Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year 2022, or tax year beginning 04-01-2022 , and ending 03-31-2023

Name of foundation
St Joseph's Healthcare Foundation Hamilton

% DAN MARLATT

A Employer identification number
98-0509143

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

Room/suite

B Telephone number (see instructions)
(905) 521-6036

City or town, state or province, country, and ZIP or foreign postal code
HAMILTON, ON L8P 3A9
Canada

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)* ▶$ 34,134,039

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)	8,053,307			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	92,305			
	4	Dividends and interest from securities	898,591	211,081		
	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)				
	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)	2,517,200	651,146		
	12	**Total.** Add lines 1 through 11	11,561,403	862,227		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	857,590			857,590
	14	Other employee salaries and wages	735,671			735,671
	15	Pension plans, employee benefits	342,257			342,257
	16a	Legal fees (attach schedule)	4,487	0	0	4,487
	b	Accounting fees (attach schedule)	18,457	0	0	18,457
	c	Other professional fees (attach schedule)	216,764			216,764
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	16,476			
	20	Occupancy	7,344			7,344
	21	Travel, conferences, and meetings	33,614			33,614
	22	Printing and publications	109,706			109,706
	23	Other expenses (attach schedule)	944,306			944,306
	24	**Total operating and administrative expenses.** Add lines 13 through 23	3,286,672	0	0	3,270,196
	25	Contributions, gifts, grants paid	5,337,488			5,337,488
	26	**Total expenses and disbursements.** Add lines 24 and 25	8,624,160	0	0	8,607,684
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	2,937,243			
	b	**Net investment income** (if negative, enter -0-)		862,227		
	c	**Adjusted net income** (if negative, enter -0-)				

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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	2,380,833	2,267,785	2,267,785
	3	Accounts receivable ▶ 81,302			
		Less: allowance for doubtful accounts ▶	138,625	81,302	81,302
	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	8,951	9,421	9,421
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	19,065,316	15,648,058	15,648,058
	c	Investments—corporate bonds (attach schedule)	12,656,737	15,046,351	15,046,351
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	289	191,516	191,516
	14	Land, buildings, and equipment: basis ▶ 258,126			
		Less: accumulated depreciation (attach schedule) ▶ 179,910	38,016	78,216	78,216
	15	Other assets (describe ▶)	905,559	811,390	811,390
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	35,194,326	34,134,039	34,134,039
Liabilities	17	Accounts payable and accrued expenses	721,421	723,712	
	18	Grants payable			
	19	Deferred revenue	18,125	22,600	
	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)	739,546	746,312	
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			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds	34,454,780	33,387,727	
	29	**Total net assets or fund balances** (see instructions)	34,454,780	33,387,727	
	30	**Total liabilities and net assets/fund balances** (see instructions)	35,194,326	34,134,039	

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	34,454,780
2	Enter amount from Part I, line 27a	2	2,937,243
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	37,392,023
5	Decreases not included in line 2 (itemize) ▶	5	4,004,296
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	33,387,727

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				
b				
c				
d				
e				

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

	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 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)**	1	0
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
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	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
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 2221 is attached.	8	
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 2023 estimated tax** ▶ **Refunded** ▶	11	

Part VI-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.	1b		No
	*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.*			
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? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T.*	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		
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
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 2022 or the taxable year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VI-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?	13	Yes	

Website address ▶ www.stjoesfoundation.ca

14 The books are in care of ▶ DAN MARLATT Telephone no. ▶ (905) 521-6036

Located at ▶ 224 JAMES STREET S HAMILTON ON CA ZIP+4 ▶ L8P 3A9

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 |

			Yes	No
16	At any time during calendar year 2022, 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	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		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)?	1a(5)		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.)	1a(6)		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		
c	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d		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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a		
	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?	3a		No
b	If "Yes," did it have excess business holdings in 2022 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 2022.)*	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 2022?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		No
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		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?	5a(5)		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		
c	Organizations relying on a current notice regarding disaster assistance check ▶ ☐			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	5d		
	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?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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?	7a		No
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	8		No

