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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

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

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Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

Name of foundation HEALTHSPARK FOUNDATION		A Employer identification number 23-1352175
Number and street (or P.O. box number if mail is not delivered to street address) 2506 N. BROAD ST.	Room/suite 206	B Telephone number 215-716-5400
City or town, state or province, country, and ZIP or foreign postal code COLMAR, PA 18915		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II col (c), line 16) \$ 42,404,606.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I 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)
1 Contributions, gifts, grants, etc., received		12,523.			
2 Check <input type="checkbox"/> if the foundation is not required to attach B					
3 Interest on savings and temporary cash investments		1,714.	1,714.		STATEMENT 1
4 Dividends and interest from securities		1,719,172.	1,719,172.		STATEMENT 2
5a Gross rents					
b Net rental income (or loss)					
6a Net gain (or loss) from sale of assets not on line 10		-4,378.			STATEMENT 3
b Gross sales price for all assets on line 6a	141,912.				
7 Capital gain net income (from Part IV, line 2)			0.		
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 (loss)					
11 Other income		254,251.	254,251.	254,251.	STATEMENT 4
12 Total. Add lines 1 through 11		1,983,282.	1,975,137.	254,251.	
13 Compensation of officers, directors, trustees, etc.		184,339.	0.	0.	184,367.
14 Other employee salaries and wages		211,021.	0.	0.	210,209.
15 Pension plans, employee benefits		92,738.	0.	0.	92,742.
16a Legal fees	STMT 5	106,785.	0.	0.	116,092.
b Accounting fees	STMT 6	29,803.	0.	0.	34,947.
c Other professional fees	STMT 7	239,727.	10,000.	0.	228,963.
17 Interest		134,724.	105,650.	105,650.	28,872.
18 Taxes	STMT 8	-75,384.	0.	0.	0.
19 Depreciation and depletion		196,911.	131,023.	131,023.	
20 Occupancy		96,039.	17,578.	17,578.	77,974.
21 Travel, conferences, and meetings		51,529.	0.	0.	49,827.
22 Printing and publications					
23 Other expenses	STMT 9	96,629.	0.	0.	96,201.
24 Total operating and administrative expenses. Add lines 13 through 23		1,364,861.	264,251.	254,251.	1,120,194.
25 Contributions, gifts, grants paid		780,110.			743,360.
26 Total expenses and disbursements. Add lines 24 and 25		2,144,971.	264,251.	254,251.	1,863,554.
27 Subtract line 26 from line 12		-161,689.			
a Excess of revenue over expenses and disbursements			1,710,886.	0.	
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

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11-24-15

LHA For Paperwork Reduction Act Notice, see instructions

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	37,853.	10,152.	10,152.
	2 Savings and temporary cash investments	592,585.	521,531.	521,531.
	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	34,385.	33,232.	33,232.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Liabilities	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 13	37,982,403.	34,982,840.	34,982,840.
	14 Land, buildings, and equipment basis ▶ 8,464,131.			
	Less: accumulated depreciation STMT 14 ▶ 2,521,420.	6,022,777.	5,942,711.	5,942,711.
	15 Other assets (describe ▶ STATEMENT 15)	913,886.	914,140.	914,140.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	45,583,889.	42,404,606.	42,404,606.
	17 Accounts payable and accrued expenses	58,250.	55,110.	
	18 Grants payable	101,000.	137,750.	
	19 Deferred revenue		3,744.	
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	3,731,615.	3,632,044.	
	22 Other liabilities (describe ▶ STATEMENT 16)	1,203,857.	1,203,716.	
	23 Total liabilities (add lines 17 through 22)	5,094,722.	5,032,364.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	39,374,434.	36,250,086.	
	25 Temporarily restricted	637,226.	663,265.	
	26 Permanently restricted	477,507.	458,891.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	40,489,167.	37,372,242.	
	31 Total liabilities and net assets/fund balances	45,583,889.	42,404,606.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	40,489,167.
2 Enter amount from Part I, line 27a	2	-161,689.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 11	3	26,039.
4 Add lines 1, 2, and 3	4	40,353,517.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 12	5	2,981,275.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	37,372,242.

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			P	VARIOUS	VARIOUS
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 141,912.		145,044.	-3,132.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(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			-3,132.		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	-3,132.	
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 does not 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))
2014	1,574,328.	38,691,582.	.040689
2013	1,580,839.	39,139,131.	.040390
2012	1,463,854.	35,959,467.	.040708
2011	2,476,351.	34,398,562.	.071990
2010	1,845,390.	37,112,424.	.049724

2 Total of line 1, column (d)	2	.243501
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.048700
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	36,323,929.
5 Multiply line 4 by line 3	5	1,768,975.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	17,109.
7 Add lines 5 and 6	7	1,786,084.
8 Enter qualifying distributions from Part XII, line 4 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.	8	1,974,475.

