

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

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)
\$ **42,966,406.**

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 | 12,523. | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 157. | 157. | | STATEMENT 2 |
| | 4 Dividends and interest from securities | 266,184. | 857,214. | | STATEMENT 3 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 2,513,583. | | | STATEMENT 1 |
| | b Gross sales price for all assets on line 6a | 26,630,546. | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 4,031,669. | | |
| | 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 | 408,008. | 404,243. | 361,585. | STATEMENT 4 | |
| 12 Total. Add lines 1 through 11 | 3,200,455. | 5,293,283. | 361,585. | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 210,000. | 0. | 0. | 235,214. |
| | 14 Other employee salaries and wages | 367,479. | 0. | 0. | 364,146. |
| | 15 Pension plans, employee benefits | 156,959. | 0. | 0. | 165,857. |
| | 16a Legal fees | 81,879. | 0. | 0. | 84,045. |
| | b Accounting fees | 32,208. | 0. | 0. | 33,683. |
| | c Other professional fees | 345,701. | 141,566. | 0. | 211,510. |
| | 17 Interest | 110,673. | 110,673. | 110,673. | 0. |
| | 18 Taxes | | 35,202. | | |
| | 19 Depreciation and depletion | 216,046. | 216,046. | 216,046. | |
| | 20 Occupancy | 132,704. | 132,704. | 34,866. | 90,426. |
| | 21 Travel, conferences, and meetings | 4,892. | 0. | 0. | 3,483. |
| | 22 Printing and publications | | | | |
| | 23 Other expenses | 84,631. | 65,965. | 0. | 71,362. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,743,172. | 702,156. | 361,585. | 1,259,726. |
| | 25 Contributions, gifts, grants paid | 611,100. | | | 791,100. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 2,354,272. | 702,156. | 361,585. | 2,050,826. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 846,183. | | | | |
| b Net investment income (if negative, enter -0-) | | 4,591,127. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 0. | | |

| 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 | 54,895. | 83,280. | 83,280. |
| | 2 Savings and temporary cash investments | 863,615. | 1,222,145. | 1,222,145. |
| | 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 | 334,203. | 88,768. | 88,768. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | STMT 13 3,110,305. | 1,488,171. | 1,488,171. |
| | c Investments - corporate bonds | STMT 14 4,622,627. | 2,022,000. | 2,022,000. |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other | STMT 15 34,471,073. | 31,811,792. | 31,811,792. | |
| 14 Land, buildings, and equipment: basis ▶ | 8,594,399. | | | |
| Less: accumulated depreciation | STMT 12 ▶ 3,543,976. | 5,156,555. | 5,050,423. | |
| 15 Other assets (describe ▶ | STATEMENT 16) 1,349,880. | 1,199,827. | 1,199,827. | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 49,963,153. | 42,966,406. | 42,966,406. | |
| Liabilities | 17 Accounts payable and accrued expenses | 125,100. | 98,561. | |
| | 18 Grants payable | 355,000. | 175,000. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | 3,053,012. | 2,934,555. | |
| | 22 Other liabilities (describe ▶ | STATEMENT 17) 893,872. | 554,800. | |
| 23 Total liabilities (add lines 17 through 22) | 4,426,984. | 3,762,916. | | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here | | | <input checked="" type="checkbox"/> |
| | and complete lines 24, 25, 29, and 30. | | | |
| | 24 Net assets without donor restrictions | 43,922,114. | 37,739,488. | |
| | 25 Net assets with donor restrictions | 1,614,055. | 1,464,002. | |
| | 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 | 45,536,169. | 39,203,490. | | |
| 30 Total liabilities and net assets/fund balances | 49,963,153. | 42,966,406. | | |

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 | 45,536,169. |
| 2 Enter amount from Part I, line 27a | 2 | 846,183. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | SEE STATEMENT 10 178,833. |
| 4 Add lines 1, 2, and 3 | 4 | 46,561,185. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | SEE STATEMENT 11 7,357,695. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 39,203,490. |

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| 1a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | 29,729,728. | 25,698,059. | 4,031,669. |

| (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 | | | 4,031,669. |

| | | |
|---|---|------------|
| 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 | 4,031,669. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | 3 | N/A |

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

| | | |
|--|----|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) | 1 | 63,817. |
| b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | 0. |
| 3 Add lines 1 and 2 | 3 | 63,817. |
| 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 | 63,817. |
| 6 Credits/Payments: | | |
| a 2021 estimated tax payments and 2020 overpayment credited to 2021 | 6a | 91,551. |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. |
| d Backup withholding erroneously withheld | 6d | 0. |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 91,551. |
| 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 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 | 27,734. |
| 11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> 27,734. Refunded <input type="checkbox"/> | 11 | 0. |

Part VI-A Statements Regarding Activities

| | Yes | No |
|---|-----|-----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u> | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>PA</u> | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | X | |
| Website address ▶ <u>WWW.HEALTHSPARK.ORG</u> | | |
| 14 The books are in care of ▶ <u>EMMA HERTZ, PRESIDENT, CEO</u> Telephone no. ▶ <u>215-716-5400</u> Located at ▶ <u>2506 N BROAD STREET, SUITE 206, COLMAR, PA</u> ZIP+4 ▶ <u>18915</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A | | |
| 16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | | |

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

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

| | Yes | No |
|--|-------|-----|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(5) | X |
| | 1a(6) | X |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | X |
| c Organizations relying on a current notice regarding disaster assistance, check here | | |
| d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? | 1d | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? | 2a | X |
| If "Yes," list the years ▶ _____, _____, _____, _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | 2b | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | X |
| b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) | 3b | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? | 4b | X |

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

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

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

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

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 18 | | 210,000. | 33,145. | 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 |
|--|---|------------------|---|---------------------------------------|
| CHINWE ONYEKERE - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915 | DIRECTOR OF EQUITY AND INCLUSION 37.50 | 140,000. | 21,438. | 0. |
| JOHN RAMIREZ, JR. - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915 | CONTROLLER 37.50 | 79,649. | 24,946. | 0. |
| CLARE STRENGER - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915 | OFFICE MANAGER 37.50 | 57,666. | 25,773. | 0. |
| EMMA HERTZ - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915 | DIRECTOR OF EXTERNAL AFFAIRS 37.50 | 65,423. | 10,280. | 0. |
| | | | | |

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

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

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

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|-----------------------|------------------|
| MEKETA INVESTMENT GROUP - 100 LOWDERBROOK DRIVE, SUITE 1100, WESTWOOD, MA 02090 | INVESTMENT MANAGEMENT | 119,066. |
| LAMB MCERLANE PC - 24 E MARKET ST, BOX 565, WEST CHESTER, PA 19381 | LEGAL | 69,827. |
| CAPACITY FOR CHANGE LLC - 911 GENERAL WAYNE DRIVE, WEST CHESTER, PA 19382 | PROGRAM DEVELOPMENT | 65,000. |
| CRITERION SEARCH GROUP PO BOX 147, BRYN MAWR, PA 19010 | RECRUITING | 50,000. |
| Total number of others receiving over \$50,000 for professional services | | 0 |

Part VIII-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 SEE STATEMENT 19 | 454,523. |
| 2 SEE STATEMENT 20 | 140,237. |
| 3 | |
| 4 | |

Part VIII-B Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|-----------|
| 1 N/A | |
| 2 | |
| 3 All other program-related investments. See instructions. | |
| Total. Add lines 1 through 3 | 0. |

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

| | | | |
|---|---|----|-------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | | |
| a | Average monthly fair market value of securities | 1a | 41,001,613. |
| b | Average of monthly cash balances | 1b | 1,050,027. |
| c | Fair market value of all other assets (see instructions) | 1c | 1,199,827. |
| d | Total (add lines 1a, b, and c) | 1d | 43,251,467. |
| 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 | 43,251,467. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 648,772. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 42,602,695. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 2,130,135. |

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

| | | | |
|----|--|----|------------|
| 1 | Minimum investment return from Part IX, line 6 | 1 | 2,130,135. |
| 2a | Tax on investment income for 2021 from Part V, line 5 | 2a | 63,817. |
| b | Income tax for 2021. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | 63,817. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,066,318. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,066,318. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 2,066,318. |

Part XI Qualifying Distributions (see instructions)

| | | | |
|--|---|----|------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 2,050,826. |
| b | Program-related investments - total from Part VIII-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 2,050,826. |

Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2020 | (c) 2020 | (d) 2021 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2021 from Part X, line 7 | | | | 2,066,318. |
| 2 Undistributed income, if any, as of the end of 2021: | | | | |
| a Enter amount for 2020 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2021: | | | | |
| a From 2016 | | | | |
| b From 2017 | | | | |
| c From 2018 | 107,981. | | | |
| d From 2019 | | | | |
| e From 2020 | | | | |
| f Total of lines 3a through e | 107,981. | | | |
| 4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ | 2,050,826. | | | |
| a Applied to 2020, 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 2021 distributable amount | | | | 2,050,826. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).) | 15,492. | | | 15,492. |
| 6 Enter the net total of each column as indicated below: | 92,489. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 | | | | 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 2016 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a | 92,489. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2017 | | | | |
| b Excess from 2018 | 92,489. | | | |
| c Excess from 2019 | | | | |
| d Excess from 2020 | | | | |
| e Excess from 2021 | | | | |

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, 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) 2021 | (b) 2020 | (c) 2019 | (d) 2018 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | | | | | |
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, 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 IX, 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 XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 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 XIV 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 | SCALE STREET MEDICINE PROGRAM | 85,000. |
| ARCADIA UNIVERSITY 450 S EASTON ROAD GLENSIDE, PA 19038 | | PC | OPERATING SUPPORT | 500. |
| ARDMORE AVENUE COMMUNITY CENTER 122 ARDMORE AVENUE, PO BOX 324 ARDMORE, PA 19003 | | PC | SUSTAINING THE ARDMORE AVENUE COMMUNITY CENTER | 15,000. |
| BUCKS MONT COLLABORATIVE PO BOX 66 HARLEYSVILLE, PA 19438 | | PC | RACIAL EQUITY LEARNING COMMUNITY - TCN FISCAL SPONSOR; STRATEGIC PLANNING PROCESS | 70,000. |
| COALITION FOR RACIAL EQUITY AND SOCIAL JUSTICE 301 VINE STREET LANSDALE, PA 19446 | | PC | COALITION4JUSTICE YOUTHBUILD DIVERSITY AMBASSADOR PROGRAM: EDUCATE, COMMUNICATE, EMPOWER | 15,000. |
| Total SEE CONTINUATION SHEET(S) ▶ 3a | | | | 791,100. |
| b Approved for future payment | | | | |
| SEACHANGE CAPITAL 1385 BROADWAY, 23RD FLOOR NEW YORK, NY 10018 | | PC | GREATER PHILADELPHIA NONPROFIT REPOSITIONING FUND | 50,000. |
| Total ▶ 3b | | | | 50,000. |

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 85-2758350 | | | |
| c LP 26-3416056 | | | |
| d LP 81-2947111 | | | |
| e LP 04-6832069 | | | |
| f LP 75-6661332 | | | |
| g LP 04-6809840 | | | |
| h LP 04-3393595 | | | |
| i LP 45-6268981 | | | |
| j LP 04-6928341 | | | |
| k LP 04-6903137 | | | |
| l LP 47-5599419 | | | |
| m LP 85-3749025 | | | |
| 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 26,630,546. | | 25,697,951. | 932,595. |
| b 289,603. | | | 289,603. |
| c 48,602. | | | 48,602. |
| d 1,059,790. | | | 1,059,790. |
| e 170,442. | | | 170,442. |
| f 73,196. | | | 73,196. |
| g 155,237. | | | 155,237. |
| h 499,909. | | | 499,909. |
| i 48,496. | | | 48,496. |
| j 119,168. | | | 119,168. |
| k 177,803. | | | 177,803. |
| l 456,936. | | | 456,936. |
| m | | 108. | -108. |
| 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 | | | 932,595. |
| b | | | 289,603. |
| c | | | 48,602. |
| d | | | 1,059,790. |
| e | | | 170,442. |
| f | | | 73,196. |
| g | | | 155,237. |
| h | | | 499,909. |
| i | | | 48,496. |
| j | | | 119,168. |
| k | | | 177,803. |
| l | | | 456,936. |
| m | | | -108. |
| 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 | 4,031,669. |
| 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 |

HEALTHSPARK FOUNDATION

23-1352175

Part XIV 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 |
|---|--|--------------------------------------|---|-----------------|
| COLLEGIATE BRIDGE INC. 3801 SKIPPACK PIKE, #406 SKIPPACK, PA 19474 | | PC | COLLEGE READINESS PARENT INSTITUTE | 15,000. |
| ECONOMY LEAGUE OF PHILADELPHIA GPLEX 1800 JFK BOULEVARD, SUITE 460 PHILADELPHIA, PA 19103 | | PC | FUND UP TO 10 SCHOLARSHIPS FOR GREATER PHILADELPHIA LEADERSHIP EXCHANGE (GPLEX) 2021 | 5,000. |
| FIRST BAPTIST CHURCH OF HUNTINGDON VALLEY 2451 MURRAY AVENUE HUNTINGDON VALLEY, PA 19006 | | PC | MIRACLES AROUND MURRAY AVE, BLACK HISTORICAL AND MONUMENTAL STORIES IN THE HUNTINGDON VALLEY AREA | 10,000. |
| GWYNEDD-MERCY UNIVERSITY 1325 SUMNEYTOWN PIKE, PO BOX 901 GWYNEDD VALLEY, PA 19437 | | PC | OPERATING SUPPORT | 2,000. |
| IMAGINE DIFFERENT C/O THE PEAL CENTER 2325 EAST CARSON STREET, SUITE 100A PITTSBURGH, PA 15203 | | PC | SEE STATEMENT | 5,000. |
| INTERAGENCY COUNCIL OF NORRISTOWN PO BOX 697 NORRISTOWN, PA 19404 | | PC | STRATEGIC PLANNING PROCESS | 10,000. |
| INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002 | | PC | OPERATING SUPPORT | 500. |
| INTERNEWS (VOICES FOR CHANGE) 876 7TH STREET ARCATA, CA 95521 | | PC | INFORMATION NEEDS ASSESSMENT | 50,000. |
| LITERACY COUNCIL OF NORRISTOWN FOR GREATER NORRISTOWN NAACP 113 E AIRY STREET NORRISTOWN, PA 19401 | | PC | ONE BOOK ONE NORRISTOWN | 15,000. |
| MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446 | | PC | OPERATING SUPPORT | 1,500. |
| Total from continuation sheets | | | | 605,600. |

HEALTHSPARK FOUNDATION

23-1352175

Part XIV 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 |
|--|--|--------------------------------------|--|----------|
| MATERNITY CARE COALITION 2000 HAMILTON STREET, SUITE 205 PHILADELPHIA, PA 19130 | | PC | MONTCO MAMAS: HOPE FOR ALL, LIFE FOR ALL | 60,000. |
| MISSION FIRST HOUSING 2042-48 ARCH STREET, 2ND FLOOR PHILADELPHIA, PA 19103 | | PC | OPERATING SUPPORT | 500. |
| MONTCO ANTI-HUNGER NETWORK 606 E MAIN STREET LANSDALE, PA 19446 | | PC | SEE STATEMENT | 83,000. |
| MONTGOMERY COUNTY OIC 1101 ARCH STREET NORRISTOWN, PA 19401 | | PC | PRE-DEVELOPMENT ACTIVITIES, SULLIVAN HOUSE | 10,000. |
| NEIGHBORS HELPING NEIGHBORS ON THE MAIN LINE 50 RITTENHOUSE PLACE ARDMORE, PA 19003 | | PC | INNOVATIVE INCLUSION | 15,000. |
| PA YOUTH VOTE 1207 CHESTNUT STREET, SUITE 700 PHILADELPHIA, PA 19107 | | PC | PA YOUTH VOTE (PYV) | 15,000. |
| PENNSYLVANIA HEALTH ACCESS NETWORK (PHAN) 1501 CHERRY STREET PHILADELPHIA, PA 19102 | | PC | CREATION OF AN ADVOCACY COALITION AND PUBLIC EDUCATION CAMPAIGN | 150,000. |
| PHILIP JAISOHN MEMORIAL FOUNDATION 6705 OLD YORK ROAD PHILADELPHIA, PA 19126-2841 | | PC | SEE STATEMENT | 30,500. |
| REALITY SPEAKING INC. PO BOX 781 NORRISTOWN, PA 19404 | | PC | THE CRIMINAL JUSTICE ADVOCACY PROJECT | 15,000. |
| RESOURCES FOR HUMAN DEVELOPMENT 4700 WISSAHICKON AVENUE PHILADELPHIA, PA 19144 | | PC | PRE-DEVELOPMENT ACTIVITIES, RELOCATION OF THE SINGLE ADULT HOMELESS SHELTER | 10,000. |
| Total from continuation sheets | | | | |

HEALTHSPARK FOUNDATION

23-1352175

Part XIV 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 |
|---|---|--------------------------------|---|---------|
| SEACHANGE CAPITAL 1385 BROADWAY, 23RD FLOOR NEW YORK, NY 10018 | | PC | GREATER PHILADELPHIA NONPROFIT REPOSITIONING FUND | 25,000. |
| TRI COUNTY COMMUNITY NETWORK, COLLABORATIVE, TCN 724 N ADAMS STREET, SUITE 203 POTTSTOWN, PA 19464 | | PC | STRATEGIC PLANNING PROCESS | 30,000. |
| TRICOUNTY COMMUNITY NETWORK 724 N ADAMS STREET, SUITE 203 POTTSTOWN, PA 19464 | | PC | POTTSTOWN COMMUNITY ACTION POWER BUILDING & ENGAGEMENT; POTTSTOWN FIRE VICTIMS FUND (TCN) | 21,100. |
| YOUR WAY HOME (MONTGOMERY COUNTY FOUNDATION) 340 DEKALB PIKE BLUE BELL, PA 19422 | | PC | OPERATING SUPPORT | 1,500. |
| YOUR WAY HOME (TRICOUNTY COMMUNITY NETWORK) 724 N ADAMS STREET, SUITE 203 POTTSTOWN, PA 19464 | | PC | SEE STATEMENT | 25,000. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

Part XIV Supplementary Information

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

NAME OF RECIPIENT - IMAGINE DIFFERENT C/O THE PEAL CENTER

IMAGINE DIFFERENTACHIEVE DIFFERENT: SHARING/CARING PARTNER FAMILIES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES IN MONTGOMERY COUNTY - PLANNING

NAME OF RECIPIENT - MONTCO ANTI-HUNGER NETWORK

BBB: THE EMERGENCY FOOD SYSTEM; EXECUTIVE RECRUITMENT, RELOCATION, AND BUSINESS/STRATEGIC PLANNING; OPERATING SUPPORT

NAME OF RECIPIENT - PHILIP JAISOHN MEMORIAL FOUNDATION

CONTINUED COMMUNITY BUILDING NETWORK FOR ASIAN AMERICAN COALITION AND DEVELOPING HUMAN SERVICE CAPABILITY AS IT RELATES TO SAFETY NET; OPERATING SUPPORT

NAME OF RECIPIENT - YOUR WAY HOME (TRICOUNTY COMMUNITY NETWORK)

FORGE A MORE INCLUSIVE, JUST AND EQUITY HOUSING/HOMELESS SYSTEM IN MONTGOMERY COUNTY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

HEALTHSPARK FOUNDATION

Employer identification number

23-1352175

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| 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 WEST FOURTH ST, D4000-0062 WINSTON-SALEM, NC 27101 | \$ 9,200. | 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 |
|---|---|

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

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

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

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

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

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

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

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

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

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

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

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

2021

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

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 | 63,817. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| 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 | 2b | |
| 2c | Credit for federal tax paid on fuels (see instructions) | 2c | |
| 2d | 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 | 63,817. |
| 4 | Enter the tax shown on the corporation's 2020 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 | 48,011. |
| 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 | 48,011. |

