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Form **990-PF****Return of Private Foundation**

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

OMB No 1545-0052

2016Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

For calendar year 2016 or tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

Name of foundation

A Employer identification number

HEALTHSPARK FOUNDATION**23-1352175**

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

2506 N. BROAD ST.**206**

B Telephone number

215-716-5400

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

COLMAR, PA 18915C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year

J Accounting method:

☐ Cash☒ Accrual

(from Part II, col (c), line 16)

☐ Other (specify)

Part I, column (d) must be on cash basis.

\$ 44,145,986.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	12,524.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,504.	3,504.		STATEMENT 1
	4 Dividends and interest from securities	498,653.	498,653.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	8,598,492.			
	b Gross sales price for all assets on line 6a	81,932,696.			
	7 Capital gain net income (from Part IV, line 2)		8,598,492.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	272,197.	271,048.	271,048.	STATEMENT 3
	12 Total. Add lines 1 through 11	9,385,370.	9,371,697.	271,048.	
	13 Compensation of officers, directors, trustees, etc	197,040.	0.	0.	180,016.
	14 Other employee salaries and wages	242,578.	0.	0.	252,420.
	15 Pension plans, employee benefits	102,855.	0.	0.	106,386.
	16a Legal fees STMT 4	150,611.	0.	0.	151,328.
	b Accounting fees STMT 5	39,050.	0.	0.	32,155.
	c Other professional fees STMT 6	234,378.	12,500.	0.	213,450.
	17 Interest	135,500.	110,347.	110,347.	17,833.
	18 Taxes STMT 7	-10,385.	0.	0.	0.
Operating and Administrative Expenses	19 Depreciation and depletion	194,184.	126,010.	126,010.	
	20 Occupancy	118,570.	34,691.	34,691.	38,336.
	21 Travel, conferences, and meetings	60,651.	968.	0.	59,298.
	22 Printing and publications				
	23 Other expenses STMT 8	82,371.	0.	0.	86,084.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,547,403.	284,516.	271,048.	1,137,306.
	25 Contributions, gifts, grants paid	837,879.			940,629.
	26 Total expenses and disbursements. Add lines 24 and 25	2,385,282.	284,516.	271,048.	2,077,935.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	7,000,088.			
	b Net investment income (if negative, enter -0-)		9,087,181.		
	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		10,152.	43,514.	43,514.
	2	Savings and temporary cash investments		521,531.	586,719.	586,719.
	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		33,232.	20,497.	20,497.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other	STMT 11	34,982,840.	36,706,341.	36,706,341.	
14	Land, buildings, and equipment: basis ▶	8,484,052.				
	Less accumulated depreciation	STMT 12 ▶	2,689,799.	5,942,711.	5,794,253.	
15	Other assets (describe ▶)	STATEMENT 13)	914,140.	994,662.	994,662.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		42,404,606.	44,145,986.	44,145,986.	
Liabilities	17	Accounts payable and accrued expenses		55,110.	68,920.	
	18	Grants payable		137,750.	35,000.	
	19	Deferred revenue		3,744.		
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		3,632,044.	3,528,390.	
	22	Other liabilities (describe ▶)	STATEMENT 14)	1,203,716.	956,197.	
23	Total liabilities (add lines 17 through 22)		5,032,364.	4,588,507.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		36,250,086.	38,347,632.	
	25	Temporarily restricted		663,265.	742,371.	
	26	Permanently restricted		458,891.	467,476.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>					
	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		37,372,242.	39,557,479.	
31	Total liabilities and net assets/fund balances		42,404,606.	44,145,986.		

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	37,372,242.
2	Enter amount from Part I, line 27a	2	7,000,088.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10	3	306,858.
4	Add lines 1, 2, and 3	4	44,679,188.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED GAIN/LOSS ON SECURITIES	5	5,121,709.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	39,557,479.

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		
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 81,932,696.		73,334,204.	8,598,492.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a			8,598,492.		
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	8,598,492.	
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))
2015	1,957,366.	36,323,929.	.053886
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
2 Total of line 1, column (d)			
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			
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			
5 Multiply line 4 by line 3			
6 Enter 1% of net investment income (1% of Part I, line 27b)			
7 Add lines 5 and 6			
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.			

3

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	90,872.
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		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	90,872.
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	90,872.
6	Credits/Payments:		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	71,771.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	25,000.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	96,771.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	5,899.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax <input checked="" type="checkbox"/> 5,899. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		X
5		X
6		X
7	X	
8a		
8b	X	
9		X
10		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)	11	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)	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HEALTHSPARK.ORG	13	X
14 The books are in care of RUSSELL JOHNSON, PRESIDENT, CEO Telephone no. 215-716-5400 Located at 2506 N BROAD STREET, SUITE 206, COLMAR, PA ZIP+4 18915		
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	15	N/A
16 At any time during calendar year 2016, 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	16	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 <input type="checkbox"/>	1b	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 2016?	1c	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years N/A 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. N/A	2b	
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 2016 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 2016.) N/A	3b	
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 2016?	4b	X

Form 990-PF (2016)

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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

N/A

☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

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

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 15		197,040.	9,111.	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	102,071.	5,997.	0.
TAMELA LUCE - 2506 N BROAD STREET, SUITE 206, COLMAR, PA 18915	SENIOR PROGRAM OFFICER	92,923.	5,414.	0.

