

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 2019 or tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**

Name of foundation
HEALTHSPARK FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
2506 N. BROAD ST. 206

City or town, state or province, country, and ZIP or foreign postal code
COLMAR, PA 18915

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **43,989,102.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d), must be on cash basis.)

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	12,923.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,402.	2,402.		STATEMENT 1
	4 Dividends and interest from securities	213,785.	808,971.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	391,964.			
	b Gross sales price for all assets on line 6a	16,093,579.			
	7 Capital gain net income (from Part IV, line 2)		866,592.		
	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	379,070.	396,374.	379,070.	STATEMENT 3	
12 Total. Add lines 1 through 11	1,000,144.	2,074,339.	379,070.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	210,000.	0.	0.	193,546.
	14 Other employee salaries and wages	234,200.	0.	0.	225,221.
	15 Pension plans, employee benefits	112,944.	0.	0.	118,800.
	16a Legal fees	STMT 4 101,327.	0.	0.	99,280.
	b Accounting fees	STMT 5 26,491.	0.	0.	27,579.
	c Other professional fees	STMT 6 532,975.	155,692.	0.	369,471.
	17 Interest	111,361.	111,361.	111,361.	0.
	18 Taxes	STMT 7 61,495.	7,152.	0.	0.
	19 Depreciation and depletion	214,455.	214,455.	214,455.	
	20 Occupancy	121,026.	121,026.	53,254.	73,223.
	21 Travel, conferences, and meetings	14,849.	0.	0.	21,991.
	22 Printing and publications				
	23 Other expenses	STMT 8 69,612.	54,902.	0.	69,211.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,810,735.	664,588.	379,070.	1,198,322.
	25 Contributions, gifts, grants paid	487,320.			537,320.
26 Total expenses and disbursements. Add lines 24 and 25	2,298,055.	664,588.	379,070.	1,735,642.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,297,911.				
b Net investment income (if negative, enter -0-)		1,409,751.			
c Adjusted net income (if negative, enter -0-)			0.		

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	118,138.	111,870.	111,870.
	2 Savings and temporary cash investments	289,029.	2,363,565.	2,363,565.
	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	34,945.	239,333.	239,333.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 12 3,808,901.	2,676,675.	2,676,675.
	c Investments - corporate bonds	STMT 13 4,134,140.	4,390,164.	4,390,164.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 14 29,473,735.	27,789,668.	27,789,668.	
14 Land, buildings, and equipment: basis ▶	8,586,225.			
Less: accumulated depreciation	STMT 11 ▶ 3,251,197.	5,474,461.	5,335,028.	
15 Other assets (describe ▶	1,037,942.	1,082,799.	1,082,799.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	44,371,291.	43,989,102.	43,989,102.	
Liabilities	17 Accounts payable and accrued expenses	82,776.	102,715.	
	18 Grants payable	50,000.		
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	3,275,208.	3,166,124.	
	22 Other liabilities (describe ▶	841,424.	910,592.	
23 Total liabilities (add lines 17 through 22)	4,249,408.	4,179,431.		
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	38,819,766.	38,462,697.	
	25 Net assets with donor restrictions	1,302,117.	1,346,974.	
	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	40,121,883.	39,809,671.		
30 Total liabilities and net assets/fund balances	44,371,291.	43,989,102.		

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	40,121,883.
2 Enter amount from Part I, line 27a	2	-1,297,911.
3 Other increases not included in line 2 (itemize) ▶	3	SEE STATEMENT 9 1,038,723.
4 Add lines 1, 2, and 3	4	39,862,695.
5 Decreases not included in line 2 (itemize) ▶	5	SEE STATEMENT 10 53,024.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	39,809,671.

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

(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	16,568,207.	15,701,615.	866,592.

(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			866,592.

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	866,592.
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))
2018	2,060,461.	36,991,037.	.055702
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

2 Total of line 1, column (d)	2	.247017
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	.049403
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	37,642,964.
5 Multiply line 4 by line 3	5	1,859,675.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	14,098.
7 Add lines 5 and 6	7	1,873,773.
8 Enter qualifying distributions from Part XII, line 4	8	1,735,642.