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

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

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) | |
|---|-----|----------|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 11/15/21 | 12/15/21 | 03/15/22 | 06/15/22 |
| 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 | 745. | 2,724. | | 60,349. |
| 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 | 11,551. | | | 80,000. |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 10,806. | 8,082. | 8,082. |
| 13 Add lines 11 and 12 | 13 | | 10,806. | 8,082. | 88,082. |
| 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 | 11,551. | 10,806. | 8,082. | 88,082. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 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 | 10,806. | 8,082. | 8,082. | |

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 (2021)

FORM 990-PF

Form 2220 (2021)

HEALTHSPARK FOUNDATION

23-1352175

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|--------------|-----|-----|-----------|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2021 and before 7/1/2021 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$... | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2021 and before 10/1/2021 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$... | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2021 and before 1/1/2022 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$... | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2021 and before 4/1/2022 | 27 | | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$... | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 | 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 6/30/2022 and before 10/1/2022 | 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 9/30/2022 and before 1/1/2023 | 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 12/31/2022 and before 3/16/2023 | 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.

| | | (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 2018 | 1a | | | | |
| b Tax year beginning in 2019 | 1b | | | | |
| c Tax year beginning in 2020 | 1c | | | | |
| 2 Enter taxable income for each period for the tax year beginning in 2021. 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 2018 | 3a | | | | |
| b Tax year beginning in 2019 | 3b | | | | |
| c Tax year beginning in 2020 | 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 (trusts only) 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 | | | | |

HEALTHSPARK FOUNDATION

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Form 2220 (2021)

FORM 990-PF

Page 4

Part II **Annualized Income Installment Method**

| | | (a) | (b) | (c) | (d) | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|------------|
| | | First <u>2</u> months | First <u>3</u> months | First <u>6</u> months | First <u>9</u> months | |
| 20 | Annualization periods (see instructions) | 20 | | | | |
| 21 | Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items | 21 | 35,722. | 124,763. | 134,479. | 3,691,880. |
| 22 | Annualization amounts (see instructions) | 22 | 6.000000 | 4.000000 | 2.000000 | 1.333330 |
| 23a | Annualized taxable income. Multiply line 21 by line 22 .. | 23a | 214,332. | 499,052. | 268,958. | 4,922,494. |
| b | Extraordinary items (see instructions) | 23b | | | | |
| c | Add lines 23a and 23b | 23c | 214,332. | 499,052. | 268,958. | 4,922,494. |
| 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 | 24 | 2,979. | 6,937. | 3,739. | 68,423. |
| 25 | Enter any alternative minimum tax (trusts only) for each payment period (see instructions) | 25 | | | | |
| 26 | Enter any other taxes for each payment period. See instr. | 26 | | | | |
| 27 | Total tax. Add lines 24 through 26 | 27 | 2,979. | 6,937. | 3,739. | 68,423. |
| 28 | For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions | 28 | | | | |
| 29 | Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 2,979. | 6,937. | 3,739. | 68,423. |
| 30 | Applicable percentage | 30 | 25% | 50% | 75% | 100% |
| 31 | Multiply line 29 by line 30 | 31 | 745. | 3,469. | 2,804. | 68,423. |

Part III **Required Installments**

| | | 1st | 2nd | 3rd | 4th | |
|--|--|-------------|-------------|-------------|-------------|---------|
| | | installment | installment | installment | installment | |
| Note: Complete lines 32 through 38 of one column before completing the next column. | | | | | | |
| 32 | If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31 | 32 | 745. | 3,469. | 2,804. | 68,423. |
| 33 | Add the amounts in all preceding columns of line 38. See instructions | 33 | | 745. | 3,469. | 3,469. |
| 34 | Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- .. | 34 | 745. | 2,724. | 0. | 64,954. |
| 35 | Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter | 35 | 12,003. | 19,906. | 15,954. | 15,955. |
| 36 | Subtract line 38 of the preceding column from line 37 of the preceding column | 36 | | 11,258. | 28,440. | 44,394. |
| 37 | Add lines 35 and 36 | 37 | 12,003. | 31,164. | 44,394. | 60,349. |
| 38 | Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions | 38 | 745. | 2,724. | 0. | 60,349. |

Form 2220 (2021)

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

HEALTHSPARK FOUNDATION23-1352175

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

| (A) DESCRIPTION OF PROPERTY | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE OF SALE | (E) DEPREC. | (F) GAIN OR LOSS |
|--------------------------------|-----------------------------|-------------------------------|---------------------------|----------------|---------------------|
| PUBLICLY TRADED SECURITIES | 26,630,546. | 24,116,963. | 0. | 0. | 2,513,583. |

CAPITAL GAINS DIVIDENDS FROM PART IV

0.