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
LAMB MCERLANE PC - 24 EAST MARKET STREET, BOX 565, WEST CHESTER, PA 19381	LEGAL	99,038.
SCHULTZ & WILLIAMS - 1617 JFK BOULEVARD, SUITE 1700, PHILADELPHIA, PA 19103	DEVELOPMENT	54,852.
EQUAL MEASURE - 1528 WALNUT STREET, SUITE 805, PHILADELPHIA, PA 19102	PROGRAM DEVELOPMENT	50,253.

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 16	156,701.
2 SEE STATEMENT 17	50,568.
3 SEE STATEMENT 18	130,173.
4 SEE STATEMENT 19	40,410.

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

Form 990-PF (2016)

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	35,330,501.
b	Average of monthly cash balances	1b	791,306.
c	Fair market value of all other assets	1c	945,672.
d	Total (add lines 1a, b, and c)	1d	37,067,479.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	37,067,479.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	556,012.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,511,467.
6	Minimum investment return. Enter 5% of line 5	6	1,825,573.

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	1,825,573.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	90,872.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	90,872.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,734,701.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,734,701.
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	1,734,701.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,077,935.
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	45,726.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,123,661.
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	90,872.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,032,789.

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.

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,734,701.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			38,267.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 2,123,661.				
a Applied to 2015, but not more than line 2a			38,267.	
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 2016 distributable amount				1,734,701.
e Remaining amount distributed out of corpus	350,693.			
5 Excess distributions carryover applied to 2016 (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:	350,693.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	350,693.			
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	350,693.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016	350,693.			

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				
MADLYN AND LEONARD ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454		PC	BEREAVEMENT	100.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	VOLUNTEER HONORARIUM	500.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	VOLUNTEER HONORARIUM	500.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	VOLUNTEER HONORARIUM	500.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	VOLUNTEER HONORARIUM	500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				940,629.
b Approved for future payment				
ACCION COMUNAL LATINOAMERICANA DE MONTGOMERY COUNTY, INC. (ACLAMO) 512 WEST MARSHALL STREET NORRISTOWN, PA 19401		PC	TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND	30,000.
ADVANCED LIVING MANAGEMENT AND DEVELOPMENT, INC. 1292 ALLENTOWN ROAD LANSDALE, PA 19446		PC	IN SUPPORT OF NORTH PENN COMMONS	17,266.
EMMANUEL EVANGELICAL CONGREGATIONAL CHURCH 100 S. MAIN STREET HATFIELD, PA 19440		PC	A ONE-TO-ONE MATCHING GRANT TO INSTALL AN ENTRANCE RAMP TO IMPROVE ACCESS TO THE PANTRY FOR BOTH	10,000.
Total SEE CONTINUATION SHEET(S) ▶ 3b				62,266.


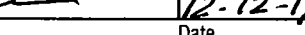
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee 	Date 12-12-17	Title PRESIDENT, CEO		
Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature  KAREN GRIES	Date 12/8/2017	Check <input type="checkbox"/> if self-employed	PTIN P00078514
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 610 W. GERMANTOWN PIKE, STE. 400 PLYMOUTH MEETING, PA 19462			Phone no. 215-643-3900	

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 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	VOLUNTEER HONORARIUM	3,000.
ADVANCED LIVING MANAGEMENT AND DEVELOPMENT, INC. 1292 ALLENTOWN ROAD LANSDALE, PA 19446		PC	IN SUPPORT OF NORTH PENN COMMONS	201,341.
GUIDESTAR, USA 4801 COURTHOUSE ST., SUITE 220 WILLIAMSBURG, VA 23188		PC	IN PARTNERSHIP WITH OTHER PHILADELPHIA FOUNDATIONS SUPPORT HANDS ON TRAINING FOR NONPROFITS IN THE	750.
HOPEWORX, INC. 1210 STANBRIDGE STREET, SUITE 600 NORRISTOWN, PA 19401		PC	CONTRIBUTION	150.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN SUPPORT OF THE NONPROFIT REPOSITIONING FUND	2,238.
PHILANTHROPY NETWORK GREATER PHILADELPHIA 230 SOUTH BROAD STREET, SUITE 402 PHILADELPHIA, PA 19102		PC	IN SUPPORT OF A SEARCH FOR THE ORGANIZATION'S NEXT EXECUTIVE DIRECTOR.	5,000.
THE PHILADELPHIA FOUNDATION 1835 MARKET STREET, SUITE 2410 PHILADELPHIA, PA 19103		PC	IN SUPPORT OF THE NONPROFIT REPOSITIONING FUND, A COLLABORATIVE EFFORT AMONG FUNDERS -	15,000.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	TO DEVELOP A SHORT FILM THAT SPOTLIGHTS ECONOMIC AND FOOD INSECURITY IN MONTGOMERY COUNTY	5,000.
REGIONAL HOUSING LEGAL SERVICES 2 SOUTH EASTON ROAD GLENSIDE, PA 19038-7615		PC	GENERAL OPERATING SUPPORT FOR THEIR WORK IN AFFORDABLE HOUSING AND COMMUNITY AND ECONOMIC DEVELOPMENT	15,000.
SHARE FOOD PROGRAM, INC. 2901 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19129		PC	TO CREATE A CAPITAL EQUIPMENT FUND FOR MONTGOMERY COUNTY FOOD PANTRIES TO PURCHASE MUCH NEEDED ITEMS SUCH	25,000.
Total from continuation sheets				938,529.