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 type="checkbox"/> and enter 1% of Part I, line 27b		1	28,195.
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	28,195.
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	28,195.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	24,758.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	17,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	41,758.	
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	13,563.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> 13,563. 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 type="checkbox"/> \$ 0. (2) On foundation managers. <input 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 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 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 2019 or the tax year beginning in 2019? 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. Includes questions about controlled entities, distributions, public inspection requirements, website address (WWW.HEALTHSPARK.ORG), books in care of (RUSSELL JOHNSON, PRESIDENT, CEO), and interest in foreign countries.

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. Includes questions about disqualifying acts (1a), taxes on failure to distribute income (2), and excess business holdings (3a).

Part VII-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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/>		
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		210,000.	44,503.	6,000.

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 STREET, SUITE 206, COLMAR, PA 18915	CONTROLLER 37.50	96,864.	24,780.	0.
EMMA HERTZ - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	DIRECTOR OF EXTERNAL AFFAIRS 37.50	64,038.	5,752.	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
MEKETA INVESTMENT GROUP - 100 LOWDERBROOK DRIVE, SUITE 1100, WESTWOOD, MA 02090	INVESTMENT MANAGEMENT	140,692.
EQUAL MEASURE - 520 WALNUT STREET, SUITE 1450, PHILADELPHIA, PA 19102	PROGRAM DEVELOPMENT	94,000.
LAMB MCERLANE PC - 24 EAST MARKET STREET, BOX 565, WEST CHESTER, PA 19381	LEGAL	79,711.
CAPACITY FOR CHANGE LLC - 911 GENERAL WAYNE DRIVE, WEST CHESTER, PA 19382	PROGRAM DEVELOPMENT	76,264.
BRYN MAWR COLLEGE 300 AIRDALE ROAD, BRYN MAWR, PA 19010	PROGRAM DEVELOPMENT	71,938.
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	160,119.
2 SEE STATEMENT 19	293,747.
3 SEE STATEMENT 20	7,101.
4	

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	36,124,156.
b	Average of monthly cash balances	1b	1,009,252.
c	Fair market value of all other assets	1c	1,082,799.
d	Total (add lines 1a, b, and c)	1d	38,216,207.
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	38,216,207.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	573,243.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,642,964.
6	Minimum investment return. Enter 5% of line 5	6	1,882,148.

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	1,882,148.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	28,195.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	28,195.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,853,953.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,853,953.
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	1,853,953.

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	1,735,642.
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	
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	1,735,642.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,735,642.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,853,953.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				23,392.
d From 2017				
e From 2018				238,093.
f Total of lines 3a through e	261,485.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$				1,735,642.
a Applied to 2018, 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 2019 distributable amount				1,735,642.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	118,311.			118,311.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	143,174.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	143,174.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018	143,174.			
e Excess from 2019				

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 2019, 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) 2019, (b) 2018, (c) 2017, (d) 2016, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).

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.

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

SEE STATEMENT 21

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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
ACCESS SERVICES, INC. 500 OFFICE CENTER DRIVE, SUITE 100 FORT WASHINGTON, PA 19034-3234		PC	PROVIDE HEALTH AND HUMAN SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS, WHERE	33,000.
ACLAMO FAMILY CENTERS 512 WEST MARSHALL STREET NORRISTOWN, PA 19401		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
ARCADIA UNIVERSITY 450 S. EASTON ROAD GLENSIDE, PA 19038-3215		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
BETHEL AME CHURCH OF ARDMORE 163 SHELDON LANE ARDMORE, PA 19003		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
BETHLEHEM BAPTIST CHURCH 712 PENLLYN PIKE SPRING HOUSE, PA 19477		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				537,320.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 2,402.), 4 Dividends and interest from securities (14, 213,785.), 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, 391,964.), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e, SEE STATEMENT 22, 17,960., 378,742.), 12 Subtotal (0., 626,111., 378,742.), 13 Total (13, 1,004,853.).

(See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Row 11A: RENTAL INCOME FROM NON-PROFIT CENTER WHICH HOUSES THE FOUNDATION AND FIVE UNRELATED HEALTH & HUMAN SERVICE AGENCIES SERVING MONTGOMERY COUNTY.