TOTAL TO FORM 990-PF, PART I, LINE 6A

2,513,583.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 2

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| SAVINGS ACCOUNT | 157. | 157. | 157. |
| TOTAL TO PART I, LINE 3 | 157. | 157. | 157. |

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 3

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| LP 04-3393595 | 0. | 0. | 0. | 68,544. | 0. |
| LP 04-6809840 | 0. | 0. | 0. | 32,169. | 0. |
| LP 04-6832069 | 0. | 0. | 0. | 81,998. | 0. |
| LP 04-6903137 | 0. | 0. | 0. | 23,930. | 0. |
| LP 04-6928341 | 0. | 0. | 0. | 107,403. | 0. |
| LP 26-3416056 | 0. | 0. | 0. | 56,201. | 0. |
| LP 45-6268981 | 0. | 0. | 0. | 66,678. | 0. |
| LP 47-5599419 | 0. | 0. | 0. | 16,594. | 0. |
| LP 75-6661332 | 0. | 0. | 0. | 31,489. | 0. |
| LP 81-2947111 | 0. | 0. | 0. | 60,553. | 0. |
| LP 85-2758350 | 0. | 0. | 0. | 42,274. | 0. |
| LP 85-3749025 | 0. | 0. | 0. | 3,197. | 0. |
| SECURITIES | 266,184. | 0. | 266,184. | 266,184. | 266,184. |
| TO PART I, LINE 4 | 266,184. | 0. | 266,184. | 857,214. | 266,184. |

FORM 990-PF

OTHER INCOME

STATEMENT 4

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| LP 85-2758350 | 0. | 4,750. | 0. |
| LP 26-3416056 | 0. | 14,751. | 0. |
| LP 81-2947111 | 0. | -1,240. | 0. |
| LP 04-6832069 | 0. | 437. | 0. |
| LP 75-6661332 | 0. | 992. | 0. |
| LP 04-6809840 | 0. | 2,087. | 0. |
| LP 04-3393595 | 0. | 19,307. | 0. |
| LP 45-6268981 | 0. | -557. | 0. |
| LP 04-6903137 | 0. | 1,725. | 0. |
| LP 47-5599419 | 0. | 445. | 0. |
| LP 85-3749025 | 0. | -28. | 0. |
| LESS, LP 04-6832069 UBI | 0. | -11. | 0. |
| RENTAL INCOME | 361,585. | 361,585. | 361,585. |
| EXCISE TAX CREDIT | 46,073. | 0. | 0. |
| OTHER INCOME | 350. | 0. | 0. |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 408,008. | 404,243. | 361,585. |

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PFLEGAL FEESSTATEMENT 5

| <u>DESCRIPTION</u> | <u>(A) EXPENSES PER BOOKS</u> | <u>(B) NET INVEST- MENT INCOME</u> | <u>(C) ADJUSTED NET INCOME</u> | <u>(D) CHARITABLE PURPOSES</u> |
|----------------------------|---------------------------------------|--|--|--|
| LEGAL EXPENSES | 81,879. | 0. | 0. | 84,045. |
| TO FM 990-PF, PG 1, LN 16A | 81,879. | 0. | 0. | 84,045. |

FORM 990-PFACCOUNTING FEESSTATEMENT 6

| <u>DESCRIPTION</u> | <u>(A) EXPENSES PER BOOKS</u> | <u>(B) NET INVEST- MENT INCOME</u> | <u>(C) ADJUSTED NET INCOME</u> | <u>(D) CHARITABLE PURPOSES</u> |
|------------------------------|---------------------------------------|--|--|--|
| ACCOUNTING/AUDIT EXPENSE | 32,208. | 0. | 0. | 33,683. |
| TO FORM 990-PF, PG 1, LN 16B | 32,208. | 0. | 0. | 33,683. |

FORM 990-PFOTHER PROFESSIONAL FEESSTATEMENT 7

| <u>DESCRIPTION</u> | <u>(A) EXPENSES PER BOOKS</u> | <u>(B) NET INVEST- MENT INCOME</u> | <u>(C) ADJUSTED NET INCOME</u> | <u>(D) CHARITABLE PURPOSES</u> |
|--|---------------------------------------|--|--|--|
| PROGRAMMATIC/BOARD/OTHER CONSULTING | 226,635. | 22,500. | 0. | 211,510. |
| INVESTMENT FEES | 119,066. | 119,066. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 345,701. | 141,566. | 0. | 211,510. |

FORM 990-PFTAXESSTATEMENT 8

| <u>DESCRIPTION</u> | <u>(A) EXPENSES PER BOOKS</u> | <u>(B) NET INVEST- MENT INCOME</u> | <u>(C) ADJUSTED NET INCOME</u> | <u>(D) CHARITABLE PURPOSES</u> |
|----------------------------------|---------------------------------------|--|--|--|
| FOREIGN TAXES PAID OR ACCRUED | 0. | 35,202. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 0. | 35,202. | 0. | 0. |

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PFOTHER EXPENSESSTATEMENT 9

| <u>DESCRIPTION</u> | <u>(A) EXPENSES PER BOOKS</u> | <u>(B) NET INVEST- MENT INCOME</u> | <u>(C) ADJUSTED NET INCOME</u> | <u>(D) CHARITABLE PURPOSES</u> |
|---|---------------------------------------|--|--|--|
| OFFICE SUPPLIES & COMPUTER MAINTENANCE | 13,870. | 0. | 0. | 1,220. |
| TELEPHONE & COMMUNICATIONS | 31,072. | 0. | 0. | 30,453. |
| INSURANCE | 22,213. | 0. | 0. | 22,213. |
| DUES & SUBSCRIPTIONS | 16,893. | 0. | 0. | 16,893. |
| MISCELLANEOUS | 583. | 0. | 0. | 583. |
| PARTNERSHIP EXPENSES | 0. | 65,965. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 84,631. | 65,965. | 0. | 71,362. |

FORM 990-PFOTHER INCREASES IN NET ASSETS OR FUND BALANCESSTATEMENT 10DESCRIPTIONAMOUNT

CHANGE IN VALUE OF INTEREST RATE SWAP

178,833.

