,619.	830,619.
FIRST EAGLE GLOBAL VALUE FUND	FMV	2,398,233.	2,398,233.
TOTAL TO FORM 990-PF, PART II, LINE 13		29,473,735.	29,473,735.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,906,479.	0.	1,906,479.
LAND IMPROVEMENTS	708,599.	433,498.	275,101.
BUILDING	4,498,957.	1,310,702.	3,188,255.
LEASEHOLD IMPROVEMENTS	919,181.	913,066.	6,115.
FURNITURE, FIXTURES AND EQUIPMENT	503,507.	404,996.	98,511.
TOTAL TO FM 990-PF, PART II, LN 14	8,536,723.	3,062,262.	5,474,461.

FORM 990-PF OTHER ASSETS STATEMENT 15

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	204,710.	202,563.	202,563.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	817,412.	835,379.	835,379.
TO FORM 990-PF, PART II, LINE 15	1,022,122.	1,037,942.	1,037,942.

FORM 990-PF OTHER LIABILITIES STATEMENT 16

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	541,877.	497,804.
INTEREST RATE SWAP	247,100.	309,973.
TENANT SECURITY DEPOSITS	15,481.	14,731.
DEFERRED TAX LIABILITY	24,619.	18,916.
TOTAL TO FORM 990-PF, PART II, LINE 22	829,077.	841,424.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 17
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RUSSELL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	PRESIDENT/CEO/MANAGER 37.50	200,317.	9,244.	4,800.
GEORGE MARKS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	CHAIRPERSON/DIRECTOR 2.00	0.	0.	0.
CHINWE ONYEKERE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	VICE CHAIRPERSON/DIRECTOR 1.00	0.	0.	0.
WARREN HILTON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	SECRETARY/DIRECTOR 2.00	0.	0.	0.
NICHOLAS BUCCI 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	TREASURER/DIRECTOR 1.00	0.	0.	0.
KEN AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	EX-OFFICIO CHAIR/MANAGER 1.00	0.	0.	0.
ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR/MANAGER 1.00	0.	0.	0.
RUSSEL HENSEL 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
JOEL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
JOHN KEPNER 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
COURTNEY MCCORMICK 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.

BRIAN O'LEARY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
PAUL POCALYKO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
DAVID SHERMAN 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
MARIA MACALUSO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
MALCOLM MUSGROVE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>200,317.</u>	<u>9,244.</u>	<u>4,800.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 18

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 MONTCO DEPT. OF HOUSING & COMMUNITY DEVELOPMENT. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS AND IN FYE JUNE 30, 2019, 24 NONPROFIT ORGANIZATIONS HELD APPROX. 686 MEETINGS ATTENDED BY 11,167 PEOPLE. NONPROFITS RECOGNIZE THIS VALUE: USAGE HAS INCREASED EACH YEAR SINCE THE BUILDING OPENED. THESE NONPROFITS SAVED \$257,250 - \$511,070 DEPENDING UPON THE USE OF VARIOUS TECHNOLOGIES AND SUPPORT SERVICES.

EXPENSES

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

163,176.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 19

ACTIVITY TWO

MONTGOMERY COUNTY SAFETY NET RESILIENCE INITIATIVE: HEALTHSPARK LAUNCHED THIS 10-YEAR, COMMUNITY-DRIVEN AND COLLABORATIVE INITIATIVE TO IMPROVE THE FINANCIAL RESILIENCY OF MONTGOMERY COUNTY'S HEALTH & HUMAN SERVICES SAFETY NET SYSTEM. KEY STRATEGIES INCLUDE GRANTMAKING, RESEARCH, SYSTEM LEADERSHIP CAPACITY BUILDING, COMMUNICATIONS, REFLECTIVE LEARNING SESSIONS, AND ADVOCACY. POLICYMAKERS, SAFETY NET SYSTEM NONPROFIT LEADERS, BUSINESS REPRESENTATIVES, CONSUMERS AND ADJACENT SECTOR LEADERS ARE INVITED TO COMMUNITY OF PRACTICE MEETINGS WHERE THE FOUNDATION UPDATES THE BROADER COMMUNITY ON THE INITIATIVE'S PROGRESS AND GATHERS FEEDBACK AND RECOMMENDATIONS FOR FUTURE CONSIDERATION.

EXPENSES

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

205,524.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 20

ACTIVITY THREE

YOUR WAY HOME MONTGOMERY COUNTY: SINCE 2008 HEALTHSPARK HAS PARTNERED WITH MONTGOMERY COUNTY DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT, NONPROFIT AGENCIES, LANDLORDS AND OTHER FUNDERS TO CREATE A PUBLIC/PRIVATE PARTNERSHIP: YOUR WAY HOME (YWH) (WWW.YOURWAYHOME.ORG). YWH GOALS INCLUDE ESTABLISHING A COORDINATED ENTRY SYSTEM AND CONSISTENTLY USING EVIDENCE-BASED TOOLS TO MAKE HOMELESSNESS BRIEF, RARE AND NON-RECURRING. THE FOUNDATION'S PRESIDENT/CEO SERVES ON THE YWH ADVISORY COUNCIL. HEALTHSPARK PROVIDED FINANCIAL SUPPORT TO CONDUCT A RACIAL EQUITY AUDIT OR THE YWH INITIATIVE AND TO NATIONALLY RESEARCH BEST, PROMISING AND/OR JUST PRACTICES IN ADVANCING EQUITABLE PROGRAMS/SERVICES ALIGNED WITH ENDING HOMELESSNESS IN MONTGOMERY COUNTY FOR ALL ITS RESIDENTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

57,829.

FORM 990-PF

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

STATEMENT 22

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RUSSELL JOHNSON
2506 N BROAD STREET, SUITE 206
COLMAR, PA 18915

TELEPHONE NUMBER

215-716-5400

NAME OF GRANT PROGRAM

MONTGOMERY COUNTY SAFETY NET RESILIENCY INITIATIVE

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. ORGANIZATION DO NOT NEED TO BE PHYSICALLY LOCATED IN THE COUNTY IN ORDER TO BE ELIGIBLE TO RECEIVE GRANT SUPPORT. GUIDELINES AND ADDITIONAL RESTRICTIONS CAN BE FOUND ON THE FOUNDATION'S WEBSITE WWW.HEALTHSPARK.ORG.

GENERAL EXPLANATION

STATEMENT 23

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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

EXPLANATION:

THE INDIVIDUALS NOTED AS FOUNDATION MANAGERS IN THE ATTACHED FORM 990-PF, PART VIII ALSO SERVE ON THE BOARD OF MANAGERS, THE GOVERNING BODY OF 2506, LLC.