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)		1	17,109.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	17,109.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	17,109.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 48,880.	7	48,880.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c	9	
d Backup withholding erroneously withheld	6d	10	31,771.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input checked="" type="checkbox"/> 31,771. Refunded <input type="checkbox"/>			

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
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by 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 2015 or the taxable year beginning in 2015 (see 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

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
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? Website address ► <u>WWW.HEALTHSPARK.ORG</u>	X	
14 The books are in care of ► <u>RUSSELL JOHNSON, 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		
16 At any time during calendar year 2015, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	N/A	X

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.

	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)? Organizations relying on a current notice regarding disaster assistance check here		X
c 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 2015?		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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.)	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2015 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2015?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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

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

If "Yes" to 6b, file Form 8870

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, 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		184,339.	8,441.	4,800.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JENNIFER PEDRONI - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	VP ADMINISTRATION	92,769.	5,271.	0.
TAMELA LUCE - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	PROGRAM OFFICER	79,769.	4,526.	0.

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

0

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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
SCHULTZ & WILLIAMS - 1617 JFK BOULEVARD, SUITE 1700, PHILADELPHIA, PA 19103	DEVELOPMENT	91,127.

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	191,191.
2 SEE STATEMENT 19	97,930.
3 SEE STATEMENT 20	74,616.
4 SEE STATEMENT 21	26,462.

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.

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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	35,137,568.
b	Average of monthly cash balances	1b	881,536.
c	Fair market value of all other assets	1c	857,981.
d	Total (add lines 1a, b, and c)	1d	36,877,085.
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	36,877,085.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	553,156.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,323,929.
6	Minimum investment return. Enter 5% of line 5	6	1,816,196.

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	1,816,196.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	17,109.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	17,109.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,799,087.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,799,087.
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	1,799,087.

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	1,863,554.
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	110,921.
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	1,974,475.
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	17,109.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,957,366.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,799,087.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			213,655.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 1,974,475.				
a Applied to 2014, but not more than line 2a			213,655.	
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 2015 distributable amount				1,760,820.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				38,267.
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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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 2015, enter the date of the ruling

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

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				
ADVANCED LIVING MANAGEMENT AND DEVELOPMENT, INC. 1292 ALLENTOWN ROAD LANSDALE, PA 19446		PC	IN SUPPORT OF NORTH PENN COMMONS	56,394.
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141		PC	IN SUPPORT OF THE TRANSITIONS OF CARE PROGRAM TO IMPROVE THE DUAL ELIGIBLE ELDERLY PATIENT EXPERIENCE AND	21,000.
CATHOLIC SOCIAL SERVICES 353 E. JOHNSON HIGHWAY NORRISTOWN, PA 19401-2020		PC	TO EXPLORE THE DEVELOPMENT OF A STRATEGIC PLAN FOR A COOPERATIVE PANTRY MODEL.	10,000.
CHELTEN BAPTIST CHURCH CHELTEN- A CHURCH OF HOPE, 1601 N. LIMEKILN PIKE DRESHER, PA 19025		PC	IN SUPPORT OF PANTRY IMPROVEMENTS.	10,000.
COMMUNITY INTERFAITH OF CENTRAL MONTGOMERY COUNTY 506 HAWS AVE. NORRISTOWN, PA 19401		PC	PHYSICAL IMPROVEMENTS TO PANTRY TO ENHANCE CHOICE PANTRY.	6,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	743,360.
b Approved for future payment				
ADVANCED LIVING MANAGEMENT AND DEVELOPMENT, INC. 1292 ALLENTOWN ROAD, LANSDALE, PA 19446		PC	IN SUPPORT OF NORTH PENN COMMONS	218,607.
ELDERNET OF LOWER MERION & NARBERTH 9 S. BRYN MAWR AVE. BRYN MAWR, PA 19010		PC	IN SUPPORT OF A PILOT PROJECT TO PROVIDE FACILE CARE TRANSITIONS FROM THE HOSPITAL, NURSING	35,000.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY	10,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3b	356,357.