TOTAL TO FORM 990-PF, PART III, LINE 3

178,833.

FORM 990-PFOTHER DECREASES IN NET ASSETS OR FUND BALANCESSTATEMENT 11DESCRIPTIONAMOUNT

UNREALIZED GAIN ON SECURITIES

7,207,642.

CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST

105,951.

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST

44,102.

TOTAL TO FORM 990-PF, PART III, LINE 5

7,357,695.

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

| <u>DESCRIPTION</u> | <u>COST OR OTHER BASIS</u> | <u>ACCUMULATED DEPRECIATION</u> | <u>BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|--------------------------------------|--------------------------------|-------------------------------------|-------------------|------------------------------|
| LAND | 1,906,479. | 0. | 1,906,479. | 1,906,479. |
| LAND IMPROVEMENTS | 712,599. | 575,884. | 136,715. | 136,715. |
| BUILDING | 4,559,162. | 1,668,603. | 2,890,559. | 2,890,559. |
| LEASEHOLD IMPROVEMENTS | 919,181. | 919,181. | 0. | |
| FURNITURE, FIXTURES AND EQUIPMENT | 496,978. | 380,308. | 116,670. | 116,670. |
| TO 990-PF, PART II, LN 14 | 8,594,399. | 3,543,976. | 5,050,423. | 5,050,423. |

FORM 990-PF CORPORATE STOCK STATEMENT 13

| <u>DESCRIPTION</u> | <u>BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|--|-------------------|------------------------------|
| KOPERNIK GLOBAL ALL-CAP FUND, LTD, 97,646.177 SH | 1,168,825. | 1,168,825. |
| VANGUARD BALANCED INDEX FUND, 319,346.000 SH | 319,346. | 319,346. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 1,488,171. | 1,488,171. |

FORM 990-PF CORPORATE BONDS STATEMENT 14

| <u>DESCRIPTION</u> | <u>BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|--|-------------------|------------------------------|
| AMERICAN CENTURY HIGH INCOME FUND, 41,969.079 SH | 336,592. | 336,592. |
| PAYDEN EMERGING MARKET BOND INS, 34,118.501 SH | 335,385. | 335,385. |
| PI FLOATING RATE INCOME I, 40,643.261 SH | 369,854. | 369,854. |
| VANGUARD SHORT TERM INFLATION, 39,000.375 SH | 980,169. | 980,169. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 2,022,000. | 2,022,000. |

HEALTHSPARK FOUNDATION23-1352175

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 15

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|---|---------------------|-------------|----------------------|
| AB GLOBAL CORE EQUITY DEBT, 69,885.163 SH | FMV | 1,855,353. | 1,855,353. |
| BHDG SYSTEMATIC TRADING FUND, 5,686.069 SH | FMV | 913,898. | 913,898. |
| FIRST EAGLE GLOBAL VALUE FUND, 1,007.293 SH | FMV | 2,875,883. | 2,875,883. |
| FIRST EAGLE INSTITUTIONAL GOLD FUND LP, 1,000.550 SH | FMV | 950,929. | 950,929. |
| KKR DIVERSIFIED CORE INFRA A SR, 599,713 SH | FMV | 599,713. | 599,713. |
| KOHINOOR SERIES (CAYMAN) FUND, 872.905 SH | FMV | 880,334. | 880,334. |
| NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN | FMV | 442,677. | 442,677. |
| SCULPTOR CREDIT OPP OVERSEAS FUND LP, 700,000.000 SH | FMV | 896,232. | 896,232. |
| SSGA LARGE MID-CAP NATIONAL RESOURCE, 80,402.516 SH | FMV | 986,378. | 986,378. |
| SSGA MSCI EAFE NI, 186,554.542 SH | FMV | 3,937,047. | 3,937,047. |
| SSGA MSCI EMG MKTS INDEX, 70,717.471 SH | FMV | 2,042,320. | 2,042,320. |
| SSGA REIT INDEX COMMON TRUST, 25,750.722 SH | FMV | 1,323,407. | 1,323,407. |
| SSGA RUSSELL 1000 VALUE INDEX, 34,131.893 SH | FMV | 1,995,965. | 1,995,965. |
| SSGA RUSSELL 3000 INDEX, 222,577.203 SH | FMV | 7,713,413. | 7,713,413. |
| SSGA US AGGREGATE BOND INDEX, 132,353.337 SH | FMV | 2,158,021. | 2,158,021. |
| WCM GLOBAL GROWTH FUND, 860,400.000 SH | FMV | 2,240,222. | 2,240,222. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 31,811,792. | 31,811,792. |