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
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY EAST, SUITE 302 BLUE BELL, PA 19422		PC	IN SUPPORT OF THE YOUR WAY HOME FUND TO ASSIST HOMELESS INDIVIDUALS AND FAMILIES IN MONTGOMERY	25,000.
THE SALVATION ARMY 701 N BROAD STREET PHILADELPHIA, PA 19123		PC	TO TRANSITION TO A CHOICE PANTRY MODEL AND CREATE AN INDOOR INTAKE AND WAITING AREA FOR PANTRY	10,000.
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	17,750.
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.
ELDERNET OF LOWER MERION AND NARBERTH 9 S. BRYN MAWR AVE. BRYN MAWR, PA 19010		PC	IN SUPPORT OF A PILOT PROJECT TO PROVIDE EACILE CARE TRANSITIONS FROM THE HOSPITAL, NURSING	35,000.
DELAWARE VALLEY COMMUNITY HEALTH, INC. 1412-22 FAIRMOUNT AVE. PHILADELPHIA, PA 19130		PC	TO CREATE MARKETING MATERIALS FOR THE BEHAVIORAL HEALTH MINDKARE KIOSK AT NORRISTOWN REGIONAL	2,000.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN AREA BY INCREASING HEALTHY	10,000.
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148		PC	PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK,	15,000.
THE MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY EAST, SUITE 302 BLUE BELL, PA 19422		PC	IN SUPPORT OF CAPACITY BUILDING ACTIVITIES FOR YOUR WAY HOME PROVIDERS.	20,000.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	TO SUPPORT THE COMMON GROUNDS FOOD SERVICE TRAINING TO EMPLOYMENT PROGRAM USING THE NATIONAL	50,000.
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
BUCKS-MONT COLLABORATIVE P. O. BOX 66 HARLEYSVILLE, PA 19438		PC	TO SUPPORT THE DEVELOPMENT OF A COMPREHENSIVE GUIDE ON BEST PRACTICE MODELS FOR TRAUMA INFORMED	11,500.
CENTER FOR SCIENCE IN THE PUBLIC INTEREST 1220 L STREET NW , SUITE 300 WASHINGTON, DC 20005		PC	IN SUPPORT OF THE DEVELOPMENT OF A PILOT PROJECT TO INCENTIVIZE HEALTHIER CHOICES FOR SNAP RECIPIENTS IN	15,000.
ACCION COMUNAL LATINOAMERICANA DE MONTGOMERY COUNTY, INC. (ACLAMO) 512 WEST MARSHALL STREET NORRISTOWN, PA 19401		PC	TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO REDUCE HEALTH DISPARITIES AND	60,000.
HEALTH CARE IMPROVEMENT FOUNDATION TEN PENN CENTER, 1801 MARKET STREET, SUITE 710 PHILADELPHIA, PA 19108		PC	IN SUPPORT OF THE MONTGOMERY COUNTY HOSPITAL PARTNERSHIP PROJECT TO IMPROVE THE BEHAVIORAL HEALTH	75,000.
MONTGOMERY COUNTY FOUNDATION, INC. 4 SENTRY PARKWAY EAST, SUITE 302 BLUE BELL, PA 19422		PC	IN SUPPORT OF CAPACITY BUILDING ACTIVITIES FOR YOUR WAY HOME HOUSING AND SOCIAL SERVICE PROVIDERS AND	40,000.
PENNYPACK FARM EDUCATION CENTER FOR SUSTAINABLE FOOD SYSTEMS 685 MANN ROAD HORSHAM, PA 19044		PC	IN SUPPORT OF STRATEGIC PLANNING.	9,500.
GREATER PHILADELPHIA COALITION AGAINST HUNGER 1725 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130		PC	TO SUPPORT THE DEVELOPMENT, CREATION AND DISSEMINATION OF A BEST PRACTICE OPERATIONS MANUAL FOR	60,000.
SHARE FOOD PROGRAM, INC. 2901 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19129		PC	TO PROVIDE BACKBONE ADMINISTRATIVE SUPPORT TO THE MONTCO ANTI-HUNGER NETWORK, A COALITION OF HUNGER	75,000.
ST JAMES CHURCH PERKIOMEN 3768 GERMANTOWN PIKE COLLEGEVILLE, PA 19426-3151		PC	TO PURCHASE EQUIPMENT AND CLIENT TRACKING SOFTWARE TO BETTER MEET CLIENT NEEDS AND IMPROVE FOOD PANTRY	7,000.
THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	TO BUILD STAFF AND ORGANIZATIONAL CAPACITY TO USE DATA TO STRENGTHEN EVALUATION, LEARNING	6,000.
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
INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002		PC	TO SUPPORT THE INTEGRATION OF SALESFORCE, A CUSTOMER RELATIONSHIP MANAGEMENT PLATFORM,	7,500.
JEWISH RELIEF AGENCY 225 E CITY AVE., SUITE 210 BALA CYNWYD, PA 19004		PC	TO SUPPORT THE DEVELOPMENT OF A MOBILE APPLICATION THAT WILL INCREASE PARTICIPATION AND	10,000.
PATRICIAN SOCIETY OF CENTRAL NORRISTOWN 121 E. CHESTNUT STREET NORRISTOWN, PA 19401-3905		PC	TO SUPPORT THE INSTALLATION OF NEW FLOORING IN THE PANTRY.	8,000.
THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN STREET POTTSTOWN, PA 19464		PC	TO INCREASE THE LIFE OF FRESH PRODUCE AND IMPROVE THE EFFICIENCY OF PRODUCE STORAGE AND DISTRIBUTION ADDING	10,000.
NORRISTOWN MINISTRIES INC. 530 CHURCH STREET, 1ST FLOOR NORRISTOWN, PA 19401		PC	IN SUPPORT OF RENOVATIONS INCLUDING UPGRADING ITS KITCHEN EQUIPMENT AND INSTALLING NEW	10,000.
THE OPEN LINK 452 PENN STREET PENNSBURG, PA 18073		PC	IN SUPPORT OF STRATEGIC PLANNING.	5,000.
MANNA ON MAIN STREET 606 E MAIN STREET, PO BOX 763 LANSDALE, PA 19446		PC	TO PURCHASE AND INSTALL A LARGE AIR CONDITIONING UNIT, A GLASS-FRONTED FREEZER/REFRIGERATOR,	10,000.
RACHEL WAY 500 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462		PC	TO IMPROVE PANTRY OPERATIONS THROUGH THE PURCHASE OF A COMPUTER, SOFTWARE AND PRINTER, AND HIRE A	2,500.
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 536 GEORGE STREET NORRISTOWN, PA 19401		PC	TO PURCHASE TABLET COMPUTERS AND SOFTWARE TO SUPPORT STAFF IN ASSESSING THE NUTRITION RISK OF	9,300.
Total from continuation sheets				