Form 990-PF (2015)

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11-24-15

* * SEE PURPOSE OF GRANT CONTINUATIONS

HEALTHSPARK FOUNDATION

23-1352175

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
ELDERNET OF LOWER MERION AND NARBERTH 9 S. BRYN MAWR AVE. BRYN MAWR, PA 19010		PC	IN SUPPORT OF A PILOT PROJECT TO PROVIDE FACILE CARE TRANSITIONS FROM THE HOSPITAL, NURSING	35,000.
EMMANUEL EVANGELICAL CONGREGATIONAL CHURCH 100 S. MAIN ST. HATFIELD, PA 19440		PC	TO IMPROVE PHYSICAL ACCESS TO FOOD PANTRY THROUGH WIDENING DOORWAY TO ALLOW HANDICAPPED ACCESS TO	8,000.
FAMILY SERVICES OF MONTGOMERY COUNTY PA 3125 RIDGE PIKE EAGLEVILLE, PA 19403		PC	MATCHING	413.
FORNANCE PHYSICIAN SERVICES 100 MARKET STREET, SUITE 300 COLLEGEVILLE, PA 19426		PC	TO SUPPORT THE START UP AND IMPLEMENTATION COSTS FOR THE MINDKARE KIOSK THAT AIMS TO REDUCE STIGMA BY	3,000.
JENKINTOWN UNITED METHODIST CHURCH 328 SUMMIT AVE. JENKINTOWN, PA 19046		PC	IN SUPPORT OF STRATEGIC PLANNING FOR THE FOOD PANTRY: LOAVES AND FISHES	10,000.
KEYSTONE OPPORTUNITY CENTER, INC. P.O. BOX 64183 SOUDERTON, PA 18964		PC	IN SUPPORT OF TRAINING FOR THEIR YOUR WAY HOME CASE MANAGERS.	1,000.
KEYSTONE OPPORTUNITY CENTER, INC. P.O. BOX 64183 SOUDERTON, PA 18964		PC	TO SUPPORT RENOVATIONS AND IMPROVEMENTS TO THE FOOD PANTRY TO COMPLETE THE TRANSFORMATION TO A	6,500.
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454		PC	BEREAVEMENT	100.
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454		PC	MATCHING	1,800.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY	27,500.
Total from continuation sheets				639,966.

HEALTHSPARK FOUNDATION

23-1352175

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
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	TO SUPPORT START UP AND IMPLEMENTATION COSTS FOR THE MINDKARE KIOSK THAT AIMS TO REDUCE STIGMA BY	4,700.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY	40,000.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	HONORARIUM	500.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	MATCHING	300.
MANNA ON MAIN STREET 606-608 EAST MAIN ST., SUITE B LANSDALE, PA 19446		PC	TO SUPPORT RESEARCH ON BEST PRACTICES IN FOOD PANTRY TECHNOLOGY SOLUTIONS FOR BOTH CLIENT TRACKING AND	6,400.
MONTGOMERY COUNTY COMMUNITY ACTION DEVELOPMENT COMMISSION 113 E. MAIN ST. NORRISTOWN, PA 19401		PC	IN SUPPORT OF AN ORGANIZATIONAL ASSESSMENT.	12,000.
MONTGOMERY COUNTY COMMUNITY COLLEGE FOUNDATION 340 DEKALB PIKE BLUE BELL, PA 19422		PC	TO SUPPORT THE START UP AND IMPLEMENTATION COSTS FOR THE MINDKARE KIOSK THAT AIMS TO REDUCE STIGMA BY	5,000.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY EAST, SUITE 302 BLUE BELL, PA 19422		PC	IN SUPPORT OF YOUR WAY HOME CAPACITY BUILDING	3,000.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY EAST, SUITE 302 BLUE BELL, PA 19422		PC	IN SUPPORT OF SCHOLARSHIPS FOR YOUR WAY HOME CORE SERVICE PROVIDERS TO ATTEND THE 2016 NATIONAL	15,000.
NONPROFIT CENTER NETWORK C/O THIRD SECTOR NEW ENGLAND 1536 WYNKOOP ST. SUITE 103 DENVER, CO 80202		PC	IN SUPPORT OF A ONE DAY CONFERENCE TO PROVIDE A FORUM TO EXPLORE THE BARRIERS AND CHALLENGES TO	5,000.
Total from continuation sheets				

HEALTHSPARK FOUNDATION

23-1352175

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
NORRISTOWN MINISTRIES INC. 530 CHURCH STREET, 1ST FLOOR NORRISTOWN, PA 19401		PC	IN SUPPORT OF STRATEGIC PLANNING.	10,000.
PENN FOUNDATION, INC. 807 LAWN AVENUE, P.O. BOX 23 SELLERSVILLE, PA 18960		PC	A TWO YEAR GRANT FOR A PILOT PROJECT IN PARTNERSHIP WITH GRAND VIEW HOSPITAL TO DELIVER A CARE	50,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK,	32,500.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK,	50,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	TO SUPPORT SIGNIFICANT TECHNOLOGY UPGRADES FOR THE FOOD BANK, INCLUDING A PILOT PROJECT IN MONTGOMERY	65,000.
PHILADELPHIA FREEDOM VALLEY YOUNG MENS CHRISTIAN ASSOCIATION 1325 MCKEAN ROAD AMBLER, PA 19002		PC	TO SUPPORT START UP AND IMPLEMENTATION COSTS FOR THE MINDKARE KIOSK THAT AIMS TO REDUCE STIGMA BY	5,000.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN SUPPORT OF STRATEGIC PLANNING.	5,000.
PUBLIC HEALTH MANAGEMENT CORPORATION PO BOX 95000-7125 PHILADELPHIA, PA 19195-7125		PC	IN SUPPORT OF THE COMMUNITY HEALTH DATABASE	4,000.
REGIONAL HOUSING LEGAL SERVICES 2 SOUTH EASTON ROAD GLENSIDE, PA 19038-7615		PC	GENERAL OPERATING SUPPORT FOR THEIR WORK IN AFFORDABLE HOUSING, COMMUNITY AND ECONOMIC DEVELOPMENT IN	15,000.
SCREENING FOR MENTAL HEALTH, INC. ONE WASHINGTON STREET, SUITE 304 WELLESLEY HILLS, MA 02481		PC	IN PARTNERSHIP WITH THE THOMAS SCATTERGOOD BEHAVIORAL HEALTH FOUNDATION, SCREENING FOR MENTAL HEALTH WILL	44,140.
Total from continuation sheets				

HEALTHSPARK FOUNDATION

23-1352175

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHARE FOOD PROGRAM, INC. 2901 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19129		PC	IN SUPPORT OF "THE COMMUNITY TABLE", A REGIONAL EVENT TO RAISE AWARENESS AND ACTION TO REDUCE	2,500.
ST. MARYS EPISCOPAL CHURCH 36 ARDMORE AVENUE ARDMORE, PA 19003		PC	TO TRANSITION TO A CHOICE PANTRY MODEL.	7,500.
ST. MARY'S EPISCOPAL CHURCH 36 ARDMORE AVENUE ARDMORE, PA 19003		PC	HONORARIUM	500.
THE HEALTH CARE IMPROVEMENT FOUNDATION, INC. TEN PENN CENTER, 1801 MARKET STREET, SUITE 710 PHILADELPHIA, PA 19108		PC	TO FACILITATE DISCUSSIONS AND DISCOVERY PROCESSES FOR THE LEADERSHIP OF MONTGOMERY	50,000.
THE OPEN LINK 452 PENN STREET PENNSBURG, PA 18073		PC	TO SUPPORT RENOVATIONS AND IMPROVEMENTS TO THE FOOD PANTRY TO COMPLETE THE TRANSFORMATION TO A	10,000.
THE PHILADELPHIA FOUNDATION 1234 MARKET ST., SUITE 1800 PHILADELPHIA, PA 19107		PC	IN SUPPORT OF THE NONPROFIT REPOSITIONING FUND.	15,000.
THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	TO CONVERT TO A VIRTUAL PANTRY DATABASE SYSTEM ALLOWING IMPROVED SERVICES TO CLIENTS	10,000.
THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	TO SUPPORT IMPROVEMENTS IN HOUSING COUNSELING SERVICES FOR YOUR WAY HOME CLIENTS.	20,000.
VNA-COMMUNITY SERVICES, INC. 1421 HIGHLAND AVENUE ABINGTON, PA 19001		PC	VNA WILL WORK WITH A TEAM OF HUMAN SERVICE LEADERS TO DETERMINE WHAT SYSTEM TRANSFORMATIONS ARE	20,000.
VNA-COMMUNITY SERVICES, INC. 1421 HIGHLAND AVENUE ABINGTON, PA 19001		PC	FOR THE CONTINUED SUPPORT OF THE PERSONAL NAVIGATOR PROGRAM, AN ACCESS AND ENROLLMENT PROGRAM	30,000.
Total from continuation sheets				

23-1352175

3 Grants and Contributions Paid During the Year (Continuation)[illegible]

23-1352175

3 Grants and Contributions Approved for Future Payment (Continuation)

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04-01-15

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization	Employer identification number
HEALTHSPARK FOUNDATION	23-1352175

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY SPIERS TRUST, C/O WELLS FARGO WEALTH MGT ONE WST FOURTH ST, D4000-0062 WINSTON-SALEM, NC 27101	\$ 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	Employer identification number
HEALTHSPARK FOUNDATION	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	Employer identification number
HEALTHSPARK FOUNDATION	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
VARIOUS	1,714.	1,714.	0.
TOTAL TO PART I, LINE 3	1,714.	1,714.	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
VARIOUS	1,719,172.	0.	1,719,172.	1,719,172.	0.
TO PART I, LINE 4	1,719,172.	0.	1,719,172.	1,719,172.	0.

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 3

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED SECURITIES			PURCHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
141,912.	145,044.	0.	0.	-3,132.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
DISPOSAL OF FIXED ASSETS			PURCHASED		
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	-1,246.	