Part VII 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
Anthony Adili 189 LOVERS LANE ANCASTER, ONTARIO L9G 4T7 CA	Director of Board 1.0	0	0	0
Mary Lou Ciancone 366 RYMAL ROAD WEST HAMILTON, ONTARIO L9B 1B8 CA	Director of Board 1.0	0	0	0
Chantal Copithorn 391 DELAWARE AVENUE BURLINGTON, ONTARIO L7R 3B4 CA	Director of Board 1.0	0	0	0
Tony DeLuca 182 THEODORE DRIVE HAMILTON, ONTARIO L9A 5K1 CA	DIRECTOR OF BOARD 1.0	0	0	0
Mary Dow 558 MOUNTAIN BROW BOULEVARD HAMILTON, ONTARIO L8T 1A9 CA	Director of Board 1.0	0	0	0
Elham Farah 6610 OLD DUNDAS ROAD DUNDAS, ONTARIO L9G 3J3 CA	Director of Board 1.0	0	0	0
Scott Galbraith 1664 ROUNDLEAF COURT BURLINGTON, ONTARIO L7T 4T6 CA	Director of Board 1.0	0	0	0
David Lumsden 277 GOLF LINKS ROAD ANCASTER, ONTARIO L9G 2N6 CA	Director of Board 1.0	0	0	0
Michael Macaluso 18 ELODIA COURT ANCASTER, ONTARIO L9C 7R1 CA	Director of Board 1.0	0	0	0
Margaret McKinnon 4 LANSDOWNE ROAD SOUTH CAMBRIDGE, ONTARIO N1S 2T3 CA	Director of Board 1.0	0	0	0
Riccardo Persi 35 ELMHURST DRIVE HAMILTON, ONTARIO L8T 1C5 CA	Director of Board 1.0	0	0	0
Lydia Potocnik 16 HERBERT PLACE DUNDAS, ONTARIO L9H 5E1 CA	Director of Board 1.0	0	0	0
Scott Smith 1 WILDBERRY WAY CARLISLE, ONTARIO L0R 1H2 CA	Director of Board 1.0	0	0	0
Carmela Trombetta 688 HIGHVALLEY ROAD ANCASTER, ONTARIO L9G 4E9 CA	Director of Board 1.0	0	0	0
William Walker 417 BIG CREEK ROAD CALEDONIA, ONTARIO N3W 2G9 CA	Director of Board 1.0	0	0	0
Shendal Yalchin 14 FOREST VALLEY CRES DUNDAS, ONTARIO L8H 0A7 CA	Director of Board 1.0	0	0	0
Colleen Yamashita 134 THEODORE DRIVE HAMILTON, ONTARIO L9A 5K1 CA	Director of Board 1.0	0	0	0
NINA AHUJA 2015 PARK LANE CRES BURLINGTON, ONTARIO L7M 3V6 CA	DIRECTOR OF BOARD 1.0	0	0	0
JUSTIN CAMPBELL 37 CHANCERY DR ANCASTER, ONTARIO L9G 4L7 CA	DIRECTOR OF BOARD 1.0	0	0	0
LANCE RICHTER 387 ROSSMORE BURLINGTON, ONTARIO L7N 1R9 CA	DIRECTOR OF BOARD 1.0	0	0	0
7 Foundation Managers 224 JAMES STREET SOUTH HAMILTON, ONTARIO L8P 3A9 CA	0 0	857,590	188,670	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
5 HIGHEST PAID EMPLOYEES 224 JAMES STREET SOUTH HAMILTON,ONTARIO L8P 3A9 C A	0 37.5	279,224	61,429	

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

Part VII **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
RBC Dominion Securities Inc 1500-100 KING ST W HAMILTON,ON L8P 1A2 CA	Investment Managemen	187,944

Total number of others receiving over $50,000 for professional services. . . . . ▶

Part VIII- 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 TO RAISE AND STEWARD FUNDS TO SUPPORT EXEMPLARY PATIENT CARE, RESEARCH AND EDUCATION AT ST. JOSEPH'S HEALTHCARE HAMILTON.	8,624,160
2	
3	
4	