23-1352175

3 Grants and Contributions Approved for Future Payment (Continuation)

Grants and Contributions Approved for Federal Payment (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
THE CARTER CENTER, INC. 453 FREEDOM PARKWAY ALBANY, GA 31707		PC	TO SUPPORT THE CARTER CENTER'S ROSALYNN CARTER FELLOWSHIPS FOR MENTAL HEALTH JOURNALISM PROGRAM'S	5,000.
Total from continuation sheets				5,000.

Part XV | **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - GUIDESTAR, USA

IN PARTNERSHIP WITH OTHER PHILADELPHIA FOUNDATIONS SUPPORT HANDS ON
TRAINING FOR NONPROFITS IN THE REGION TO UPDATE THEIR GUIDESTAR
PROFILES TO POSITION THEM TO STREAMLINE THEIR GRANT APPLICATION
PROCESS.

NAME OF RECIPIENT - THE PHILADELPHIA FOUNDATION

IN SUPPORT OF THE NONPROFIT REPOSITIONING FUND, A COLLABORATIVE EFFORT
AMONG FUNDERS - INCLUDING HEALTHSPARK FOUNDATION - TO IMPROVE THE
CAPACITY, EFFECTIVENESS AND FINANCIAL HEALTH OF THE GREATER
PHILADELPHIA NONPROFIT SECTOR.

NAME OF RECIPIENT - MANNA ON MAIN STREET

TO DEVELOP A SHORT FILM THAT SPOTLIGHTS ECONOMIC AND FOOD INSECURITY IN
MONTGOMERY COUNTY THROUGH INDIVIDUAL STORIES. THE FILM WILL USED TO
SUPPORT RELATED POLICY AND ADVOCACY STRATEGIES AND DEEPEN THE
CONVERSATION ABOUT NECESSARY CHANGES.

NAME OF RECIPIENT - REGIONAL HOUSING LEGAL SERVICES

GENERAL OPERATING SUPPORT FOR THEIR WORK IN AFFORDABLE HOUSING AND
COMMUNITY AND ECONOMIC DEVELOPMENT IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - SHARE FOOD PROGRAM, INC.

TO CREATE A CAPITAL EQUIPMENT FUND FOR MONTGOMERY COUNTY FOOD PANTRIES
TO PURCHASE MUCH NEEDED ITEMS SUCH AS FREEZERS, REFRIGERATORS AND
SHELVING.

NAME OF RECIPIENT - MONTGOMERY COUNTY FOUNDATION, INC.

623655 04-01-16

Part XV | **Supplementary Information**

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

IN SUPPORT OF THE YOUR WAY HOME FUND TO ASSIST HOMELESS INDIVIDUALS AND FAMILIES IN MONTGOMERY COUNTY TO BE RAPIDLY REHOUSED AND ON THEIR WAY TO HOUSING STABILITY.

NAME OF RECIPIENT - THE SALVATION ARMY

TO TRANSITION TO A CHOICE PANTRY MODEL AND CREATE AN INDOOR INTAKE AND WAITING AREA FOR PANTRY CLIENTS.

NAME OF RECIPIENT - SCREENING FOR MENTAL HEALTH, INC.

IN PARTNERSHIP WITH THE THOMAS SCATTERGOOD BEHAVIORAL HEALTH FOUNDATION, SCREENING FOR MENTAL HEALTH WILL BRING THE MINDKARE KIOSK PROGRAM TO FIVE SITES TO HOST THIS INNOVATIVE MENTAL HEALTH PREVENTATIVE SCREENING TOOL IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - PENN FOUNDATION, INC.

A TWO YEAR GRANT FOR A PILOT PROJECT IN PARTNERSHIP WITH GRAND VIEW HOSPITAL TO DELIVER A CARE TRANSITION PROGRAM FOR DUAL-ELIGIBLE ELDERLY WITH BOTH BEHAVIORAL AND CHRONIC PHYSICAL HEALTH CONDITIONS, AFTER AN INPATIENT STAY. THE GOAL OF THE PROJECT IS TO PREVENT READMISSIONS, INCREASE PATIENT KNOWLEDGE OF THEIR HEALTH AND HOW TO MANAGE THEIR CONDITIONS.

NAME OF RECIPIENT - ELDERNET OF LOWER MERION AND NARBERTH

IN SUPPORT OF A PILOT PROJECT TO PROVIDE FACILE CARE TRANSITIONS FROM THE HOSPITAL, NURSING HOMES AND REHABILITATION CENTERS FOR DUAL ELIGIBLE INDIVIDUALS. THROUGH CONNECTING INDIVIDUALS WITH COMMUNITY SUPPORTS WITHIN 24 HOURS AFTER DISCHARGE, PATIENTS WILL HAVE ACCESS TO NECESSARY MEDICATIONS, TRANSPORTATION TO FOLLOW UP DOCTORS'

Part XV | **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

APPOINTMENTS, A SUPPLY OF APPROPRIATE FOOD IN THE HOME AND CONTINUED
SUPPORT TO HELP THEM RECOVER.

NAME OF RECIPIENT - DELAWARE VALLEY COMMUNITY HEALTH, INC.
TO CREATE MARKETING MATERIALS FOR THE BEHAVIORAL HEALTH MINDKARE KIOSK
AT NORRISTOWN REGIONAL HEALTH CENTER

NAME OF RECIPIENT - MANNA ON MAIN STREET
MANNA WILL CONTINUE TO TRANSFORM CHILD FOOD SECURITY IN THE NORTH PENN
AREA BY INCREASING HEALTHY FOOD ACCESS, FURTHERING CHILD AND FAMILY
NUTRITION EDUCATION, STRENGTHENING THE SUMMER FOOD SAFETY NET AND
IMPROVING FAMILY FINANCIAL AND FOOD SECURITY.

NAME OF RECIPIENT - PHILABUNDANCE
PHILABUNDANCE WILL CONTINUE TO CONVENE AND PROVIDE BACKBONE SUPPORT TO
THE MONTCO ANTI-HUNGER NETWORK, WORKING COLLECTIVELY TO IMPROVE THE
ACQUISITION AND DISTRIBUTION OF NUTRITIOUS FOOD FOR THE EMERGENCY FOOD
SAFETY NET IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - MANNA ON MAIN STREET
TO SUPPORT THE COMMON GROUNDS FOOD SERVICE TRAINING TO EMPLOYMENT
PROGRAM USING THE NATIONAL EVIDENCED-BASED CATALYST KITCHEN MODEL AT
NORTH PENN COMMONS.

NAME OF RECIPIENT - BUCKS-MONT COLLABORATIVE
TO SUPPORT THE DEVELOPMENT OF A COMPREHENSIVE GUIDE ON BEST PRACTICE
MODELS FOR TRAUMA INFORMED CARE TRAINING.

Part XV Supplementary Information

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

NAME OF RECIPIENT - CENTER FOR SCIENCE IN THE PUBLIC INTEREST
IN SUPPORT OF THE DEVELOPMENT OF A PILOT PROJECT TO INCENTIVIZE
HEALTHIER CHOICES FOR SNAP RECIPIENTS IN PENNSYLVANIA.

NAME OF RECIPIENT - ACCION COMUNAL LATINOAMERICANA DE MONTGOMERY COUNTY,
INC. (ACLAMO)
TO DEVELOP AND PILOT A COMMUNITY HEALTH WORKER PROGRAM IN NORRISTOWN TO
REDUCE HEALTH DISPARITIES AND IMPROVE LONG-TERM HEALTH OUTCOMES FOR
LOW-INCOME, AT-RISK LATINO POPULATIONS.

NAME OF RECIPIENT - HEALTH CARE IMPROVEMENT FOUNDATION
IN SUPPORT OF THE MONTGOMERY COUNTY HOSPITAL PARTNERSHIP PROJECT TO
IMPROVE THE BEHAVIORAL HEALTH SYSTEM IN THE COUNTY THROUGH DATA
COLLECTION AND ASSET MAPPING.

NAME OF RECIPIENT - MONTGOMERY COUNTY FOUNDATION, INC.
IN SUPPORT OF CAPACITY BUILDING ACTIVITIES FOR YOUR WAY HOME HOUSING
AND SOCIAL SERVICE PROVIDERS AND THE 2018 YOUR WAY HOME ANNUAL SUMMIT.

NAME OF RECIPIENT - GREATER PHILADELPHIA COALITION AGAINST HUNGER
TO SUPPORT THE DEVELOPMENT, CREATION AND DISSEMINATION OF A BEST
PRACTICE OPERATIONS MANUAL FOR MONTGOMERY COUNTY'S EMERGENCY FOOD
PANTRIES TO IMPROVE THE FUNCTIONALITY AND SUSTAINABILITY OF THE
COUNTY'S EMERGENCY FOOD SYSTEM.

NAME OF RECIPIENT - SHARE FOOD PROGRAM, INC.
TO PROVIDE BACKBONE ADMINISTRATIVE SUPPORT TO THE MONTCO ANTI-HUNGER
NETWORK, A COALITION OF HUNGER RELIEF ORGANIZATIONS WORKING

623655 04-01-16

Part XV | **Supplementary Information**

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

COLLECTIVELY TO MAKE HEALTHY FOODS AVAILABLE TO ALL COMMUNITIES IN
MONTGOMERY COUNTY.

NAME OF RECIPIENT - ST JAMES CHURCH PERKIOMEN
TO PURCHASE EQUIPMENT AND CLIENT TRACKING SOFTWARE TO BETTER MEET
CLIENT NEEDS AND IMPROVE FOOD PANTRY OPERATIONS.

NAME OF RECIPIENT - THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES
TO BUILD STAFF AND ORGANIZATIONAL CAPACITY TO USE DATA TO STRENGTHEN
EVALUATION, LEARNING AND INNOVATION.

NAME OF RECIPIENT - INTER-FAITH HOUSING ALLIANCE
TO SUPPORT THE INTEGRATION OF SALESFORCE, A CUSTOMER RELATIONSHIP
MANAGEMENT PLATFORM, ACROSS THE ORGANIZATION PRIMARILY TO IMPROVE
EFFICIENCY AT THEIR FOOD PANTRY.

NAME OF RECIPIENT - JEWISH RELIEF AGENCY
TO SUPPORT THE DEVELOPMENT OF A MOBILE APPLICATION THAT WILL INCREASE
PARTICIPATION AND IMPROVE THE EFFECTIVENESS OF THE ORGANIZATION'S
VOLUNTEER-DRIVEN MONTHLY FOOD DISTRIBUTIONS.

NAME OF RECIPIENT - THE POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES
TO INCREASE THE LIFE OF FRESH PRODUCE AND IMPROVE THE EFFICIENCY OF
PRODUCE STORAGE AND DISTRIBUTION ADDING GLASS ACCESS DOORS ON THE
PANTRY'S WALK-IN REFRIGERATION SYSTEM.

NAME OF RECIPIENT - NORRISTOWN MINISTRIES INC.
IN SUPPORT OF RENOVATIONS INCLUDING UPGRADING ITS KITCHEN EQUIPMENT AND

623655 04-01-16

Part XV | **Supplementary Information**

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

INSTALLING NEW FLOORING TO CREATE A MORE DIGNIFIED AND EFFICIENT
EXPERIENCE FOR ITS SOUP KITCHEN CLIENTS.

NAME OF RECIPIENT - MANNA ON MAIN STREET

TO PURCHASE AND INSTALL A LARGE AIR CONDITIONING UNIT, A GLASS-FRONTED
FREEZER/REFRIGERATOR, AND TWO SECURITY CAGES AND A KIOSK FOR ITS
SMARTCHOICE FOOD PANTRY INVENTORY AND SHOPPING SOFTWARE SYSTEM.

NAME OF RECIPIENT - RACHEL WAY

TO IMPROVE PANTRY OPERATIONS THROUGH THE PURCHASE OF A COMPUTER,
SOFTWARE AND PRINTER, AND HIRE A CONSULTANT TO INSTALL THE EQUIPMENT
AND TRAIN STAFF.

NAME OF RECIPIENT - SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY
TO PURCHASE TABLET COMPUTERS AND SOFTWARE TO SUPPORT STAFF IN ASSESSING
THE NUTRITION RISK OF COMMUNITY MEMBERS. ONCE IDENTIFIED, THE
ORGANIZATION CAN ADDRESS THOSE NEEDS VIA ITS EXISTING FOOD PANTRY AND
MEALS ON WHEELS PROGRAMS.

Part XV | **Supplementary Information**

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ACCION COMUNAL LATINOAMERICANA DE MONTGOMERY COUNTY,
INC. (ACLAMO)

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

NAME OF RECIPIENT - EMMANUEL EVANGELICAL CONGREGATIONAL CHURCH
A ONE-TO-ONE MATCHING GRANT TO INSTALL AN ENTRANCE RAMP TO IMPROVE
ACCESS TO THE PANTRY FOR BOTH CLIENTS AND DELIVERIES.

NAME OF RECIPIENT - THE CARTER CENTER, INC.
TO SUPPORT THE CARTER CENTER'S ROSALYNN CARTER FELLOWSHIPS FOR MENTAL
HEALTH JOURNALISM PROGRAM'S JULY 2017 EVENT, IN PARTNERSHIP WITH THE
NATIONAL PRESS FOUNDATION.

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

2016

Name of the organization

HEALTHSPARK FOUNDATION

Employer identification number

23-1352175

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

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

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

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) (2016)

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	\$ 9,201.	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	3,504.	3,504.	0.
TOTAL TO PART I, LINE 3	3,504.	3,504.	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	498,653.	0.	498,653.	498,653.	0.
TO PART I, LINE 4	498,653.	0.	498,653.	498,653.	0.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RENTAL INCOME	271,048.	271,048.	271,048.
OTHER INCOME	1,149.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	272,197.	271,048.	271,048.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	150,611.	0.	0.	151,328.
TO FM 990-PF, PG 1, LN 16A	150,611.	0.	0.	151,328.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDIT EXPENSE	39,050.	0.	0.	32,155.
TO FORM 990-PF, PG 1, LN 16B	39,050.	0.	0.	32,155.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAMMATIC/BOARD/OTHER CONSULTING	234,378.	12,500.	0.	213,450.
TO FORM 990-PF, PG 1, LN 16C	234,378.	12,500.	0.	213,450.

FORM 990-PF	TAXES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX CREDIT	-10,385.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	-10,385.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES & COMPUTER MAINTENANCE	18,874.	0.	0.	17,037.
TELEPHONE & CABLE (COMMUNICATIONS)	21,507.	0.	0.	17,336.
INSURANCE	18,873.	0.	0.	18,873.
DUES & SUBSCRIPTIONS	17,630.	0.	0.	15,430.

HEALTHSPARK FOUNDATION

23-1352175

MISCELLANEOUS	5,487.	0.	0.	17,408.
TO FORM 990-PF, PG 1, LN 23	82,371.	0.	0.	86,084.

FOOTNOTES

STATEMENT 9

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 10

DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN REMAINDER TRUST	79,106.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	8,585.
CHANGE IN VALUE OF INTEREST RATE SWAP	219,167.
TOTAL TO FORM 990-PF, PART III, LINE 3	306,858.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTH PENN HOSPITAL DEFERRED COMPENSATION PLAN	FMV	535,511.	535,511.
MUTUAL FUNDS	FMV	36,170,830.	36,170,830.
TOTAL TO FORM 990-PF, PART II, LINE 13		36,706,341.	36,706,341.

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

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,906,478.	0.	1,906,478.
LAND IMPROVEMENTS	698,949.	339,982.	358,967.
BUILDING	4,489,231.	1,051,432.	3,437,799.
LEASEHOLD IMPROVEMENTS	919,182.	904,919.	14,263.
FURNITURE, FIXTURES AND EQUIPMENT	470,212.	393,466.	76,746.
TOTAL TO FM 990-PF, PART II, LN 14	8,484,052.	2,689,799.	5,794,253.

FORM 990-PF	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	194,716.	203,301.	203,301.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	663,265.	742,371.	742,371.
LOAN REFINANCING FEES, NET	56,159.	48,990.	48,990.
TO FORM 990-PF, PART II, LINE 15	914,140.	994,662.	994,662.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 14
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LIABILITIES IN RELATION TO NORTH PENN HOSPITAL	514,818.	535,511.
INTEREST RATE SWAP	622,706.	403,539.
TENANT SECURITY DEPOSITS	15,807.	17,147.
DEFERRED TAX LIABILITY	50,385.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,203,716.	956,197.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 15
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RUSSELL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	PRESIDENT/CEO/MANAGER 37.50	197,040.	9,111.	4,800.
GEORGE MARKS 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	CHAIRPERSON/DIRECTOR 2.00	0.	0.	0.
CHINWE ONYEKERE 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	VICE CHAIRPERSON/DIRECTOR 1.00	0.	0.	0.
WARREN HILTON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	SECRETARY/DIRECTOR 2.00	0.	0.	0.
LISA DICKSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	TREASURER 1.00	0.	0.	0.
KENNETH AMEY 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR/MANAGER 1.00	0.	0.	0.
NICK BUCCI 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
ALFREDO DE LA PENA 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR/MANAGER 1.00	0.	0.	0.
RUSSEL HENSEL 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
JOEL JOHNSON 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
COURTNEY MCCORMICK 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.

HEALTHSPARK FOUNDATION

23-1352175

PAUL POCALYKO 2506 N BROAD STREET, SUITE 206 COLMAR, PA 18915	DIRECTOR 1.00	0.	0.	0.
DAVID (DAVE) SHERMAN 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 (RESIGNED DEC 2016) 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	197,040.	9,111.	4,800.
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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	16
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ACTIVITY ONE

COMMUNITY PARTNERS CENTER: THROUGH THE SUBSIDIARY 2506 LLC, THE FOUNDATION OPERATES AND IS LOCATED IN A NONPROFIT CENTER, COMMUNITY PARTNERS CENTER (WWW.COMMUNITYPARTNERSCENTER.ORG). A BOARD OF MANAGERS GOVERNS 2506 LLC, APPOINTED BY THE FOUNDATION, COMPRISED OF 5 INDIVIDUALS (3 TENANT REPRESENTATIVES). 2506 LLC OWNS AN ADJACENT RESIDENTIAL UNIT, MASTER LEASED TO A NONPROFIT TO SUBLET IN ACCORDANCE WITH A MORTGAGE AGREEMENT BETWEEN 2506 LLC AND THE MONTCO DEPT. OF HOUSING & COMMUNITY DEVELOPMENT. THE CENTER OFFERS NONPROFITS FREE USE OF MEETING ROOMS AND IN FYE JUNE 30, 2017, 28 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 \$258,000-\$436,000 DEPENDING UPON THE USE OF VARIOUS TECHNOLOGIES AND SUPPORT SERVICES.

EXPENSES

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

156,701.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 17
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ACTIVITY TWO

NORTH PENN COMMONS: 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 COMMONS (WWW.NORTHPENNCOMMONS.ORG), OPENED IN SEPTEMBER 2016. ABINGTON JEFFERSON HEALTH SYSTEM PLANS TO OPEN A PRIMARY CARE SITE IN LATE 2017. THE COMMONS FOSTERS 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 SUPPORTED THE ONE FOUR ALL CAPITAL CAMPAIGN. THE PARTNERS, VIA A CEO COUNCIL, 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

50,568.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 18
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ACTIVITY THREE

YOUR WAY HOME MONTGOMERY COUNTY: SINCE 2008 HEALTHSPARK HAS PARTNERED WITH MONTCO DEPT. OF HOUSING & COMMUNITY DEVELOPMENT, NONPROFIT AGENCIES, LANDLORDS AND OTHER FUNDERS TO CREATE A PUBLIC/PRIVATE PARTNERSHIP: YOUR WAY HOME (YWH) (WWW.YOURWAYHOME.ORG). YWH GOALS INCLUDE ESTABLISHING A COORDINATED ENTRY SYSTEM AND CONSISTENTLY USING EVIDENCE-BASED TOOLS TO MAKE HOMELESSNESS BRIEF, RARE AND NON-RECURRING. THE FOUNDATION'S PRESIDENT/CEO SERVES ON THE ADVISORY COUNCIL. HE SUPPORTED THE CREATION OF THE YWH INITIATIVE FUND AT MONTGOMERY COUNTY FOUNDATION. HEALTHSPARK, THE INITIAL INVESTOR, HAS RESERVED ITS FUND CONTRIBUTIONS FOR CAPACITY BUILDING, SCALING SYSTEM IMPACT AND RESEARCH/EVALUATION. HEALTHSPARK SUPPORTED A CONSULTANT TO FACILITATE A LEARNING COLLABORATIVE, A PROJECT TO CREATE A CONSUMER FEEDBACK SYSTEM AND A REPORT TO GATHER EVIDENCE-BASED PRACTICES TO PREVENT EVICTION. HEALTHSPARK

HEALTHSPARK FOUNDATION

23-1352175

ALSO SUPPORTS AN ANNUAL SUMMIT TO SHARE LESSONS LEARNED AND
ENGAGE THE WIDER COMMUNITY.

EXPENSES

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

130,173.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY FOUR

FOOD SECURITY & NUTRITION INITIATIVE: HEALTHSPARK WORKS TO
IMPROVE FOOD SECURITY AND NUTRITION FOR ALL COUNTY
RESIDENTS. HEALTHSPARK FUNDS THE MONTCO ANTI-HUNGER NETWORK
(MAHN) WWW.MONTCOANTIHUNGER.ORG, A COALITION OF HUNGER
RELIEF ORGANIZATIONS WORKING TO IMPROVE HOW FOOD IS ACQUIRED
AND DISTRIBUTED THROUGHOUT THE COUNTY'S NETWORK OF APPROX.
50 FOOD PANTRIES. THE FOUNDATION OFFERS CAPACITY BUILDING
GRANTS TO EMERGENCY FOOD PROVIDERS. ADDITIONALLY, THE
FOUNDATION HOSTS A PEER LEARNING CIRCLE FOR PANTRIES AND
OTHER RELEVANT ORGANIZATIONS. THE CIRCLE OFFERS PARTICIPANTS
A SPACE TO EXPLORE OPERATIONAL CHALLENGES, SOLUTIONS AND
BEST PRACTICES. OTHER GRANTS INCLUDE THE ESTABLISHMENT OF
THE COMMON GROUNDS TRAINING PROGRAM, DEVELOPING A PANTRY
CAPITAL EQUIPMENT FUND, CREATING A PANTRY OPERATIONS BEST
PRACTICE MANUAL AND CONTINUE TO SUPPORT THE MAHN.

EXPENSES

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

40,410.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 20
	PART XV, LINES 2A THROUGH 2D	

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER	NAME 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>
215-716-5400	HOUSING FUND

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 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 AND OTHER FUNDERS SELECTED MONTGOMERY COUNTY FOUNDATION 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

<hr/> TELEPHONE NUMBER	<hr/> NAME 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>
215-716-5400	CATALYST FUND

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.