NET GAIN OR LOSS FROM SALE OF ASSETS	-4,378.
CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	-4,378.

FORM 990-PF OTHER INCOME STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RENTAL INCOME	254,251.	254,251.	254,251.
TOTAL TO FORM 990-PF, PART I, LINE 11	254,251.	254,251.	0.

FORM 990-PF	LEGAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	106,785.	0.	0.	116,092.
TO FM 990-PF, PG 1, LN 16A	106,785.	0.	0.	116,092.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDIT EXPENSE	29,803.	0.	0.	34,947.
TO FORM 990-PF, PG 1, LN 16B	29,803.	0.	0.	34,947.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAMMATIC/BOARD/OTHER CONSULTING	239,727.	10,000.	0.	228,963.
TO FORM 990-PF, PG 1, LN 16C	239,727.	10,000.	0.	228,963.

FORM 990-PF	TAXES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX CREDIT	-75,384.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	-75,384.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE SUPPLIES & COMPUTER MAINTENANCE	31,839.	0.	0.	27,639.	
TELEPHONE & CABLE (COMMUNICATIONS)	21,445.	0.	0.	21,368.	
POSTAGE	779.	0.	0.	779.	
INSURANCE	18,214.	0.	0.	18,214.	
DUES & SUBSCRIPTIONS	16,419.	0.	0.	16,419.	
MISCELLANEOUS	7,933.	0.	0.	11,782.	
TO FORM 990-PF, PG 1, LN 23	96,629.	0.	0.	96,201.	

FOOTNOTES

STATEMENT 10

PART VIII - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND

FOUNDATION MANAGERS

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

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	11
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DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	26,039.
TOTAL TO FORM 990-PF, PART III, LINE 3	26,039.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	12
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON SECURITIES	2,849,979.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	18,616.
CHANGE IN VALUE OF INTEREST RATE SWAP	112,680.
TOTAL TO FORM 990-PF, PART III, LINE 5	2,981,275.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	13
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN <i>STMT 24</i>	FMV	514,818.	514,818.
MUTUAL FUNDS <i>STMT 23</i>	FMV	34,468,022.	34,468,022.
ALTERNATIVE INVESTMENTS	FMV	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		34,982,840.	34,982,840.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	14
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,906,478.	0.	1,906,478.
LAND IMPROVEMENTS	698,949.	293,386.	405,563.
BUILDING	4,477,281.	946,728.	3,530,553.
LEASEHOLD IMPROVEMENTS	919,182.	900,842.	18,340.
FURNITURE, FIXUTRES AND EQUIPMENT	462,241.	380,464.	81,777.
TOTAL TO FM 990-PF, PART II, LN 14	8,464,131.	2,521,420.	5,942,711.

FORM 990-PF	OTHER ASSETS	STATEMENT 15
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	213,332.	194,716.	194,716.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	637,226.	663,265.	663,265.
LOAN REFINANCING FEES, NET	63,328.	56,159.	56,159.
TO FORM 990-PF, PART II, LINE 15	913,886.	914,140.	914,140.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 16
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	520,254.	514,818.
INTEREST RATE SWAP	510,026.	622,706.
TENANT SECURITY DEPOSITS	15,807.	15,807.
DEFERRED TAX LIABILITY	157,770.	50,385.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,203,857.	1,203,716.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RUSSELL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	PRESIDENT/CEO/MANAGER 50.00	184,339.	8,441.	4,800.
KENNETH AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	CHAIRPERSON/MANAGER 2.00	0.	0.	0.
GEORGE MARKS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	VICE CHAIRPERSON 1.00	0.	0.	0.
ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	SECRETARY/MANAGER 2.00	0.	0.	0.
PAUL POCALYKO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	TREASURER 1.00	0.	0.	0.
NICHOLAS BUCCI 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
LISA DICKSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
BILL STEVENS 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.
RUSSELL HENSEL 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
CHINWE ONYEKERE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.

HEALTHSPARK FOUNDATION

23-1352175

DAVID (DAVE) SHERMAN 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
RHEA FERNANDES 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.
MALCOLM MUSGROVE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	MANAGER 1.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	184,339.	8,441.	4,800.
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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	18
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ACTIVITY ONE