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		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 No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Signature of officer or trustee	Date	Title
		PRESIDENT/CEO

May the IRS discuss this return with the preparer shown below? See instr.

Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CONNIE M. LIRA	CONNIE M. LIRA	01/20/21		P00481097
	Firm's name	Firm's EIN		Firm's address	
	CLIFTONLARSONALLEN LLP	41-0746749		610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462	
	Firm's address		Phone no.		
	610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462		(215) 643-3900		

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 LP 81-2947111 SHORT-TERM CAPITAL GAIN			
c LP 04-6832069 SHORT-TERM CAPITAL GAIN			
d LP 04-3393595 SHORT-TERM CAPITAL GAIN			
e LP 45-6268981 SHORT-TERM CAPITAL GAIN			
f LP 04-6928341 SHORT-TERM CAPITAL GAIN			
g LP 04-6903137 SHORT-TERM CAPITAL GAIN			
h LP 27-6934633 SHORT-TERM CAPITAL GAIN			
i LP 02-6138231 SHORT-TERM CAPITAL GAIN			
j LP 47-5599419 SHORT-TERM CAPITAL GAIN			
k LP 81-2947111 LONG-TERM CAPITAL GAIN			
l LP 04-6832069 LONG-TERM CAPITAL GAIN			
m LP 04-3393595 LONG-TERM CAPITAL GAIN			
n LP 45-6268981 LONG-TERM CAPITAL GAIN			
o LP 04-6928341 LONG-TERM CAPITAL GAIN			

(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 16,093,579.		15,701,615.	391,964.
b 6,772.			6,772.
c 3,632.			3,632.
d 3,214.			3,214.
e 5,651.			5,651.
f 10,754.			10,754.
g 2,567.			2,567.
h 1,502.			1,502.
i 684.			684.
j 1,472.			1,472.
k 49,342.			49,342.
l 12,107.			12,107.
m 244,746.			244,746.
n 10,096.			10,096.
o 35,712.			35,712.

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			391,964.
b			6,772.
c			3,632.
d			3,214.
e			5,651.
f			10,754.
g			2,567.
h			1,502.
i			684.
j			1,472.
k			49,342.
l			12,107.
m			244,746.
n			10,096.
o			35,712.

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	
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	

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	LP 04-6903137 LONG-TERM CAPITAL GAIN			
b	LP 27-6934633 LONG-TERM CAPITAL GAIN			
c	LP 02-6138231 LONG-TERM CAPITAL GAIN			
d	LP 47-5599419 LONG-TERM CAPITAL GAIN			
e	LP 26-3416056 LONG-TERM CAPITAL GAIN			
f				
g				
h				
i				
j				
k				
l				
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	46,154.		46,154.
b	3,347.		3,347.
c	1,758.		1,758.
d	23,887.		23,887.
e	11,231.		11,231.
f			
g			
h			
i			
j			
k			
l			
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			46,154.
b			3,347.
c			1,758.
d			23,887.
e			11,231.
f			
g			
h			
i			
j			
k			
l			
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	866,592.
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

923591
04-01-19

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
BUCKS-MONT COLLABORATIVE PO BOX 66 HARLEYSVILLE, PA 19438		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	CONTINUE DIALOGUE WITH CLIENTS TO UNCOVER BARRIERS TO SERVICES AND TO THEN CREATE SOLUTIONS FOR ACCESS	28,500.
COUNCIL OF SOUTHEAST PENNSYLVANIA, INC. BAILIWICK OFFICE CAMPUS, UNIT 12, 252 W. SWAMP ROAD DOYLESTOWN, PA 18901-2444		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
DEAF-HEARING COMMUNICATIONS CENTRE, THE 630 FAIRVIEW ROAD, SUITE 100 SWARTHMORE, PA 19081		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
ELDERNET OF LOWER MERION AND NARBETH 9 S. BRYN MAWR AVENUE BRYN MAWR, PA 19010		PC	CREATE A MORE ACCESSIBLE, STREAMLINED, AND INCLUSIVE SENIOR SERVICES SUPPORT	30,000.
FAMILY SERVICES OF MONTGOMERY COUNTY PA 3125 RIDGE PIKE EAGLEVILLE, PA 19403		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
GREATER HARLEYSVILLE AND NORTH PENN SENIOR SERVICES 312 ALUMNI AVENUE HARLEYSVILLE, PA 19438		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
GWYNEDD-MERCY UNIVERSITY PO BOX 901 GWYNEDD VALLEY, PA 19437-0901		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
INDIAN VALLEY PUBLIC LIBRARY 100 E. CHURCH AVENUE TELFORD, PA 18969		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
INTERAGENCY COUNCIL OF NORRISTOWN, INC. PO BOX 697 NORRISTOWN, PA 19404		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
Total from continuation sheets				492,320.