Part VIII- 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	
Total. Add lines 1 through 3 . . . . . ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	0
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	0
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	0

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

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2022 from Part V, line 5 — 2a		
b	Income tax for 2022. (This does not include the tax from Part V.) — 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	8,607,684
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4	4	8,607,684

Part XII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2022:				
a From 2017.				
b From 2018.				
c From 2019.				
d From 2020.				
e From 2021.				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: ▶ $ _____				
a Applied to 2021, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2022 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2022. *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				
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)				
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2023.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020. . . .				
d Excess from 2021				
e Excess from 2022				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0	0	0	0	0
b 85% (0.85) of line 2a	0	0	0	0	0
c Qualifying distributions from Part XI, line 4 for each year listed	8,624,160	9,114,885	9,498,859	9,177,246	36,415,150
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	8,624,160	9,114,885	9,498,859	9,177,246	36,415,150
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets	34,134,039	35,194,326	32,303,293	23,465,661	125,097,319
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part 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).)

N A

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.

N A

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:

ST JOSEPH'S HEALTHCARE FOUNDATION
224 JAMES ST SOUTH
HAMILTON,ONTARIO L8P 3A9
C A
(905) 522-1155
dan@stjoesfoundation.ca

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 **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*				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					92,305
4 Dividends and interest from securities					898,591
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					591,293
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					1,315,892
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)					2,898,081
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	2,898,081

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
3	THROUGH THESE ACTIVITIES, OUR ORGANIZATION SUPPORTS ACCOMPLISHMENT OF ITS MANDATE TO RAISE AND STEWARD FUNDS TO SUPPORT ST.JOSEPH'S HEALTHCARE HAMILTON.
4	THROUGH THESE ACTIVITIES, OUR ORGANIZATION SUPPORTS ACCOMPLISHMENT OF ITS MANDATE TO RAISE AND STEWARD FUNDS TO SUPPORT ST.JOSEPH'S HEALTHCARE HAMILTON.
7	THROUGH THESE ACTIVITIES, OUR ORGANIZATION SUPPORTS ACCOMPLISHMENT OF ITS MANDATE TO RAISE AND STEWARD FUNDS TO SUPPORT ST.JOSEPH'S HEALTHCARE HAMILTON.
9	THROUGH THESE ACTIVITIES, OUR ORGANIZATION SUPPORTS ACCOMPLISHMENT OF ITS MANDATE TO RAISE AND STEWARD FUNDS TO SUPPORT ST.JOSEPH'S HEALTHCARE HAMILTON.

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

▶ Signature of officer or trustee — Date 2023-12-20 — ▶ Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Kathleen Li				P01506951
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ Suite 700 21 King St West Hamilton, Ontario L8P 4W7 C A				Phone no. (905) 523-8200

Additional Data

Return to Form

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
St Joseph's Healthcare Foundation Hamilton	98-0509143

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 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 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).

[2026-03-14 08:00]

Hemoglobin	14.2 g/dL	13.5–17.5	Normal
Hematocrit	42.1 %	40.0–52.0	Normal
WBC	7.8 K/uL	4.5–11.0	Normal
Platelets	245 K/uL	150–400	Normal
Glucose	98 mg/dL	70–99	Normal
BUN	18 mg/dL	8–23	Normal
Creatinine	0.9 mg/dL	0.6–1.2	Normal
Sodium	140 mmol/L	135–145	Normal
Potassium	4.2 mmol/L	3.5–5.1	Normal
Chloride	102 mmol/L	98–107	Normal
Calcium	9.4 mg/dL	8.6–10.3	Normal
Total Protein	7.1 g/dL	6.4–8.3	Normal
Albumin	4.0 g/dL	3.5–5.0	Normal
Total Bilirubin	0.8 mg/dL	0.1–1.2	Normal
Alkaline Phosphatase	72 U/L	40–129	Normal
AST	24 U/L	10–40	Normal
ALT	26 U/L	10–40	Normal
Cholesterol	185 mg/dL	<200	Normal
Triglycerides	120 mg/dL	<150	Normal
HDL	55 mg/dL	>40	Normal
LDL	110 mg/dL	<100	Borderline High
TSH	2.1 mIU/L	0.4–4.0	Normal
Free T4	1.2 ng/dL	0.8–1.8	Normal
Vitamin D	32 ng/mL	30–100	Normal
Vitamin B12	450 pg/mL	200–900	Normal
Folate	12 ng/mL	4–20	Normal
Iron	85 mcg/dL	60–170	Normal
Ferritin	45 ng/mL	30–300	Normal
Hemoglobin A1c	5.4 %	4.0–5.6	Normal
Urinalysis	Negative	Negative	Normal
Urine Protein	Negative	Negative	Normal
Urine Glucose	Negative	Negative	Normal
Urine Ketones	Negative	Negative	Normal
Urine Blood	Negative	Negative	Normal
Urine PH	6.0	5.0–8.0	Normal
Urine Specific Gravity	1.020	1.005–1.030	Normal
Urine Bilirubin	Negative	Negative	Normal
Urine Urobilinogen	0.2 mg/dL	0.1–1.0	Normal
Urine Nitrite	Negative	Negative	Normal
Urine Leukocyte Esterase	Negative	Negative	Normal
Urine Microscopic	Normal	Normal	Normal

Name of organization
St Joseph's Healthcare Foundation Hamilton

Employer identification number
98-0509143

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
-		$	

(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
St Joseph's Healthcare Foundation Hamilton

Employer identification number
98-0509143

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

Additional Data

Return to Form

Software ID:

Software Version:

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	18,457			18,457

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Person Name	Explanation
7 Foundation Managers	PROVIDING NAMES AND ADDRESSES OF STAFF WOULD CONTRAVENE ST. JOSEPH HEALTHCARE FOUNDATION'S CONFIDENTIALITY POLICIES, WHICH ARE REQUIRED BY THE CANADIAN ACCREDITATION BODY (IMAGINE CANADA). THEREFORE, ONLY SUMMARIZED INFORMATION HAS BEEN PROVIDED. INFORMATION WILL BE AVAILABLE AT THE TAXPAYER'S OFFICE UPON REQUEST. IF YOU HAVE ANY FURTHER QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT DAN MARLATT AT (905) 522-1155.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Employee	Explanation
5 HIGHEST PAID EMPLOYEES	PROVIDING NAMES AND ADDRESSES OF STAFF WOULD CONTRAVENE ST. JOSEPH HEALTHCARE FOUNDATION'S CONFIDENTIALITY POLICIES, WHICH ARE REQUIRED BY THE CANADIAN ACCREDITATION BODY (IMAGINE CANADA). THEREFORE, ONLY SUMMARIZED INFORMATION HAS BEEN PROVIDED. INFORMATION WILL BE AVAILABLE AT THE TAXPAYER'S OFFICE UPON REQUEST. IF YOU HAVE ANY FURTHER QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT DAN MARLATT AT (905) 522-1155.

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	15,046,351	15,046,351

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	15,648,058	15,648,058

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CASH EQUIVALENTS		191,516	191,516

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	4,487			4,487

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CASH SURRENDER VALUE	905,559	811,390	811,390

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Description	Amount
UNREALIZED CAPITAL GAIN/LOSS	1,327,567
FOREIGN EXCHANGE TRANSLATION ADJ	2,676,729

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING & PROMOTION	754,874			754,874
INTEREST & BANK CHARGES	22,963			22,963
LICENSES, MEMBERSHIPS & DUES	94,674			94,674
OFFICE SUPPLIES & EXPENSES	29,622			29,622
LIFE INSURANCE PREMIUMS	42,173			42,173

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Special events & gaming	1,925,907		
Capital Gains	591,293	651,146	

TY 2022 IRS 990 e-File Render

Name: St Joseph's Healthcare Foundation Hamilton

EIN: 98-0509143

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT	187,944			187,944
CONSULTING	22,469			22,469
INSURANCE	6,351			6,351