COMMUNITY PARTNERS CENTER FOR HEALTH AND HUMAN SERVICES: THROUGH THE SUBSIDIARY 2506 LLC, THE FOUNDATION OPERATES AND IS LOCATED IN AN 8-TENANT NONPROFIT CENTER (CPCHHS.ORG). A BOARD OF MANAGERS GOVERNS 2506 LLC, APPOINTED BY THE FOUNDATION, COMPRISED OF 5 INDIVIDUALS (3 TENANT REPRESENTATIVES). 2506 LLC OWNS AN ADJACENT RESIDENTIAL UNIT, MASTER LEASED TO A NONPROFIT TO SUBLET IN ACCORDANCE WITH A MORTGAGE AGREEMENT BETWEEN 2506 LLC AND THE MONTCO DEPT. OF HOUSING & COMMUNITY DEVELOPMENT. NO INCOME IS DERIVED FROM THIS LEASE. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS & IN FYE JUNE 30, 2016, 29 NONPROFIT ORGANIZATIONS HELD APPROX. 840 MEETINGS ATTENDED BY ALMOST 10,000 PEOPLE. NONPROFITS RECOGNIZE THIS VALUE: USAGE HAS INCREASED EACH YEAR SINCE THE BUILDING OPENED. THESE NONPROFITS SAVED \$232,500-\$396,600 DEPENDING UPON THE USE OF VARIOUS TECHNOLOGIES & SUPPORT SERVICES. THE FOUNDATION ALSO CONTRIBUTED \$50,000 FOR RENOVATIONS TO BETTER ACCOMMODATE LARGE MEETINGS.

EXPENSES

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

191,191.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY TWO

FOUR NONPROFITS IN THE LANSDALE, PENNSYLVANIA COMMUNITY-ADVANCED LIVING COMMUNITIES, MANNA ON MAIN STREET, NORTH PENN YMCA AND PEAK CENTER-HAVE DEVELOPED AN INNOVATIVE PARTNERSHIP: NORTH PENN COMMON(WWW.NORTHPENNCOMMONS.ORG), OPENED IN SEPTEMBER 2016. ABINGTON JEFFERSON HEALTH SYSTEM PLANS TO OPEN A PRIMARY CARE SITE THERE IN EARLY 2017. THE COMMONS WILL FOSTER THE DEVELOPMENT OF HIGH QUALITY PROGRAMS/SERVICES, PROVIDE BETTER ACCESS TO MEMBERS/CLIENTS, SHARE EXPENSES AND USE RESOURCES EFFECTIVELY TO BENEFIT THE COMMUNITY. THE FOUNDATION SUPPORTS THE ONE FOUR ALL CAPITAL CAMPAIGN BENEFITING THE PARTNERS BY REDUCING OR ELIMINATING THE CONSTRUCTION RELATED DEBT. THROUGH 2017 THE PARTNERS, VIA A CEO COUNCIL, WILL IMPLEMENT IDEAS AND LEVERAGE TALENTS AND RESOURCES. THE PARTNERS HAVE OR PLAN TO ENTER INTO CONTRACTS WITH EACH OTHER TO IMPROVE EFFICIENCIES, GENERATE NEW REVENUE AND ENHANCE THE QUALITY AND IMPACT OF THEIR COLLECTIVE RESOURCES TO BETTER MEET THE NEEDS OF THE COMMUNITY.

EXPENSES

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

97,930.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 20

ACTIVITY THREE

YOUR WAY HOME MONTGOMERY COUNTY: SINCE 2008, HEALTHSPARK HAS PARTNERED WITH MONTCO DEPT. OF HOUSING & COMMUNITY DEVELOPMENT, NONPROFIT AGENCIES, LANDLORDS & OTHER FUNDERS TO CREATE A PUBLIC/PRIVATE PARTNERSHIP: YOUR WAY HOME (YWH). YWH GOALS INCLUDE ESTABLISHING A COORDINATED ENTRY SYSTEM & CONSISTENTLY USING EVIDENCE-BASED TOOLS TO MAKE HOMELESSNESS BRIEF, RARE & NON-RECURRING. THE FOUNDATION'S PRES/CEO SERVES AS YWH LEADERSHIP COUNCIL CO-CHAIR. HE SUPPORTED THE CREATION OF THE YWH INITIATIVE FUND AT MONTGOMERY COUNTY FOUNDATION. THE FOUNDATION PAID FOR AND ASSISTED IN ESTABLISHING RELATIONSHIPS WITH OTHER FUNDERS WORKING TO SUPPORT HOMELESS CONSUMERS' UNMET FINANCIAL NEEDS. HEALTHSPARK, THE INITIAL INVESTOR, HAS RESERVED ITS FUND CONTRIBUTIONS FOR CAPACITY BUILDING, SCALING SYSTEM IMPACT AND RESEARCH/EVALUATION. HEALTHSPARK SUPPORTED A REPORT OF

EMERGENCY SHELTER POLICIES AND PROCEDURES WITHIN A
COORDINATED ENTRY CRISIS RESPONSE SYSTEM THAT HAS BEEN
CIRCULATED IN & BEYOND YWH.

EXPENSES

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

74,616.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 21

ACTIVITY FOUR

FOOD SECURITY & NUTRITION INITIATIVE: HEALTHSPARK WORKS TO
IMPROVE FOOD SECURITY & NUTRITION FOR ALL COUNTY RESIDENTS
BY FUNDING THE MONTCO ANTI-HUNGER NETWORK, A COALITION OF
HUNGER RELIEF ORGANIZATIONS WORKING TO IMPROVE HOW FOOD IS
ACQUIRED & DISTRIBUTED THROUGH A NETWORK OF APPROX. 50 FOOD
PANTRIES. CAPACITY BUILDING GRANTS OF UP TO \$10,000 TO
EMERGENCY FOOD PROVIDERS ARE AWARDED. ADDITIONALLY, THE
FOUNDATION CONTRACTS WITH A PROFESSIONAL FACILITATOR TO
DIRECT A PEER LEARNING CIRCLE FOR PANTRIES & OTHER RELEVANT
ORGANIZATIONS. THE CIRCLE MEETS A FEW TIMES A YEAR & OFFERS
PARTICIPANTS A SPACE TO EXPLORE OPERATIONAL CHALLENGES,
SOLUTIONS AND BEST PRACTICES. OTHER GRANTS INCLUDE
TECHNOLOGY UPGRADES AT PHILABUNDANCE, WHICH WILL IMPROVE
ORDERING AND TRACKING FOR FOOD PANTRIES IN THE COUNTY; AND
THE LAUNCH OF A SUCCESSFUL SUMMER FEEDING PROGRAM IN THE
NORTH PENN SCHOOL DISTRICT. THE FOUNDATION WILL EXPLORE
OPPORTUNITIES TO REPLICATE AND EXPAND SUMMER FEEDING
PROGRAMS IN OTHER DISTRICTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

26,462.

FORM 990-PF

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

STATEMENT 22

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBERNAME OF GRANT PROGRAM

215-716-5400

HEALTH OPPORTUNITIES FUND

FORM AND CONTENT OF APPLICATIONS

FOR THE HEALTH OPPORTUNITIES FUND, THE FOUNDATION ONLY ACCEPTS APPLICATIONS VIA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT [HTTP://HEALTHSPARK.ORG/GRANTS-PROGRAM/APPLY](http://HEALTHSPARK.ORG/GRANTS-PROGRAM/APPLY).

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO BE ELIGIBLE FOR GRANTS SUPPORT, AN ORGANIZATION MUST PROVIDE A SERVICE OR PROGRAM THAT BENEFITS THE RESIDENTS OF ONE OR MORE 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
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215-716-5400	HOUSING FUND
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FORM AND CONTENT OF APPLICATIONS

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY. MORE THAN SEVEN YEARS OF WORK AND THOUGHT HAVE GONE INTO DEVELOPING AN INTEGRATED COST-EFFECTIVE PUBLIC/PRIVATE PARTNERSHIP IN RESPONSE TO THE COUNTY'S HOUSING NEEDS KNOWN AS YOUR WAY HOME MONTGOMERY COUNTY. THE FOUNDATION CONTINUES TO PARTNER WITH OTHER FUNDERS AND THE MONTGOMERY COUNTY DEPARTMENTAL LEADERS TO IMPLEMENT THE YOUR WAY HOME MONTGOMERY COUNTY PLAN.

ANY SUBMISSION DEADLINES

THE HOUSING FUND IS AN INVITATION ONLY GRANTMAKING OPPORTUNITY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION WILL JOIN OTHER FUNDERS AND STAKEHOLDERS IN SELECTING THE NON-PROFIT ORGANIZATION TO LEAD THIS INITIATIVE.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBERNAME OF GRANT PROGRAM

215-716-5400

FOOD SECURITY & NUTRITION FUND

FORM AND CONTENT OF APPLICATIONS

FOR THE FOOD SECURITY & NUTRITION FUND, THE FOUNDATION ONLY ACCEPTS APPLICATIONS VIA ITS ONLINE APPLICATION SYSTEM, WHICH CAN BE ACCESSED AT [HTTP://HEALTHSPARK/GRANTS-PROGRAM/APPLY](http://HEALTHSPARK/GRANTS-PROGRAM/APPLY).

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO BE ELIGIBLE FOR GRANTS SUPPORT, AN ORGANIZATION MUST PROVIDE A SERVICE OR PROGRAM THAT BENEFITS THE RESIDENTS OF ONE OR MORE 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
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215-716-5400	CATALYST FUND
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FORM AND CONTENT OF APPLICATIONS

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY. THE FUND IS DESIGNED TO PROVIDE STRATEGIC SUPPORT TO STAKEHOLDER GROUPS WORKING IN PARTNERSHIP WITH THE FOUNDATION TO DEVELOP SYSTEMS CHANGE OPPORTUNITIES THAT ALIGN WITH ITS INTERESTS.

ANY SUBMISSION DEADLINES

THE CATALYST FUND OFFERS GRANT SUPPORT BY INVITATION ONLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GOAL OF THE CATALYST FUND IS TO PROVIDE GRANT SUPPORT FOR RESEARCH, PUBLIC POLICY, EDUCATION, STAKEHOLDER CONVENING AND RELATED EFFORTS THAT BUILD UPON THE ACTIVITIES OF THE OTHER THREE TARGETED FUNDS.



Registration: HEALTHSPARK FOUNDATION

Account Summary - Current Month

Fund Name	Beginning		Purchases	Redemptions	Distributions	Share		Ending	Average
	Market Value	NAV				Balance	NAV	Market Value	Cost Basis
TIFF MULTI-ASSET FUND	\$259,723.27		\$0.00	(\$0.00)	\$893.34	18,036,654	\$14.28	\$257,743.78	\$192,662.32
Account Total	\$259,723.27		\$0.00	(\$0.00)	\$896.34			\$257,743.78	

Distributions may be reinvested or paid in cash at the election of the member. See the Transaction History section for information specific to each fund investment.

The average cost basis is calculated using the single-category average cost basis method. It takes into account all purchases and redemptions, including shares acquired through reinvested dividends and capital gains distributions and wash sales, if any.

Numbers may not add to totals due to rounding.

Account Summary - YTD

Fund Name	Purchases	Redemptions	Distributions	Inc Div	ST Cap Gain		LT Cap Gain		Account
					Option	Option	Option	Option	Inception

HEALTHSPARK FOUNDATION

STMT 23



Registration: HEALTHSPARK FOUNDATION

Account Summary - Current Month

Fund Name	Beginning Market Value	Purchases	Redemptions	Distributions	Share Balance	06/30/2016 NAV	Ending Market Value	Average Cost Basis
TIFF MUL TI-ASSET FUND	\$34,593,318.65	\$0.00	(\$0.00)	\$119,386.45	2,394,001.291	\$14.29	\$34,210,278.45	\$29,236,959.89
Account Total	\$34,593,318.65	\$0.00	(\$0.00)	\$119,386.45			\$34,210,278.45	

Distributions may be reinvested or paid in cash at the election of the member. See the Transaction History section for information specific to each fund investment.

The average cost basis is calculated using the single-category average cost basis method. It takes into account all purchases and redemptions, including shares acquired through reinvested dividends and capital gains distributions and wash sales, if any.

Numbers may not add to totals due to rounding.

Account Summary - YTD

Fund Name	Purchases	Redemptions	Distributions	Inc Div Option	ST Cap Gain Option	LT Cap Gain Option	Account Inception
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HEALTHSPARK FOUNDATION

STMT 23



Voya Retirement Insurance and Annuity Co
PO Box 990067
Hartford, CT 06199-0067

Access Reports

Statement of Account Plan Summary April 1, 2016 Through June 30, 2016

CK1000
NORTH PENNSYLVANIA HOSPITAL VK1072

Other Paid Contributions

INVESTMENT OPTION	BEGINNING VALUE	ACTIVITY			CHANGE IN INVESTMENT VALUE	ENDING VALUE
		CONTRIBUTIONS	WITHDRAWALS	FEES		

Total Contributions

INVESTMENT OPTION	BEGINNING VALUE	ACTIVITY			CHANGE IN INVESTMENT VALUE	ENDING VALUE
		CONTRIBUTIONS	WITHDRAWALS	FEES		
Voya Growth and Income Port I	\$54,478.18	\$0.00	\$0.00	\$0.00	\$2,205.02	\$56,683.20
Voya Fixed Account	\$321,220.68	\$0.00	\$0.00	\$0.00	\$2,759.30	\$323,979.98
Voya Fixed Plus Account	\$4.34	\$0.00	\$0.00	\$0.00	\$0.03	\$4.37
Voya Small Company Portfolio I	\$27,157.65	\$0.00	\$0.00	\$0.00	\$1,205.22	\$28,362.87
Voya Index Plus MidCap Portfolio I	\$67,923.48	\$0.00	\$0.00	\$0.00	\$1,997.78	\$69,921.26
VY TRowePrice Grwth Eqty Port I	\$19,801.87	\$0.00	\$0.00	\$0.00	(\$177.55)	\$19,624.32
Voya Large Cap Growth Port Inst	\$16,226.82	\$0.00	\$0.00	\$0.00	\$15.65	\$16,242.47
TOTAL	\$506,813.02	\$0.00	\$0.00	\$0.00	\$8,005.45	\$514,818.47

STMT 24