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
INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
INTERFAITH HOSPITALITY NETWORK OF THE MAIN LINE 1449 DEKALB STREET NORRISTOWN, PA 19401		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
LAUREL HOUSE PO BOX 764 NORRISTOWN, PA 19404		PC	HONORARIUM (\$500); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE	3,500.
LEGAL AID OF SOUTHEASTERN PA, INC. 625 SWEDE STREET NORRISTOWN, PA 19401		PC	ESTABLISH AN ACCESSIBLE, VETERAN-FOCUSED LEGAL PRACTICE TO PROVIDE NO-COST ASSISTANCE TO	31,820.
LINCOLN CENTER FOR FAMILY AND YOUTH, THE 820 ADAMS AVENUE, STE. 210 AUDUBON, PA 19403		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	ESTABLISH A COLLABORATIVE PILOT PROGRAM TO RESPOND TO STUDENT BASIC NEEDS INSECURITIES IN THEIR	33,250.
MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY 30 W. BARNARD STREET, SUITE 1 WEST CHESTER, PA 19382		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
MATTIE N. DIXON COMMUNITY CUPBOARD, INC. PO BOX 367, 150 NORTH MAIN STREET AMBLER, PA 19002		PC	MATCHING GIFT	250.
MISSION KIDS CHILD ADVOCACY CENTER PO BOX 413 BLUE BELL, PA 19422		PC	IMPROVE MENTAL HEALTH SERVICES FOR YOUTH WITH PROBLEMATIC SEXUALIZED BEHAVIORS BY EFFECTING CHANGE	33,000.
MONTGOMERY COUNTY COMMUNITY COLLEGE FOUNDATION 340 DEKALB PIKE BLUE BELL, PA 19422		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
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
MONTGOMERY COUNTY ASSOCIATION FOR THE BLIND 25 E. MARSHALL STREET, 3RD FLOOR NORRISTOWN, PA 19401		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY, SUITE 302 BLUE BELL, PA 19422		PC	SUPPORT THE CREATION OF THE MONTCOPA COVID-19 RESPONSE FUND (\$50,000); SUPPORT PARTICIPATION IN THE	95,000.
NORRISTOWN MINISTRIES, INC. 530 CHURCH STREET, 1ST FLOOR NORRISTOWN, PA 19401		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
PARTNERSHIP TMA 595 BETHLEHEM PIKE, SUITE 102 MONTGOMERYVILLE, PA 18936		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY STREET PHILADELPHIA, PA 19102		PC	ENHANCING MONTGOMERY COUNTY 2020 CENSUS ENGAGEMENT, CENSUS-RELATED OUTREACH, ENGAGEMENT	58,000.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	PROMOTE A COMPLETE AND ACCURATE COUNT OF ALL RESIDENTS IN THE 2020 CENSUS FOR THE COUNTY	10,000.
PHILIP JAISOHN MEMORIAL FOUNDATION 6705 OLD YORK ROAD PHILADELPHIA, PA 19126-2841		PC	TRAIN ASIAN AMERICAN COMMUNITY LEADERS HOW TO WORK TOGETHER TO ADVANCE THE QUALITY OF AVAILABLE HEALTHCARE	33,000.
POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
PUBLIC CITIZENS FOR CHILDREN AND YOUTH 990 SPRING GARDEN STREET, SUITE 200 PHILADELPHIA, PA 19123		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
REGIONAL HOUSING LEGAL SERVICES 2 SOUTH EASTON ROAD GLENSIDE, PA 19038-7615		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
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
RETIRED AND SENIOR VOLUNTEER PROGRAM OF MONTGOMERY COUNTY 901 E. 8TH AVENUE, SUITE 200 KING OF PRUSSIA, PA 19406		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 536 GEORGE STREE NORRISTOWN, PA 19401		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
THE OPEN LINK 452 PENN STREET PENNSBURG, PA 18073		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
TPF SPECIAL ASSETS FUND - THE LENFEST INSTITUTE FOR JOURNALISM 801 MARKET STREET, SUITE 300 PHILADELPHIA, PA 19107		PC	SUPPORT THE TRAUMA AND RECOVERY FROM COVID-19: GENEROCITY REPORTING SERIES	5,000.
TRICOUNTY COMMUNITY NETWORK 2151 EAST HIGH STREET, SUITE C POTTSTOWN, PA 19464		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$6,000);	56,000.
WILLOW GROVE COMMUNITY DEVELOPMENT CORP. 210 CEDAR AVENUE, PO BOX 1097 WILLOW GROVE, PA 19090		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
WOMEN'S CENTER OF MONTGOMERY COUNTY 2506 NORTH BROAD STREET, SUITE 203 COLMAR, PA 18915		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464		PC	SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19	3,000.
Total from continuation sheets				

Part XV Supplementary Information

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

NAME OF RECIPIENT - ACCESS SERVICES, INC.

PROVIDE HEALTH AND HUMAN SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS, WHERE THEY LIVE (\$30,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - ELDERNET OF LOWER MERION AND NARBETH

CREATE A MORE ACCESSIBLE, STREAMLINED, AND INCLUSIVE SENIOR SERVICES SUPPORT NETWORK IN LOWER MERION AND NARBETH

NAME OF RECIPIENT - LAUREL HOUSE

HONORARIUM (\$500); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - LEGAL AID OF SOUTHEASTERN PA, INC.

ESTABLISH AN ACCESSIBLE, VETERAN-FOCUSED LEGAL PRACTICE TO PROVIDE NO-COST ASSISTANCE TO LOW-INCOME VETERANS IN THE COUNTY (\$28,820); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - MANNA ON MAIN STREET

ESTABLISH A COLLABORATIVE PILOT PROGRAM TO RESPOND TO STUDENT BASIC NEEDS INSECURITIES IN THEIR COMMUNITY (\$30,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000); MATCHING GIFT \$250)

NAME OF RECIPIENT - MISSION KIDS CHILD ADVOCACY CENTER

IMPROVE MENTAL HEALTH SERVICES FOR YOUTH WITH PROBLEMATIC SEXUALIZED

Part XV Supplementary Information

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

BEHAVIORS BY EFFECTING CHANGE UPON THE JUVENILE JUSTICE SYSTEM

(\$30,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - MONTGOMERY COUNTY FOUNDATION, INC.

SUPPORT THE CREATION OF THE MONTCOPA COVID-19 RESPONSE FUND (\$50,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19, FISCAL SPONSOR FOR YOUR WAY HOME (\$45,000)

NAME OF RECIPIENT - PENNSYLVANIA HEALTH ACCESS NETWORK

ENHANCING MONTGOMERY COUNTY 2020 CENSUS ENGAGEMENT, CENSUS-RELATED OUTREACH, ENGAGEMENT AND EDUCATIONAL MATERIALS (\$25,000); BUILDING OUT THE COUNTY-WIDE MONTGOMERY COUNTY SAFETY NET RESILIENCY ADVOCACY COALITION (\$25,000); PROVIDE STIPENDS TO PARTNERS IN NEED OF FINANCIAL SUPPORT FOR CENSUS-RELATED OUTREACH AND EDUCATIONAL EVENTS (\$5,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - PHILIP JAISOHN MEMORIAL FOUNDATION

TRAIN ASIAN AMERICAN COMMUNITY LEADERS HOW TO WORK TOGETHER TO ADVANCE THE QUALITY OF AVAILABLE HEALTHCARE SERVICES IN THEIR COMMUNITIES (\$30,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$3,000)

NAME OF RECIPIENT - TRICOUNTY COMMUNITY NETWORK

SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19 (\$6,000); SUPPORT PARTICIPATION IN THE FOUNDATION'S BUILD BACK BETTER INITIATIVE IN RESPONSE TO COVID-19,

Part XV Supplementary Information

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

FISCAL SPONSOR FOR MAHN (\$50,000)

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

2019

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, 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
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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	\$ 9,600.	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

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	28,195.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	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		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
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	28,195.
4	Enter the tax shown on the corporation's 2018 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	13,592.
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	11/15/19	12/15/19	03/15/20	06/15/20
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	988.	328.	13,641.	
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	24,758.			
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		23,770.	23,442.	9,801.
13 Add lines 11 and 12	13		23,770.	23,442.	9,801.
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	24,758.	23,770.	23,442.	9,801.
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	23,770.	23,442.	9,801.	

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.

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 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2019 and before 10/1/2019	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 9/30/2019 and before 1/1/2020	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 12/31/2019 and before 4/1/2020	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	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 \$			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 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), calculations for each period (2, 3a-3c, 4, 5, 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)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	32,932.	32,896.	498,549.	289,276.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	197,592.	131,584.	997,098.	385,700.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	197,592.	131,584.	997,098.	385,700.
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	3,952.	2,632.	19,942.	7,714.
25	Enter any alternative minimum tax (trusts only) 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	3,952.	2,632.	19,942.	7,714.
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-	3,952.	2,632.	19,942.	7,714.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	988.	1,316.	14,957.	7,714.

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	988.	1,316.	14,957.	7,714.
33	Add the amounts in all preceding columns of line 38. See instructions		988.	1,316.	14,957.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	988.	328.	13,641.	0.
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.	10,700.	7,049.	7,049.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		2,410.	12,782.	6,190.
37	Add lines 35 and 36	3,398.	13,110.	19,831.	13,239.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	988.	328.	13,641.	0.

Form 2220 (2019)

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

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

<u>SOURCE</u>	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
SAVINGS ACCOUNT	2,402.	2,402.	0.
TOTAL TO PART I, LINE 3	2,402.	2,402.	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
LP 02-6138231 DIVIDENDS	0.	0.	0.	18.	0.
LP 02-6138231 INTEREST	0.	0.	0.	14,460.	0.
LP 04-3393595 DIVIDENDS	0.	0.	0.	72,763.	0.
LP 04-6832069 DIVIDENDS	0.	0.	0.	67,939.	0.
LP 04-6832069 INTEREST	0.	0.	0.	7.	0.
LP 04-6903137 DIVIDENDS	0.	0.	0.	40,221.	0.
LP 04-6928341 DIVIDENDS	0.	0.	0.	2,223.	0.
LP 04-6928341 INTEREST	0.	0.	0.	171,789.	0.
LP 26-3416056 DIVIDENDS	0.	0.	0.	51,288.	0.
LP 26-3416056 INTEREST	0.	0.	0.	2,280.	0.
LP 27-6934633 DIVIDENDS	0.	0.	0.	60.	0.
LP 27-6934633 INTEREST	0.	0.	0.	16,404.	0.
LP 45-6268981 DIVIDENDS	0.	0.	0.	85,493.	0.
LP 45-6268981 INTEREST	0.	0.	0.	17.	0.
LP 47-5599419 DIVIDENDS	0.	0.	0.	26,075.	0.
LP 47-5599419 INTEREST	0.	0.	0.	1,606.	0.
LP 81-2947111 DIVIDENDS	0.	0.	0.	40,644.	0.
LP 81-2947111 INTEREST	0.	0.	0.	1,899.	0.
SECURITIES	213,785.	0.	213,785.	213,785.	0.
TO PART I, LINE 4	213,785.	0.	213,785.	808,971.	0.

FORM 990-PF

OTHER INCOME

STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RENTAL INCOME	378,742.	378,742.	378,742.
OTHER INCOME	328.	0.	328.
LP 04-6832069 ORDINARY INCOME	0.	10.	0.
LP 81-2947111 OTHER LOSS	0.	-539.	0.
LP 04-6832069 OTHER INCOME	0.	2,055.	0.
LP 04-3393595 OTHER INCOME	0.	11,747.	0.
LP 45-6268981 OTHER INCOME	0.	29.	0.
LP 04-6903137 OTHER INCOME	0.	14.	0.
LP 47-5599419 OTHER LOSS	0.	-72.	0.
LP 26-3416056 OTHER INCOME	0.	4,388.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	379,070.	396,374.	379,070.

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	101,327.	0.	0.	99,280.
TO FM 990-PF, PG 1, LN 16A	101,327.	0.	0.	99,280.

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	26,491.	0.	0.	27,579.
TO FORM 990-PF, PG 1, LN 16B	26,491.	0.	0.	27,579.

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	392,283.	15,000.	0.	369,471.
INVESTMENT FEES	140,692.	140,692.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	532,975.	155,692.	0.	369,471.

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	61,495.	0.	0.	0.
FOREIGN TAXES PAID	0.	7,152.	0.	0.
TO FORM 990-PF, PG 1, LN 18	61,495.	7,152.	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	7,785.	0.	0.	7,059.
TELEPHONE & COMMUNICATIONS	28,102.	0.	0.	28,427.
INSURANCE	20,655.	0.	0.	20,655.
DUES & SUBSCRIPTIONS	11,815.	0.	0.	11,815.
MISCELLANEOUS	1,255.	0.	0.	1,255.
PARTNERSHIP EXPENSES	0.	54,902.	0.	0.
TO FORM 990-PF, PG 1, LN 23	69,612.	54,902.	0.	69,211.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON SECURITIES	989,482.
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	49,241.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,038,723.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 10

DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	4,384.
CHANGE IN VALUE OF INTEREST RATE SWAP	48,640.
TOTAL TO FORM 990-PF, PART III, LINE 5	53,024.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
LAND	1,906,479.	0.	1,906,479.	1,906,479.
LAND IMPROVEMENTS	712,599.	480,871.	231,728.	231,728.
BUILDING	4,538,170.	1,415,307.	3,122,863.	3,122,863.
LEASEHOLD IMPROVEMENTS	919,181.	917,143.	2,038.	2,038.
FURNITURE, FIXTURES AND EQUIPMENT	509,796.	437,876.	71,920.	71,920.
TO 990-PF, PART II, LN 14	8,586,225.	3,251,197.	5,335,028.	5,335,028.

FORM 990-PF CORPORATE STOCK STATEMENT 12

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BALANCED INDEX FUND, 8,148.723 SH	318,859.	318,859.
ARTISAN GLOBAL VALUE INSTITUTIONAL, 113,288.988 SH	1,684,607.	1,684,607.
FIRST EAGLE GOLD FUND I, 26,452.222 SH	673,209.	673,209.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,676,675.	2,676,675.

FORM 990-PF

CORPORATE BONDS

STATEMENT 13

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERICAN CENTURY HIGH INCOME FUND	1,358,927.	1,358,927.
PI FLOATING RATE INCOME I	744,445.	744,445.
PAYDEN EMERGING MARKET BOND INS	1,184,899.	1,184,899.
VANGUARD SHORT TERM INFLATION	1,101,893.	1,101,893.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,390,164.	4,390,164.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 14

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	490,226.	490,226.
PAYDEN TALF 2020 OFFSHORE FUND LTD	FMV	199,971.	199,971.
SSGA US AGGREGATE BOND INDEX	FMV	6,208,821.	6,208,821.
SSGA REIT INDEX COMMON TRUST	FMV	1,012,496.	1,012,496.
SSGA RUSSELL 3000 INDEX	FMV	4,182,082.	4,182,082.
SSGA MSCI EAFE NI	FMV	2,201,001.	2,201,001.
BHDG SYSTEMATIC TRADING FUND	FMV	1,110,275.	1,110,275.
WCM GLOBAL GROWTH FUND	FMV	3,043,395.	3,043,395.
KOPERNIK ALL-CAP FUND, LTD	FMV	1,467,246.	1,467,246.
GQG PARTNERS GLOBAL EQUITY FUND	FMV	2,938,385.	2,938,385.
KOHINOOR SERIES (CAYMAN) FUND	FMV	1,102,795.	1,102,795.
FIRST EAGLE GLOBAL VALUE FUND	FMV	2,448,759.	2,448,759.
SSGA LARGE MID-CAP NATIONAL RESOURCE	FMV	1,384,216.	1,384,216.
TOTAL TO FORM 990-PF, PART II, LINE 13		27,789,668.	27,789,668.

