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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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Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation NEXION HEALTH FOUNDATION		A Employer identification number 41-2129020			
Number and street (or P O box number if mail is not delivered to street address) 6937 WARFIELD AVE		Room/suite		B Telephone number (see instructions) (410) 552-4832	
City or town, state or province, country, and ZIP or foreign postal code SYKESVILLE, MD 21784		C 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 change		D 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 foundation		E 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 (from Part II, col (c), line 16) \$ 195,644		J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)		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) (see instructions))		(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 (attach schedule)	120,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	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 or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	120,000	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,146	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	1,146	0	0	0
	25 Contributions, gifts, grants paid	107,929			107,929
	26 Total expenses and disbursements. Add lines 24 and 25	109,075	0	0	107,929
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	10,925				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	184,719	195,644	195,644
	2	Savings and temporary cash investments			
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	184,719	195,644	195,644	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds	0	0	
	27	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	28	Retained earnings, accumulated income, endowment, or other funds	184,719	195,644	
	29	Total net assets or fund balances (see instructions)	184,719	195,644	
30	Total liabilities and net assets/fund balances (see instructions) .	184,719	195,644		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	184,719
2	Enter amount from Part I, line 27a	2	10,925
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	195,644
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	195,644

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			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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			
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 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	60,820	187,486	0.324398
2017	35,832	145,304	0.246600
2016	79,253	67,061	1.181805
2015	45,423	57,449	0.790667
2014	34,622	57,877	0.598200

2 Total of line 1, column (d)	2	3.141670
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0.628334
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	181,952
5 Multiply line 4 by line 3	5	114,327
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	114,327
8 Enter qualifying distributions from Part XII, line 4	8	107,929

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	0
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	0
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	0
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11	

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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MD _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.NEXION-HEALTH.COM/</u>	13	Yes	
14	The books are in care of ► <u>ANDREA SMITH</u> Telephone no ► <u>(410) 552-4815</u>			

Located at ► 6937 WARFIELD AVE SYKESVILLE MD ZIP+4 ► 21784

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			
16	At any time during calendar year 2019, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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). ☐ Yes ☒ 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.	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ► ☐			
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 2019?	1c		No
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☒ No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2019 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 2019).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2019?	4b		No

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		Yes	No
(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.		5b	No
	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	☐ Yes ☐ No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	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			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(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
FRANCIS P KIRLEY 6937 WARFIELD AVE SYKESVILLE, MD 21784	DIRECTOR, PRESIDENT, CEO 0 00	0	0	0
JOHN R FALLON JR 6937 WARFIELD AVE SYKESVILLE, MD 21784	ASSIST SECRETARY 0 00	0	0	0
BRIAN LEE 6937 WARFIELD AVE SYKESVILLE, MD 21784	DIRECTOR 0 00	0	0	0
MEERA RINER 6937 WARFIELD AVE SYKESVILLE, MD 21784	DIRECTOR 0 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
NONE				
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 (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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		
2		
3		
4		

Part IX-B Summary of Program-Related Investments (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	184,723
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	184,723
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	184,723
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,771
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	181,952
6	Minimum investment return. Enter 5% of line 5.	6	9,098

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	9,098
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	9,098
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	9,098
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	9,098

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	107,929
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	107,929
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	107,929

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				9,098
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.	31,728			
b From 2015.	42,551			
c From 2016.	75,900			
d From 2017.	28,567			
e From 2018.	51,446			
f Total of lines 3a through e.	230,192			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 107,929				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				9,098
e Remaining amount distributed out of corpus	98,831			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	329,023			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	31,728			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	297,295			
10 Analysis of line 9				
a Excess from 2015.	42,551			
b Excess from 2016.	75,900			
c Excess from 2017.	28,567			
d Excess from 2018.	51,446			
e Excess from 2019.	98,831			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
NEXION HEALTH FOUNDATION
6937 WARFIELD AVE
SYKESVILLE, MD 21784
(410) 552-4800

b The form in which applications should be submitted and information and materials they should include
N/A

c Any submission deadlines
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
N/A

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	107,929
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

[illegible]

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

- [illegible]