HEALTHSPARK FOUNDATION23-1352175FORM 990-PFOTHER ASSETSSTATEMENT 16

| <u>DESCRIPTION</u> | <u>BEGINNING OF YR BOOK VALUE</u> | <u>END OF YEAR BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|---|---------------------------------------|-----------------------------------|------------------------------|
| BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 1,111,365. | 1,005,414. | 1,005,414. |
| BENEFICIAL INTEREST IN REMAINDER TRUSTS | 238,515. | 194,413. | 194,413. |
| TOTAL TO FORM 990-PF, PART II, LINE 15 | 1,349,880. | 1,199,827. | 1,199,827. |

FORM 990-PFOTHER LIABILITIESSTATEMENT 17

| <u>DESCRIPTION</u> | <u>BOY AMOUNT</u> | <u>EOY AMOUNT</u> |
|--|-------------------|-------------------|
| LIABILITIES IN RELATION TO NORTH PENN HOSPITAL | 502,756. | 442,677. |
| INTEREST RATE SWAP | 244,897. | 66,064. |
| TENANT SECURITY DEPOSITS | 13,530. | 13,530. |
| DEFERRED TAX LIABILITY | 132,689. | 32,529. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 893,872. | 554,800. |

HEALTHSPARK FOUNDATION23-1352175

FORM 990-PF

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

STATEMENT 18

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVRG HRS/WK</u> | <u>COMPEN- SATION</u> | <u>EMPLOYEE BEN PLAN CONTRIB</u> | <u>EXPENSE ACCOUNT</u> |
|--|----------------------------------|---------------------------|--------------------------------------|----------------------------|
| RUSSELL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | PRESIDENT/CEO/MANAGER 37.50 | 210,000. | 33,145. | 6,000. |
| JOEL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | CHAIRPERSON/DIRECTOR 2.00 | 0. | 0. | 0. |
| NATASHA PATTERSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | VICE CHAIR/DIRECTOR 1.00 | 0. | 0. | 0. |
| NATHANIEL WILLIAMS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | SECRETARY/DIRECTOR 2.00 | 0. | 0. | 0. |
| RAYMAN SOLOMON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | TREASURER/DIRECTOR 1.00 | 0. | 0. | 0. |
| KAREEM AFZAL 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| AMY GIANFICARO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| WARREN HILTON 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. |

HEALTHSPARK FOUNDATION23-1352175

| | | | | |
|--|-----------------------------|-----------------|----------------|---------------|
| JOYCE MILLER 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. |
| ANN ST. CLAIR 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | DIRECTOR 1.00 | 0. | 0. | 0. |
| KEN AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | MANAGER 1.00 | 0. | 0. | 0. |
| CHRISTINE HUNSBERGER 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | MANAGER 1.00 | 0. | 0. | 0. |
| MARIA MACALUSO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | MANAGER 1.00 | 0. | 0. | 0. |
| ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915 | MANAGER TO MAR 2022 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII | | <u>210,000.</u> | <u>33,145.</u> | <u>6,000.</u> |

HEALTHSPARK FOUNDATION23-1352175

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY ONE

COMMUNITY PARTNERS CENTER:

THROUGH THE SUBSIDIARY 2506 LLC, THE FOUNDATION OPERATES AND IS LOCATED IN A NONPROFIT CENTER, COMMUNITY PARTNERS CENTER (WWW.COMMUNITYPARTNERSCENTER.ORG). A BOARD OF MANAGERS GOVERNS 2506 LLC, APPOINTED BY THE FOUNDATION, COMPRISED OF 5 INDIVIDUALS (3 TENANT REPRESENTATIVES). 2506 LLC OWNS AN ADJACENT RESIDENTIAL UNIT, MASTER LEASED TO A NONPROFIT TO SUBLET IN ACCORDANCE WITH A MORTGAGE AGREEMENT BETWEEN 2506 LLC AND THE MONTGOMERY COUNTY DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS. NONPROFITS RECOGNIZE THIS VALUE. UNFORTUNATELY, USE WAS MINIMAL IN FYE JUNE 30, 2022, DUE TO COVID-19.

EXPENSES

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

454,523.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 20

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 VIII-A, LINE 2

140,237.

HEALTHSPARK FOUNDATION

23-1352175

FORM 990-PF

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

STATEMENT 21

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EMMA HERTZ
2506 N BROAD STREET, SUITE 206
COLMAR, PA 18915

TELEPHONE NUMBER

NAME 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.

HEALTHSPARK FOUNDATION

23-1352175

GENERAL EXPLANATION

STATEMENT 22

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.

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

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

EMMA HERTZ, PRESIDENT, CEO

• The books are in the care of ▶ **2506 N BROAD STREET, SUITE 206 - COLMAR, PA 18915**

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

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

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

| | | | |
|---|-----------|----|----------------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 63,354. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 91,551. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

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

Form **8868** (Rev. 1-2022)