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	202,563.	884,620.	884,620.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	835,379.	198,179.	198,179.
TO FORM 990-PF, PART II, LINE 15	1,037,942.	1,082,799.	1,082,799.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 16

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	497,804.	490,226.
INTEREST RATE SWAP	309,973.	358,613.
TENANT SECURITY DEPOSITS	14,731.	13,530.
DEFERRED TAX LIABILITY	18,916.	48,223.
TOTAL TO FORM 990-PF, PART II, LINE 22	841,424.	910,592.

FORM 990-PF

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

STATEMENT 17

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	210,000.	44,503.	6,000.
CHINWE ONYEKERE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	CHAIRPERSON/DIRECTOR 2.00	0.	0.	0.
WARREN HILTON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	VICE CHAIRPERSON/DIRECTOR 1.00	0.	0.	0.
JOEL JOHNSON 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.
AMY GIANFICARO 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.

HEALTHSPARK FOUNDATION

23-1352175

JOE O'NEILL 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
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NATASHA PATTERSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
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DAVID SHERMAN 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
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KEN AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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KIM CATON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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MARIA MACALUSO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>210,000.</u>	<u>44,503.</u>	<u>6,000.</u>
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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 MONTGOMERY COUNTY DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS AND IN FYE JUNE 30, 2020, 20 NONPROFIT ORGANIZATIONS HELD APPROXIMATELY 396 MEETINGS ATTENDED BY 6,642 PEOPLE (DOWN FROM PRIOR YEARS DUE TO COVID-19). NONPROFITS RECOGNIZE THIS VALUE. THESE NONPROFITS SAVED \$148,500 - \$295,020 DEPENDING UPON THE USE OF VARIOUS TECHNOLOGIES AND SUPPORT SERVICES.

EXPENSES

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

160,119.

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

293,747.

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.

	<u>EXPENSES</u>
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TO FORM 990-PF, PART IX-A, LINE 3

<u>7,101.</u>

FORM 990-PF

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

STATEMENT 21

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDRUSSELL JOHNSON
2506 N BROAD STREET, SUITE 206
COLMAR, PA 18915TELEPHONE NUMBERNAME OF GRANT PROGRAM

215-716-5400

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. ORGANIZATIONS 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.

FORM 990-PF

OTHER REVENUE

STATEMENT 22

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
RENTAL INCOME					378,742.
OTHER INCOME			01	328.	
LP 04-6832069 ORDINARY INCOME			18	10.	
LP 81-2947111 OTHER LOSS			18	-539.	
LP 04-6832069 OTHER INCOME			18	2,055.	
LP 04-3393595 OTHER INCOME			18	11,747.	
LP 45-6268981 OTHER INCOME			18	29.	
LP 04-6903137 OTHER INCOME			18	14.	
LP 47-5599419 OTHER LOSS			18	-72.	
LP 26-3416056 OTHER INCOME			18	4,388.	
TOTAL TO FORM 990-PF, PG 12, LN 11				17,960.	378,742.

GENERAL EXPLANATION

STATEMENT 23

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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

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.

GENERAL EXPLANATION

STATEMENT 24

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VII-A, LINE 3: - DISREGARDED ENTITY DOCUMENTS UPDATED

EXPLANATION:

2506, LLC AMENDED ITS OPERATING AGREEMENT AND CERTIFICATE OF ORGANIZATION EFFECTIVE JULY 14, 2020 TO REFLECT ITS CHARITABLE PURPOSES AND TO COMPLY WITH THE 2017 UPDATES TO PENNSYLVANIA'S LIMITED LIABILITY COMPANY ACT. THE OPERATING AGREEMENT WAS ALSO UPDATED TO CONFORM TO AND REFLECT 2506, LLC'S CURRENT CHARITABLE OPERATIONS. THESE UPDATES DID NOT IMPACT THE FORM 990-PF, ITS OPERATIONS, CHARITABLE ACTIVITIES OR GOVERNANCE STRUCTURE.