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

Signature of officer or trustee | 2020-08-19

Date | *****

Title |

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Form **990-PF** (2019)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMY WIGGINS6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,500
ASHLEE LIPFORD6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,700
BARBARA MCKNIGHT LAKEVIEW MEMORIAL 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF PAID ON BEHALF OF BARBARA MCKNIGHT	1,000
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARBARA SMITH6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	5,000
BOBBIE WOOD6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,630
BRENDA STAMPS6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,980
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAWNETTE BLACK6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	3,000
DEBRA SMITH6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,000
ELCELSIOR COLLEGE7 COLUMBIA CIR ALBANY, NY 12203	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF DONEISHA ATKINSON	1,500
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ERIN HARRISON6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,300
GRATIS SMITH6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,654
GRAYSON COLLEGE6101 GRAYSON DR DENISON, TX 75020	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF ANGELA CRAWFORD	1,500
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRAYSON COLLEGE6101 GRAYSON DR DENISON, TX 75020	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF MARGARET YATES	1,500
HANNAH THUO6937 WARFIELD AVENUE SKYESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	4,000
JERCILLE PERKINS6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	5,000
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIA GLADYS PIERRE 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	457
KADASHA VITAL FLETCHERS FUNERAL HOME 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,500
KATHLEEN HENDERSON 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	5,000
Total ► 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KAYLA RAWLINGS-MORRIS 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,000
KILGORE COLLEGE 1100 BROADWAY BLVD KILGORE, TX 75662	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF KALI MARIE HOPPER	1,500
LADELIA COLE MCKNIGHT 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	5,944
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LORI LOVETT6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,485
LOUISIANA LONG TERM CARE FOUNDATION 6937 WARFIELD AVE SYKESVILLE, MD 21784	FOUNDATION	NC	SCHOLARSHIP DONATION	5,000
MARY BRYANT6937 WARFIELD AVE SKYESVILLE, MD 21784	FOUNDATION	I	EMERGENCY RELIEF	1,000
Total ► 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARY GREEN6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,000
MAUREEN SCHELLER 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	4,098
MICOLE DAVIS6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,000
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIDWESTERN STATE UNIVERSITY 3410 TAFT BLVD WICHITA FALLS, TX 76308	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF NAOMI WAGGONER	1,500
RACHEL ADEWUSI6937 WARFIELD AVE SYKESVILLE, MD 21784	FOUNDATION	I	EMERGENCY REPLY IN THE NAME OF RACHEL ADEWUSI	2,020
RITA ABERNATHY6937 WARFIELD AVE SKYESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,870
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIVER PARISHES COMMUNITY COLLEGE 925 W EDENBORNE PKWY GONZALES, LA 70737	INDIVIDUAL	I	SCHOLARSHIP IN NAME OF JADE NARCISSE	1,500
ROCHELLE SAUCIER 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	500
SHARNETTE WILLIAMS 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	5,000
Total ► 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHERN UNIVERSITY AT SHREVEPORT 3050 DR MARTIN LUTHER KING DR SHREVEPORT, LA 71107	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF JIMIKA MCGRAW	1,500
STEPHANIE BOUDREAUX 6937 WARFIELD AVE SKYESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	500
SYKESVILLE FREEDOM DISTRICK FIRE DEPARTMENT 6680 SYKESVILLE RD SYKESVILLE, MD 21784	FOUNDATION	NC	DONATION	5,000
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TERESA THOMAS6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,500
TONIA GRANT6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	2,500
TORETHA HILL6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF IN THE NAME OF TORETHA HILL	1,500
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOWSON UNIVERSITY8000 YORK RD TOWSON, MD 21252	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF KERRI MCCORKELL	1,500
TREE OF LIFE FUNERAL DIRECTORS 6937 WARFIELD AVE SKYESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF IN THE NAME OF RACHEL PEELER NEWMAN	1,875
TYLER JR COLLEGE1327 S BAXTER AVE TYLER, TX 75701	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF AMANDA STRICKLAND	1,500
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TYLER JR COLLEGE1327 S BAXTER AVE TYLER, TX 75701	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF REINA C ARMSTRONG	1,500
UNIVERSITY OF NORTH TEXAS 1155 UNION CIR DENTON, TX 76203	INDIVIDUAL	I	SCHOLARSHIP IN THE NAME OF EMARLIA MARYAN RUSS	1,500
UNIVERSITY OF TEXAS AT ARLINGTON 701 S NEDDERMAN DR ARLINGTON, TX 76019	INDIVIDUAL	I	SCHOLARSHIP IN NAME OF KIARA NICOLE TAYLOR	1,500
Total ▶ 3a				107,929

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VALENCIA MCCLOUD 6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	1,500
VICKIE BARNES6937 WARFIELD AVE SYKESVILLE, MD 21784	INDIVIDUAL	I	EMERGENCY RELIEF	4,916
Total ▶ 3a				107,929

TY 2019 All Other Program Related Investments Schedule

Name: NEXION HEALTH FOUNDATION
EIN: 41-2129020

Category	Amount
N/A	0

TY 2019 General Explanation Attachment**Name:** NEXION HEALTH FOUNDATION**EIN:** 41-2129020**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	NEXION FOUNDATION STATEMENT	NEXION FOUNDATION ATTACHMENT	NEXION HEALTH FOUNDATION NEXION HEALTH FOUNDATION WAS ESTABLISHED IN 2004 TO MAKE FINANCIAL CONTRIBUTIONS TO ELIGIBLE ORGANIZATIONS FOR A VARIETY OF CHARITABLE PURPOSES THE FOUNDATION PRIMARILY SUPPORTS NON-PROFIT, CHARITABLE ORGANIZATIONS THAT PROMOTE AND SUPPORT THE HEALTH AND WELL-BEING OF THE ELDERLY AND DISABLED CITIZENS OF THE COMMUNITIES SERVED BY NEXION HEALTH AFFILIATE FACILITIES IN ADDITION, THE FOUNDATION MAKES FINANCIAL CONTRIBUTIONS THAT SUPPORT EDUCATIONAL, SOCIAL, CIVIC AND HUMANITARIAN ORGANIZATIONS ELIGIBILITY REQUIREMENTS 1 NEXION ASSOCIATES ARE CONSIDERED ELIGIBLE TO PARTICIPATE IN FOUNDATION PROGRAMS ON THE FIRST MONTH FOLLOWING 90 DAYS OF CONSECUTIVE FULL-TIME EMPLOYMENT 2 IMMEDIATE FAMILY MEMBERS OF ELIGIBLE ASSOCIATES ARE ELIGIBLE FOR CERTAIN FOUNDATION PROGRAMS 3 FOUNDATION CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS VIA THE ONE 4 ONE AND VOLUNTEER PLUS PROGRAMS WILL BE MADE IN THE FORM OF A CHECK PAYABLE DIRECTLY TO THE ORGANIZATION 4 CHARITABLE ORGANIZATIONS MUST PROVIDE A COPY OF THE IRS FEDERAL TAX EXEMPTION DETERMINATION LETTER THAT VALIDATES THEIR 501(C) STATUS 5 THE FOUNDATION RESERVES THE RIGHT TO LIMIT ANNUAL CONTRIBUTIONS MADE TO ANY ONE CHARITABLE ORGANIZATION 6 WITH THE EXCEPTION OF FUNDS DISTRIBUTED THROUGH THE EMERGENCY RELIEF PROGRAM, THE FOUNDATION WILL NOT MAKE CONTRIBUTIONS DIRECTLY TO INDIVIDUALS 7 FOUNDATION BOARD MEMBERS AND THEIR FAMILIES ARE NOT ELIGIBLE TO PARTICIPATE IN FOUNDATION PROGRAMS SCHOLARSHIP REQUIREMENTS 1 SCHOLARSHIPS WILL BE AWARDED BASED ON A REVIEW OF ALL APPLICATIONS POSTMARKED BY APRIL 30TH 2 REVIEWS WILL BE CONDUCTED BY THE FOUNDATION BOARD OF DIRECTORS, WHOSE DECISION WILL BE FINAL 3 SCHOLARSHIP RECIPIENTS WILL BE ASKED TO PROVIDE A LETTER OF ACCEPTANCE AND A REMITTANCE ADDRESS FOR THE EDUCATIONAL INSTITUTION OF THEIR CHOICE 4 SCHOLARSHIP FUNDS WILL NOT BE PAID DIRECTLY TO INDIVIDUALS

TY 2019 Other Expenses Schedule**Name:** NEXION HEALTH FOUNDATION**EIN:** 41-2129020**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	369	0	0	0
OTHER MISCELLANEOUS EXPENSES	777	0	0	0

**TY 2019 Substantial Contributors
Schedule****Name:** NEXION HEALTH FOUNDATION**EIN:** 41-2129020**Name****Address**

NEXION HEALTH MANAGEMENT

6937 WARFIELD AVE
SYKESVILLE, MD 21784

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2019
Name of the organization NEXION HEALTH FOUNDATION		Employer identification number 41-2129020

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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NEXION HEALTH FOUNDATIONEmployer identification number
41-2129020**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	NEXION HEALTH MANAGEMENT 6937 WARFIELD AVE SYKESVILLE, MD 21784	\$ 120,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization NEXION HEALTH FOUNDATION	Employer identification number 41-2129020
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions) Use duplicate copies of Part II if additional space is needed	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization NEXION HEALTH FOUNDATION	Employer identification number 41-2129020
--	--

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 information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee