

2018 GRATITUDE REPORT



CHEO  
FOUNDATION  
FOUNDATION



Inspiration  
& Impact

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KEVIN KEOHANE  
PRESIDENT AND CEO  
CHEO FOUNDATION



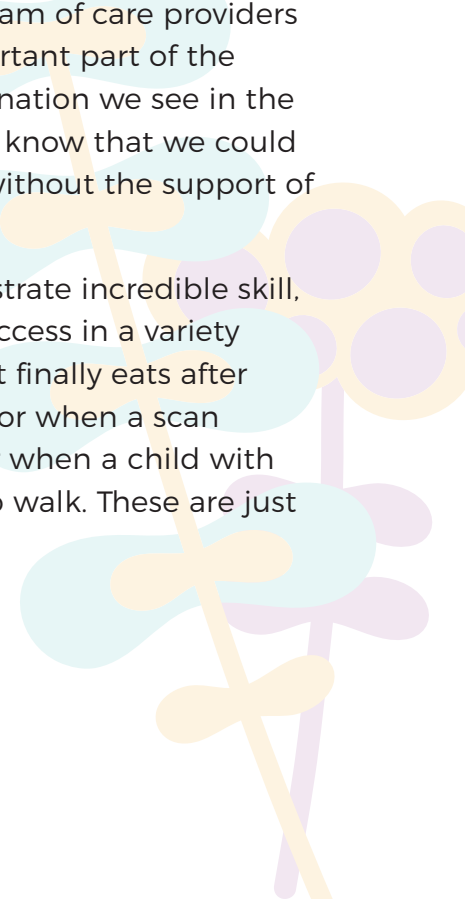
## Inspiration is all around us

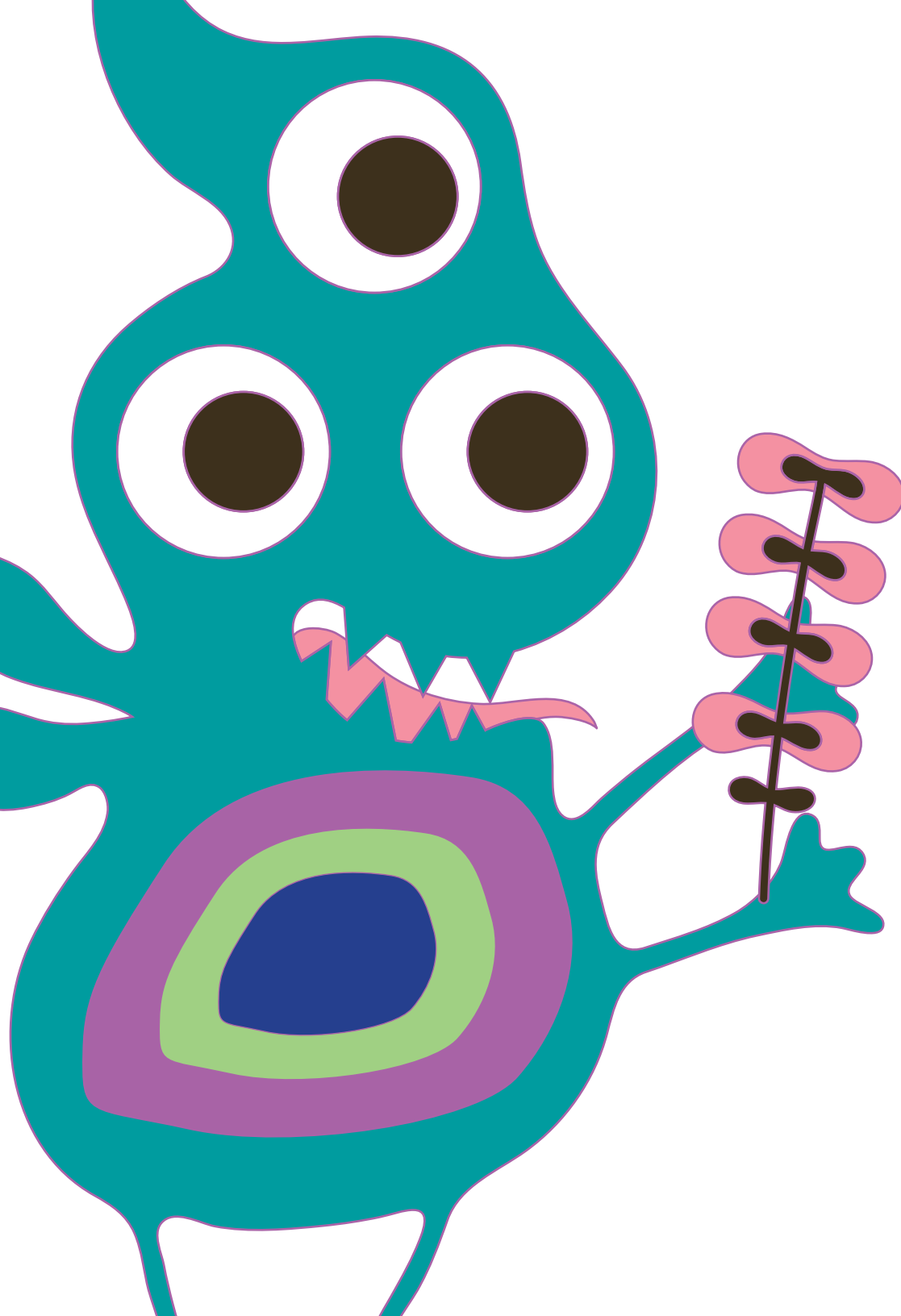
There are so many reasons to be inspired by what goes on at CHEO each and every day. All of us work together as one large team of care providers and we want you to be proud of being such an important part of the team. We are inspired to do our work by the determination we see in the faces of the children and youth who need us and we know that we could not provide the type of care these children deserve without the support of donors to CHEO. Thank you for being one of them.

Every day we are surrounded by people who demonstrate incredible skill, kindness and compassion and they measure their success in a variety of meaningful ways. Success is when a cancer patient finally eats after having lost their appetite because of chemotherapy, or when a scan comes back clear after a long course of treatment, or when a child with an amputation gets that first prosthetic and learns to walk. These are just some of the real successes at CHEO.



LISEANNE FORAND  
CHAIR - BOARD OF DIRECTORS  
CHEO FOUNDATION






We are also inspired by our very generous community. Victories are made possible because we can support doctors in the operating room, nurses at the bedside and researchers in the lab. Together, we all help a child live their very best life.

That's the theme at CHEO – best life. And isn't that what's most important for all of us? With your financial assistance we can support children and youth and help them when they need it most.

When our community chooses to support CHEO, this idea of best life comes into clear focus. These choices are demonstrated by gestures big and small, by large groups and in very personal moments. We all celebrate when a child donates birthday money they received in lieu of gifts because a classmate or family member needs CHEO to get well. We all cross the finish line when an event surpasses a fundraising goal, meaning more children will have access to a bed in the mental health unit. Donor dollars are music to every ear when a child is given a cochlear implant and can hear their parents' voices for the first time. And we all feel relief when a child who has been living with a rare disease finally gets a diagnosis! The impact of our generous community is far reaching. There is inspiration everywhere we look.

A few years ago, I met a teenaged boy named Nick who was in a horrific car accident and had to learn how to walk, talk and eat all over again. Today, he is a young man who continues to regain his strength,



his confidence and his place in society because donors like you provided CHEO with the means to support him on his medical journey. Thanks to community support, CHEO had the equipment necessary to save his life in the operating room, the physiotherapy resources to get him on his feet again and numerous programs to help him while at CHEO and later at home.

There are many examples just like this happening at CHEO every day and it makes me very proud to share them with you. I'm moved by the impact that people like you have on the lives of so many children and families. When they turn to CHEO in their most vulnerable moments, they can have full confidence that the team at CHEO and our amazing community of donors will help them in their time of need. Thank you once again for making this possible through your ongoing support.











## The Best Life for Every Child and Youth

Every year we meet hundreds of thousands of children and youth, each with their own unique story. Many are familiar faces we've gotten to know over the years, while some stay with us for only a few days and others a few hours. We value the opportunity to support children, youth and families on their journey.

In the fall of 2018, we launched a vision – the best life for every child and youth – that reflects what is top of mind every day for everyone at CHEO. Because delivering on the promise of the “best life” is what drives us to seek new ways to make care better, safer, more accessible, more digital and more innovative.

ALEX MUNTER  
PRESIDENT AND CEO  
CHEO

Best life encompasses so many aspects of a child's life. Be it setting the goal of learning to tie a shoe lace or realizing the dream of walking unassisted – everyone's story is unique, and we are committed to helping make that happen. Best life is all around us. It's in kids like Khloe who reached a special milestone with the love and support of her parents and the team at CHEO. Khloe's parents shared their joy and thanks with us in the following message:

*"Today, our baby graduated from Audio Verbal Therapy and is off to school next week! Proud is an understatement. I remember the diagnosis of Pierre Robin Sequence and the possibility of a plethora of other syndromes that can pair with it. I remember the worry of whether or not she would have hearing loss from the constant fluid in her ears for over a year before her palate surgery. I remember the day we found out she DID still have a unique, mixed hearing loss despite a myringotomy, and that we should consider hearing aids. I remember all these emotions rushing through me—worried about being different, worried about bullying, worried about not being able to keep up...*

*To think I ever even worried at all! Hah! Khloe is a remarkable child—and I don't say that just [because] she is my own. She's scoring in the 95<sup>th</sup> percentile for expression and comprehension and if we had tested her just one month earlier, she would have scored in the 99<sup>th</sup> percentile. Can you believe this girl right here? Nothing will hold her back! She's even communicating at the same level as a five year old. Proud—proud is an understatement. All of this, all thanks to our beautiful CHEO family."*

Keep up the good work, Khloe!

We do continue to face some ongoing challenges, including a growing child and youth population and more demand for our services. Our pediatric population is unique, they are not tiny adults, and for their care they rely on the expertise of our pediatric health and research centre and the support of caring people in the community.







Thankfully, we know that by working together within our organization as well as with our community partners, we can continue to always put safety first and deliver on our vision to provide the best life for every child and youth. Without support from our generous donors like you, we wouldn't be able to purchase specialized equipment for our children or conduct life-saving research that not only impacts our own community but communities all across the world. You are part of our story.

Thank you for your support -  
for CHEO and this community.

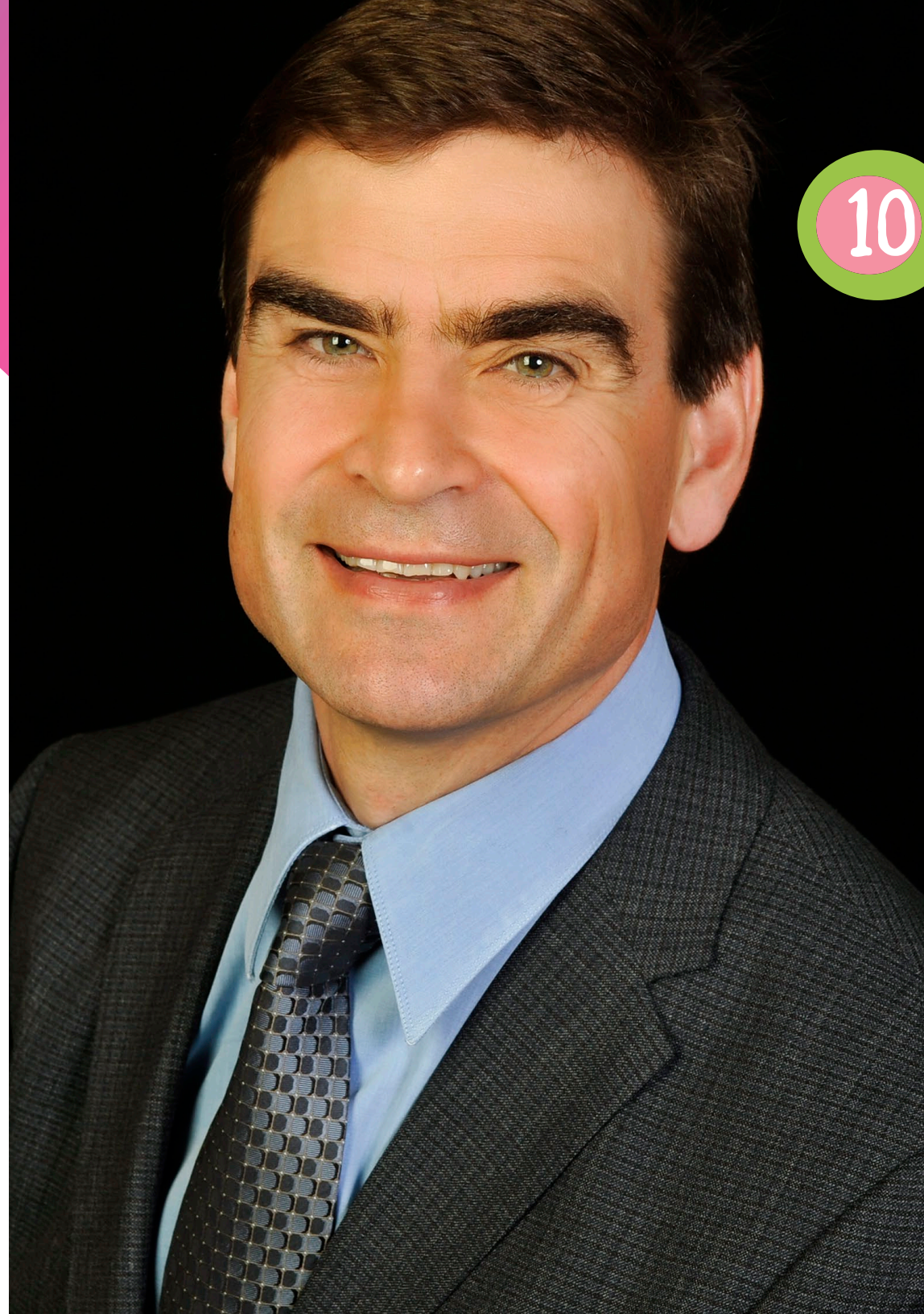




DR. MARTIN OSMOND  
CEO AND SCIENTIFIC DIRECTOR  
CHEO RESEARCH INSTITUTE

## The Best Research for the Best Life

In the research world, one way we count our success is the number of studies that we share internationally through peer-reviewed journals. Some of these journal articles represent years of collaboration and painstaking work for our teams in pediatric cancer, genetics, emergency medicine, mental health, neurology and so much more. Peer review, in the research context, means that other scientists and investigators review the work and cast a critical eye to make sure it's of the best calibre. And what these articles represent is the best research that we're doing here at the CHEO Research Institute - research that you're supporting through your gifts to the CHEO Foundation. Thanks to you and your commitment to healthier kids, we're proud to



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say that we have doubled our research publications in the last six years. This means twice the number of discoveries being shared around the world. I believe that we're doing some of the best pediatric research in the country. This research is then transformed into patient care so CHEO can provide the best life for the children, youth and families that we serve.

With your support, our researchers developed the Canadian 24-Hour Movement Guidelines. These guidelines, the first in the world, are about kids' activity during the whole day and provide evidence-based recommendations for how much time kids should be physically active each day, how much sleep they should get and maximum screen-time use (e.g. tablet use or watching TV). In a new study, our researchers found that children aged nine and 10 who met recommendations in the Canadian 24-Hour Movement Guidelines had an increased ability to learn and understand information. This research was published in *The Lancet*, one of the most highly regarded scientific publications in the world.

We've also discovered that in emergency sedation for children there's no link between the amount of time a child has fasted and the occurrence of an adverse event. Therefore, sedation can happen safely whenever a child arrives in CHEO's Emergency Department. By not having to delay a procedure requiring sedation, we can reduce the worry for children, youth and families and decrease the time they spend in emergency.

Some of our previous discoveries have meant that we need to take on new areas of research. An example of this is Duchenne Muscular Dystrophy or DMD. Tremendous advances





in the diagnosis and treatment for this disease have improved life expectancy for our DMD patients – and that’s such good news! It also means that we need to turn our efforts to raising the standard of care and improving quality of life for those who are living longer with the condition. Three of our researchers, Drs. Leanne Ward, Hugh McMillan and Stasia Hadjiyannakis, have been involved in an international collaboration to look at areas such as the emotional and mental well-being of individuals with DMD and how patients with DMD transition from pediatric health care into the adult health system. This will help DMD patients live their best life.

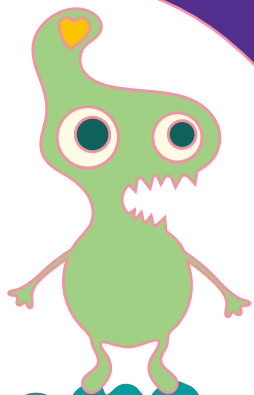
As I mentioned, it often takes years of tireless effort to make these important discoveries. And this work happens because of your ongoing commitment. The best research from the best minds to help kids and families have the best life happens because of the best donors – our CHEO Foundation donors.







# Digital Engagement



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## Current Followers

- Facebook: 38,609
- Twitter: 27,126
- Instagram: 3,565

## 2017 vs 2018

- Increase in Facebook followers: +8.2%↑
- Increase in Twitter followers: +7.5%↑
- Increase in Instagram followers: +92%↑

## Most influential social media campaign of the year

### CHEO Telethon 2018

- Reach: 8,695,713 (+36.2%↑ from 2017)
- Impressions: 33,856,221

## Most influential social media post of 2018

"It was a really special day for Joshua today, and not because it was a snow day. He rang the bell at CHEO to mark the end of his 3.5 years of treatment for leukemia. We're so happy for him and his family. Congratulations Joshua, from all of us at CHEO! [#BestLife](#)"

- 110,130 People reached
- 7,183 Engagements
- 6.5% Engagement rate  
(Industry standard: 1.66%)





# Look at what you've done for children at CHEO!

We are incredibly fortunate to live in a community that takes heartfelt good wishes for children and youth further by making donations that ensure the care, treatment, programs and services that will help this next generation thrive are available. CHEO was built by this community and year after year it gets stronger because of the investment that donors like you continue to make. Advances in medicine, research and the understanding of the unique aspects of pediatric care would not be possible without you. Along with our gratitude, which is profound, we hope you will be proud of what has been done with your money. We also hope that you will take pride in knowing that you are helping the children and youth of our community to live their best lives.

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## Ophthalmology Clinic Renovation

In the last decade, the care provided in the Department of Ophthalmology has expanded significantly. From a department of two physicians and one orthoptist, the team has grown to include the expertise of five physicians, two orthoptists and three specialized support staff. The subspecialized eye care includes advanced surgical glaucoma management, advanced anterior segment and retino-vitreous surgeries, pediatric oculoplastics and uveitis and greater coverage of general pediatric ophthalmology. All of these additional services were being provided within the same space configuration that the original Department of Ophthalmology had occupied since CHEO opened its doors in 1974.



Extensive planning has gone into the renovation of Ophthalmology's space. Within the same footprint, the department has gone from having five outdated examination spaces to having seven state-of-the-art examination spaces, equipped with advanced technology. Each examination room includes adapted visual acuity targets, biomicroscopes and specialized instruments for glaucoma detection.

Thanks to the generosity of our donors, CHEO now has the capacity to do more tests than ever before. Until now, CHEO

had to rely on our adult care partners for visual field testing of children with glaucoma, which meant additional visits to the hospital requiring families to plan and schedule. CHEO now has a visual field analyzer, significantly improving our ability to connect families to the ophthalmic care they need in a timely fashion. In order to care for a greater number of children, CHEO was also thrilled to acquire a non-mydriatic fundus camera. These donor-funded technologies will help CHEO treat children affected by eye disease and prevent them from heading on a path to eventual blindness.



## Equipment – EOS Machine

Standing tall thanks to you!

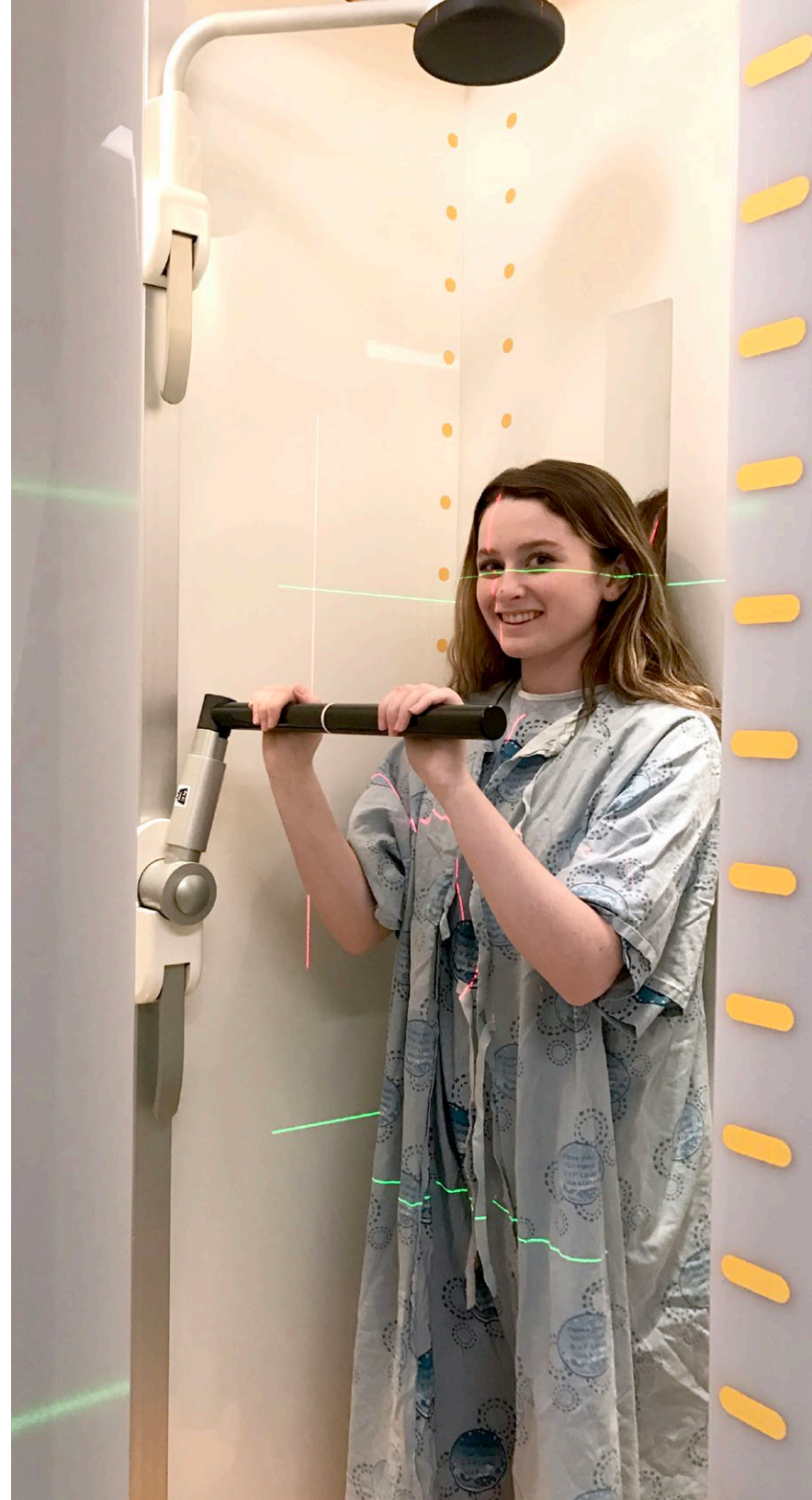
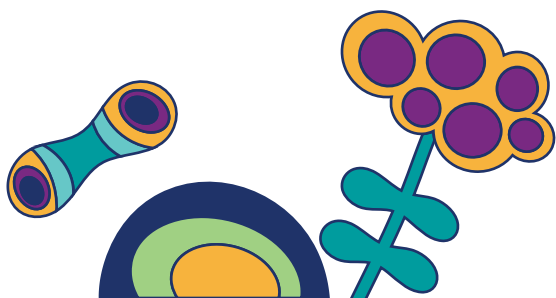
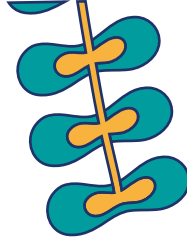
For patients with skeletal conditions, particularly those affecting the spine, pelvis and legs, frequent x-rays are essential for accurate diagnosis and determining treatment plans.

A low-dose 2D/3D x-ray imaging technology called an EOS machine produces high quality images while delivering a lower dose of radiation. Thanks to outstanding community support, CHEO now has one. This means patients no longer have to travel to other hospitals to have access to equipment that provides the most accurate and safest medical imaging available.

What is the EOS system?

- It captures full body x-ray images in a single scan, allowing for more precise evaluation.
- The 3D model provides a complete picture of the skeleton to help plan complicated, personalized treatments.
- The EOS system follows the ALARA (as low as reasonably achievable) principle enhancing patient safety and decreasing radiation dose.

Your support enabled CHEO to purchase this crucial system not covered by government funding. Together, we are making huge strides in providing leading-edge care for CHEO's patients.





## Audiology

### Bone conduction hearing aids (BCHA)

Pediatric audiologists know that early and consistent access to sound is not only crucial to a child's development of listening and spoken language skills but to brain development, language acquisition, social and emotional health. And as parents there is nothing more special than knowing our children can hear our voices and connect with siblings and the world around them. Research has clearly shown that the earlier a child with hearing loss is fit with hearing aids, the more likely they are to do well in all areas of life.

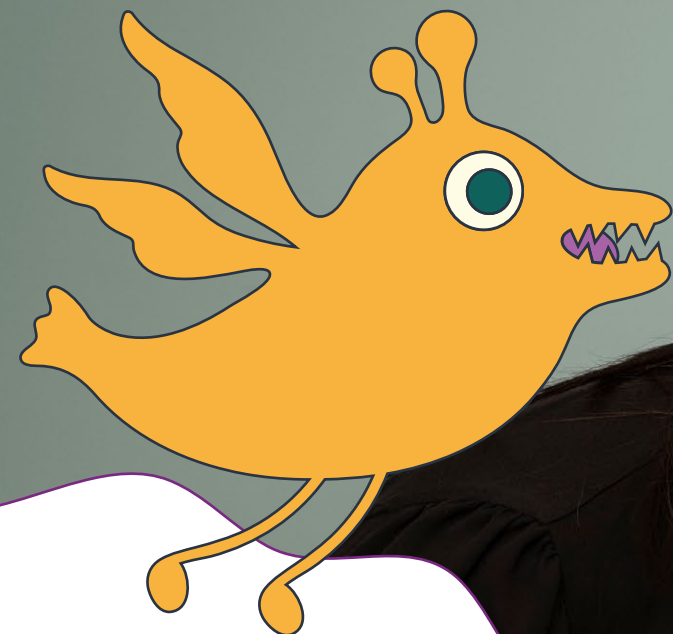
There are times however when the use of a conventional hearing aid is not possible. The reasons for that can be medical or anatomical due to the absence of an outer and/or middle ear. This is when a bone conduction hearing aid is the only device capable of providing sound. These devices send vibrations through the bones of the skull directly to the inner ear. Children can wear them on a band that rests on their head and when they are old enough, surgery can permanently affix the device.

Knowing that these devices hold the key to a hearing-impaired child's development and enjoyment of life make them a priority for audiologists and concerned parents. Yet the current provincial funding model does not cover a child's first BCHA and costs are only covered five years after the child matures enough to have surgery to implant the device. Families must cover all initial costs, which are substantial. Knowing how time sensitive intervention is to correct hearing loss, this situation is stressful beyond measure for families who simply cannot afford that first BCHA. Due to increased numbers of children being fitted with bone conduction hearing aids, the CHEO Foundation, thanks to community support, has been there to help meet the demand to ensure all children can benefit from the gift of hearing.









## Mental Health – Well-being Program

Did you know CHEO has dedicated services for oncology patients including a team focused on their emotional and mental health? This team is called the Hematology/Oncology Psychosocial Team. A very important member of this group is Dr. Héloïse Sirois-Leclerc, a clinical psychologist providing assessments, consultations and counselling for patients who need specialized intervention and support. This addition to CHEO's oncology treatment program was born out of an identified need for

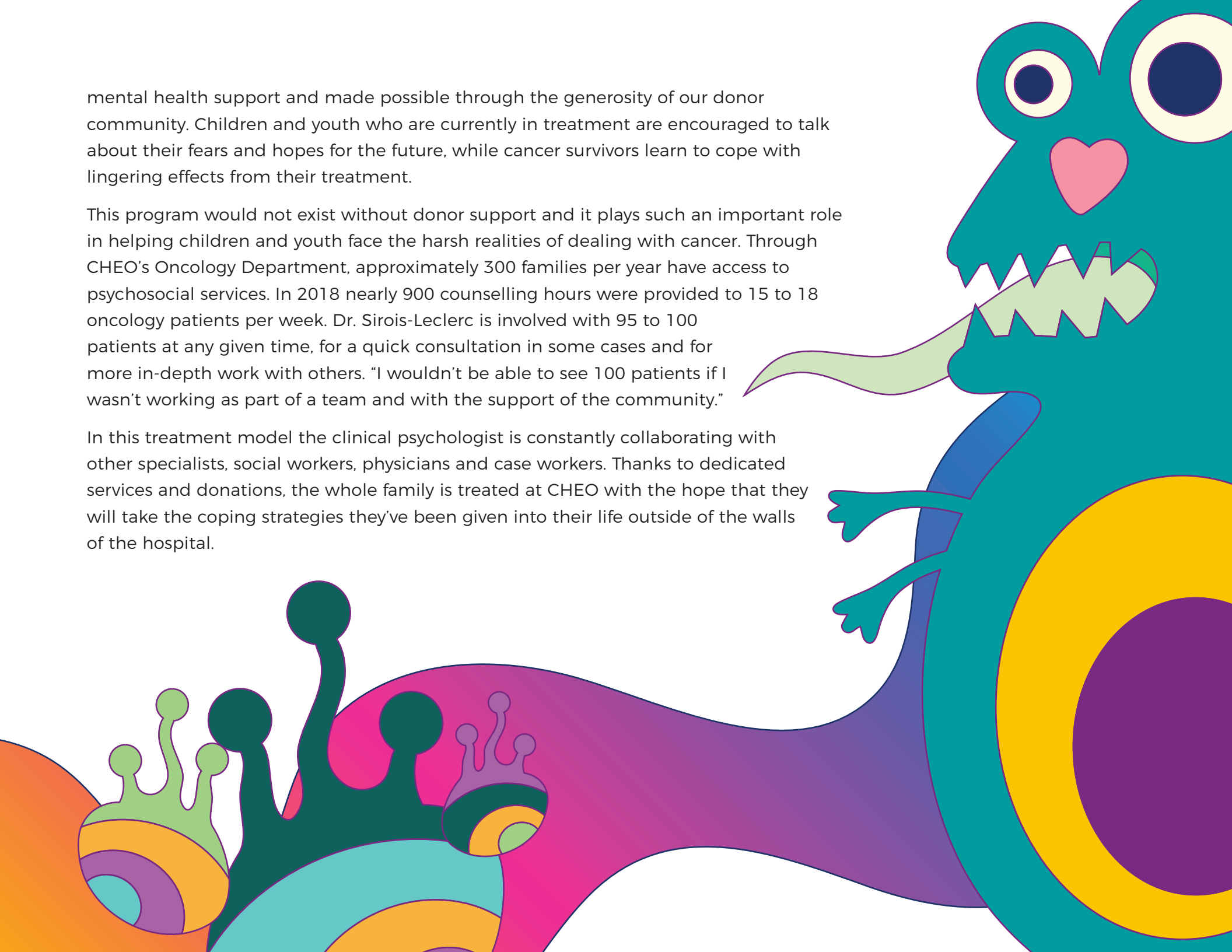




mental health support and made possible through the generosity of our donor community. Children and youth who are currently in treatment are encouraged to talk about their fears and hopes for the future, while cancer survivors learn to cope with lingering effects from their treatment.

This program would not exist without donor support and it plays such an important role in helping children and youth face the harsh realities of dealing with cancer. Through CHEO's Oncology Department, approximately 300 families per year have access to psychosocial services. In 2018 nearly 900 counselling hours were provided to 15 to 18 oncology patients per week. Dr. Sirois-Leclerc is involved with 95 to 100 patients at any given time, for a quick consultation in some cases and for more in-depth work with others. "I wouldn't be able to see 100 patients if I wasn't working as part of a team and with the support of the community."

In this treatment model the clinical psychologist is constantly collaborating with other specialists, social workers, physicians and case workers. Thanks to dedicated services and donations, the whole family is treated at CHEO with the hope that they will take the coping strategies they've been given into their life outside of the walls of the hospital.



## Neonatal Intensive Care Unit

Critically ill and high-risk newborns are cared for in the Neonatal Intensive Care Unit (NICU) at CHEO. In addition to providing hospital care to newborns in a 20-bed unit, CHEO also manages the transfer of critically ill infants. The Neonatal Transport Team is a specially trained critical care team available 24 hours per day, seven days a week. This team, which includes nurses and respiratory therapists provides rapid access to the right care in the right place, responding to calls, stabilizing sick babies wherever they are born (sometimes in advance of birth), and providing safe transfer to CHEO or other appropriate neonatal intensive care units. Specialized equipment is a must for this team and this unit.

Last year, CHEO desperately needed to replace 12 oxygen blenders to help our most fragile babies breathe when they can't do it their own. These blenders allow for a precise concentration of oxygen to be delivered to the babies. Without a blender, we are only able to provide either room air or pure oxygen. Many patients require some oxygen, but too much oxygen can cause damage to their eyes, brains and other organs. With a blender in place we can customize the amount of oxygen delivered to the patient at any time, including instances when they may require resuscitation. For the first time at CHEO, every patient in the NICU will have a resuscitation bag connected to a blender. For some patients, this will be used regularly, while some will never need it. Thanks to donors, the equipment is now available in the case of emergency which is an absolute must for safety and appropriate care.











## Research - type 1 diabetes

Being diagnosed with type 1 diabetes is a shock and a life-altering change for kids and their families. Thanks to donors like you advances in research, specialized care and supportive programs are making this a more manageable disease for patients at CHEO.

Having access to the right tools for diabetes patients can mean a long, healthy and unimpeded life. In addition to investing in their long term health, kids with this disease are being empowered to take ownership of their condition and treatment so that they can live their best life.

Over 800 children and youth are followed in the CHEO Diabetes Clinic yearly. That means thousands of families are able to rely on CHEO's services because of you. You are a part of the accomplishments and advances made available to diabetes patients at CHEO. From research findings to front line support, your donations are having an enormous impact on patients.

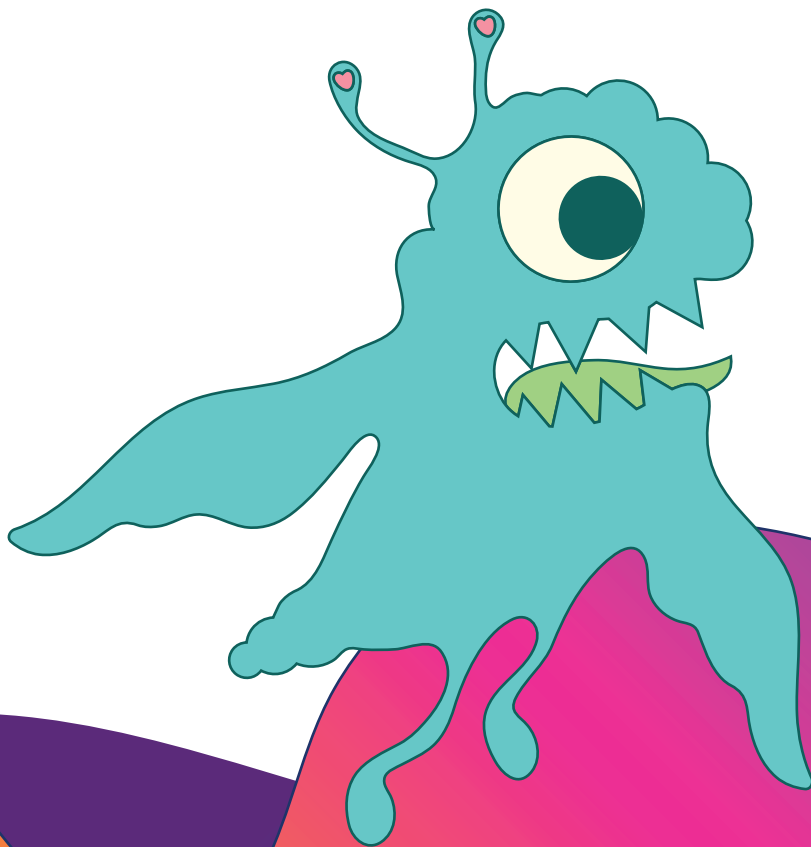
There has been a long-asked research question that has finally been answered: Is it possible to prevent type 1 diabetes by altering the kind of formula that infants are exposed to in the first months of life? After 14 years, following 2,159 children in 15 countries, researchers involved in the Trial to Reduce IDDM in the Genetically at Risk (TRIGR) study conclusively showed that altering the type of protein in infant formula does not affect the risk of developing type 1 diabetes in children who had a family member with the disease. CHEO's Dr. Margaret Lawson





and Brenda Bradley, led the Canadian Coordinating Centre for the 18 TRIGR Canada sites. More than 25 percent of study participants were Canadian. The study's conclusion provides important guidance for those who are developing infant feeding policy and guidelines. There is no need to develop separate feeding guidelines for infants who may have a genetic predisposition to type 1 diabetes and parents can feed their children the same way as any other infant.

As we continue to work toward a cure, our team is initiating new programs and improving old ones to meet the changing needs of children and teens with type 1 diabetes through research and special programs which are supported by donors. There is no doubt that we would not be able to do this important work without you. Thank you for caring about the health and well-being of children.









# Board of Directors

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**Liseanne Forand**

Board Chair  
Retired

**Mahesh Mani**

Past Chair  
Partner  
KPMG LLP

**Vicki Clement**

Principal  
Office of the Auditor General  
of Canada

**Katherine Cooligan**

Regional Managing Partner Ottawa  
Borden Ladner Gervais LLP

**Dr. Nishith Goel**

CEO  
Cistel Technology Inc.

**Dr. Emma Gofton**

Physician  
Queensway Carleton Hospital

**Tara-Lynn Hughes**

Senior Vice-President  
TD Canada Trust  
Greater Ontario Region

**Ross Hunt**

**Treasurer**  
Vice-President, Human Resources  
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Costco Wholesale Canada

**Ainsley Malhotra**

Community Volunteer

**James McKellar**

President  
Am-Tech Electrical

**Shawn Mincoff**

Partner  
MNP LLP

**Peter O'Leary**

Vice Chair  
General Manager  
Donnelly Ford Lincoln

**Tom Papaliadis**

Retired

**David Rattray**

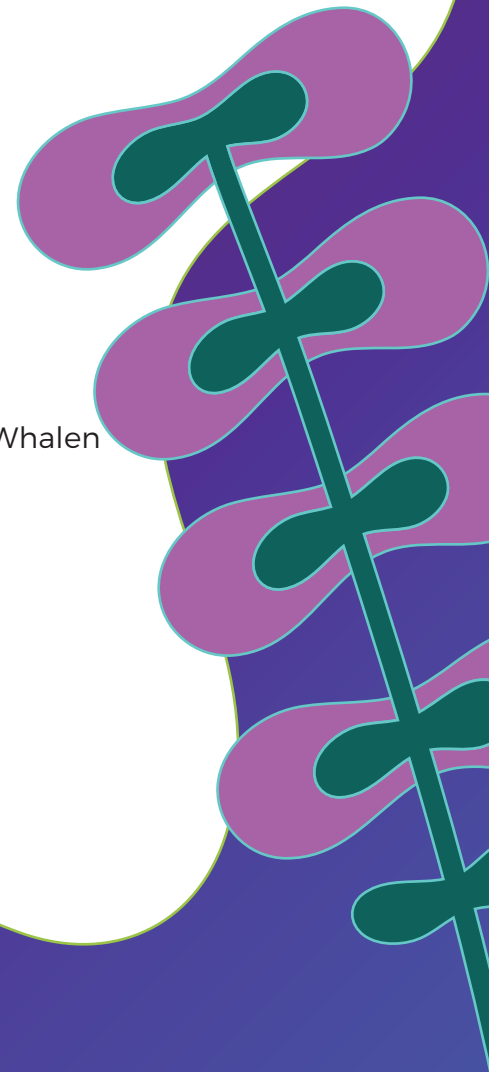
President  
Public Accountability  
Consulting Inc.

**Mark Sutcliffe**

Host, 1310 News  
Partner, Sutcliffe and Whalen

**Anna Tosto**

Senior Partner  
Fasken Martineau



## EX-OFFICIO MEMBERS

Clark Edissi  
Kevin Keohane  
Alex Munter  
Dr. Martin Osmond  
Steve Read

## EXECUTIVE COMMITTEE

Liseanne Forand  
Katherine Cooligan  
Ross Hunt  
Kevin Keohane  
Ainsley Malhotra  
Mahesh Mani  
Peter O'Leary  
Steve Read  
Anna Tosto

## BOARD OF GOVERNORS

Dennis Campbell  
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# FOREVER CHEO

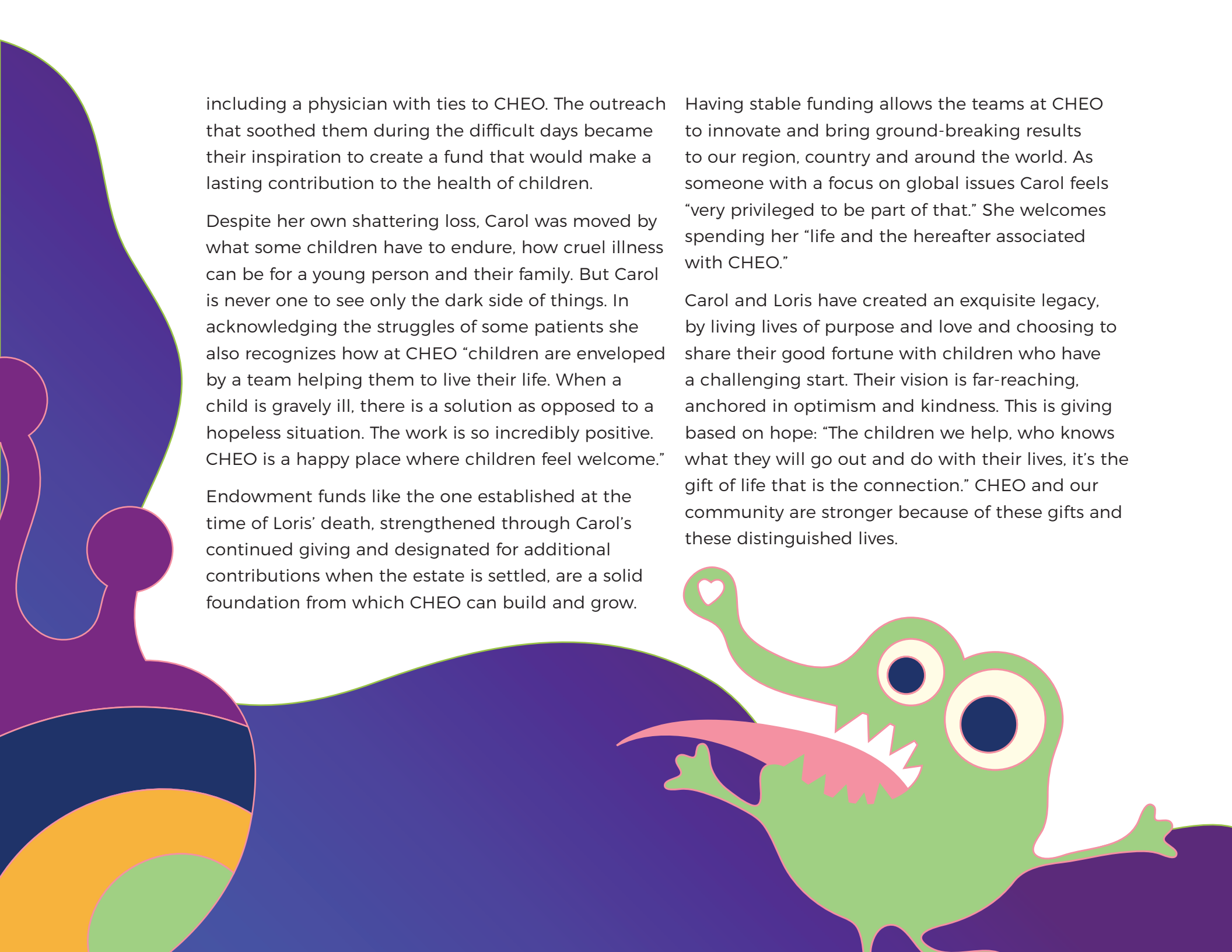
## THE GIFT OF LOVE

The power of a life well lived reaches beyond the years one person spends on this earth. The influence of a kind and generous soul transcends its own sphere of work and family to touch all those they encounter and in some cases to become a support for generations they will never meet.

These souls are beautiful, and to find two people with the same compassionate and giving nature is beyond rare; it's a once in a lifetime event. Carol and Loris are proof that these radiant souls exist. The couple found each other and became not only a spectacular love story but a combined force for good in our world through their international work, in Canada through their commitment to social justice and in our city through the endowment fund they established for CHEO. In Carol's words, this fund fulfills the desire for "giving in the present and building for the future."

Even more remarkable is that the idea for this fund came as Loris was facing the end of his life. In the intense days that led up to his passing, Loris and Carol took great comfort from a palliative care team






including a physician with ties to CHEO. The outreach that soothed them during the difficult days became their inspiration to create a fund that would make a lasting contribution to the health of children.

Despite her own shattering loss, Carol was moved by what some children have to endure, how cruel illness can be for a young person and their family. But Carol is never one to see only the dark side of things. In acknowledging the struggles of some patients she also recognizes how at CHEO “children are enveloped by a team helping them to live their life. When a child is gravely ill, there is a solution as opposed to a hopeless situation. The work is so incredibly positive. CHEO is a happy place where children feel welcome.”

Endowment funds like the one established at the time of Loris’ death, strengthened through Carol’s continued giving and designated for additional contributions when the estate is settled, are a solid foundation from which CHEO can build and grow.

Having stable funding allows the teams at CHEO to innovate and bring ground-breaking results to our region, country and around the world. As someone with a focus on global issues Carol feels “very privileged to be part of that.” She welcomes spending her “life and the hereafter associated with CHEO.”

Carol and Loris have created an exquisite legacy, by living lives of purpose and love and choosing to share their good fortune with children who have a challenging start. Their vision is far-reaching, anchored in optimism and kindness. This is giving based on hope: “The children we help, who knows what they will go out and do with their lives, it’s the gift of life that is the connection.” CHEO and our community are stronger because of these gifts and these distinguished lives.



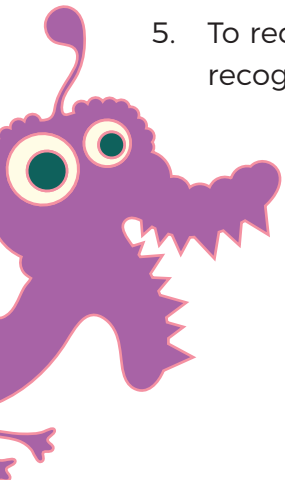


# Donor Bill Rights

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To assure that our donors and prospective donors can have full confidence in the CHEO Foundation we declare that all donors have the following rights:

1. To be informed of the CHEO Foundation's mission, of the intended use for donated resources, and of the capacity for donations to be used effectively for their intended purpose.
2. To be informed of the identity of the CHEO Foundation's governing board, and to expect the board to exercise prudent judgement in its stewardship responsibilities.
3. To have access to the CHEO Foundation's most recent financial statements.
4. To be assured their gifts will be used for the purposes for which they were given.
5. To receive appropriate acknowledgement and recognition.
6. To be assured that information about their donations is handled with respect and with confidentiality to the extent required by law.
7. To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.
8. To be informed whether those seeking donations are volunteers, employees of the CHEO Foundation, or hired solicitors.
9. To have the opportunity for their names to be deleted from mailing lists.
10. To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.



# Financials

## STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

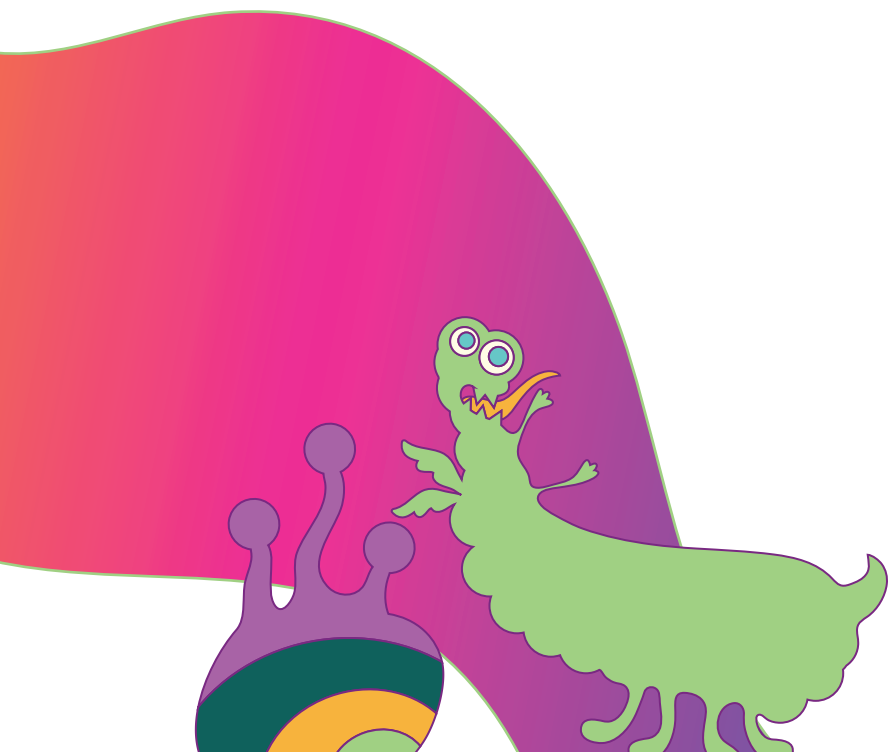
In preparing the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Foundation's financial reporting process. The Board carries out this responsibility principally through its Finance Committee, whose members are appointed by the Board.

The Finance Committee meets with management and the external auditors to discuss internal controls over the financial reporting process, auditing matters and financial reporting issues, and to satisfy itself that each party is properly discharging its responsibilities. The Finance Committee reports its findings to the Board for consideration when approving the financial statements for issuance to the members in the Annual Report.

Kevin Keohane  
President and CEO  
CHEO Foundation

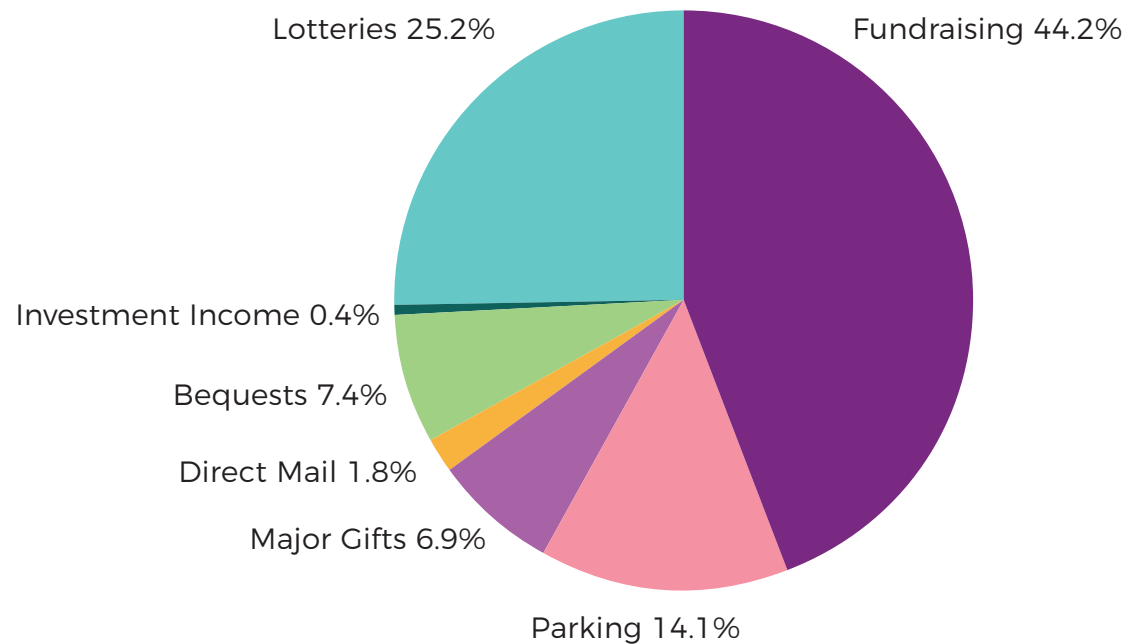
Steve Read  
Vice President, Finance and Administration  
CHEO Foundation





# Financial Statements

## REVENUE SUMMARY



# STATEMENT OF FINANCIAL POSITION

## Children's Hospital of Eastern Ontario Foundation

Incorporated under the laws of Ontario

As at December 31

	2018 \$	2017 \$
<b>ASSETS</b>		
<b>Current</b>		
Cash and cash equivalents	12,306,934	8,553,544
Short-term investments	2,629,624	1,275,355
Interest and other receivables	1,550,827	1,580,730
Prepaid expenses	52,570	120,894
<b>Total current assets</b>	<b>16,539,955</b>	<b>11,530,523</b>
Long-term investments	67,289,687	65,731,461
Capital assets, net	58,589	77,077
Other assets	122,450	122,450
	<b>84,010,681</b>	<b>77,461,511</b>
<b>LIABILITIES AND FUND BALANCES</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	4,583,436	2,973,922
<b>Total current liabilities</b>	<b>4,583,436</b>	<b>2,973,922</b>
<b>Fund balances</b>		
General Fund	13,577,075	12,392,008
Restricted Fund	20,776,142	18,077,465
Endowment Fund	45,074,028	44,018,116
<b>Total fund balances</b>	<b>79,427,245</b>	<b>74,487,589</b>
	<b>84,010,681</b>	<b>77,461,511</b>



# STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

## Children's Hospital of Eastern Ontario Foundation

For the year ended December 31

	General Fund		Restricted Fund		Endowment Fund		Total	
	2018	2017	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$	\$	\$
<b>REVENUE</b>								
Lotteries	8,049,555	7,631,704	—	—	—	—	8,049,555	7,631,704
Fundraising	8,450,938	8,022,186	5,482,300	5,327,916	205,936	—	14,139,174	13,350,102
Investment income	56,786	3,564,724	31,111	634,237	41,111	840,059	129,008	5,039,020
Bequests	1,524,184	935,943	150,670	453,805	698,683	266,634	2,373,537	1,656,382
Direct mail	568,780	820,719	9,005	84,478	—	—	577,785	905,197
Major gifts	152,500	796,889	2,049,873	1,952,185	—	—	2,202,373	2,749,074
Parking & miscellaneous revenue	4,510,828	4,213,069	—	—	—	—	4,510,828	4,213,069
	<b>23,313,571</b>	<b>25,985,234</b>	<b>7,722,959</b>	<b>8,452,621</b>	<b>945,730</b>	<b>1,106,693</b>	<b>31,982,260</b>	<b>35,544,548</b>
<b>EXPENSES</b>								
Direct expenses	8,036,845	7,560,422	—	—	—	—	8,036,845	7,560,422
<b>Revenue, net of direct expenses</b>	<b>15,276,726</b>	<b>18,424,812</b>	<b>7,722,959</b>	<b>8,452,621</b>	<b>945,730</b>	<b>1,106,693</b>	<b>23,945,415</b>	<b>27,984,126</b>
Indirect expenses								
Other fundraising expenses	3,097,388	2,949,380	—	—	—	—	3,097,388	2,949,380
Administrative expenses	1,087,573	984,152	—	—	—	—	1,087,573	984,152
<b>Excess of revenue over expenses before grants</b>	<b>11,091,765</b>	<b>14,491,280</b>	<b>7,722,959</b>	<b>8,452,621</b>	<b>945,730</b>	<b>1,106,693</b>	<b>19,760,454</b>	<b>24,050,594</b>
Grants to Children's Hospital of Eastern Ontario, Children's Hospital of Eastern Ontario Research Institute and Roger Neilson House								
Capital and programs	875,363	2,428,034	13,805,405	14,204,951	—	—	14,680,768	16,632,985
Contribution of services	100,070	115,009	39,960	—	—	—	140,030	115,009
	<b>975,433</b>	<b>2,543,043</b>	<b>13,845,365</b>	<b>14,204,951</b>	<b>—</b>	<b>—</b>	<b>14,820,798</b>	<b>16,747,994</b>
<b>Excess (deficiency) of revenue over expenses and grants for the year</b>	<b>10,116,332</b>	<b>11,948,237</b>	<b>(6,122,406)</b>	<b>(5,752,330)</b>	<b>945,730</b>	<b>1,106,693</b>	<b>4,939,656</b>	<b>7,302,600</b>
Fund balances, beginning of year	12,392,008	11,072,357	18,077,465	12,857,118	44,018,116	42,747,260	74,487,589	66,676,735
Funds acquired from amalgamation	—	—	—	508,254	—	—	—	508,254
Interfund transfers	(8,931,265)	(10,628,586)	8,821,083	10,464,423	110,182	164,163	—	—
<b>Fund balances, end of year</b>	<b>13,577,075</b>	<b>12,392,008</b>	<b>20,776,142</b>	<b>18,077,465</b>	<b>45,074,028</b>	<b>44,018,116</b>	<b>79,427,245</b>	<b>74,487,589</b>

## STATEMENT OF CASH FLOWS

### Children's Hospital of Eastern Ontario Foundation

Year ended December 31

	2018 \$	2017 \$
<b>OPERATING ACTIVITIES</b>		
Excess of revenue over expenses before grants	<b>19,760,454</b>	24,050,594
Grants to qualified donees	<b>(14,820,798)</b>	(16,747,994)
Items not affecting cash		
Amortization	<b>18,488</b>	20,882
Investment income	<b>(256,746)</b>	(5,351,275)
Donated shares held at December 31	<b>(713,096)</b>	(546,205)
Other non-cash items	<b>57,347</b>	(144,012)
	<b>4,045,649</b>	1,281,990
Net change in non-cash balances related to operations	<b>1,707,741</b>	(4,594,148)
<b>Cash provided by (used in) operating activities</b>	<b>5,753,390</b>	(3,312,158)
<b>INVESTING ACTIVITIES</b>		
Withdrawals from (deposits to) externally managed investments	<b>(2,000,000)</b>	2,000,000
Additions to capital assets	<b>—</b>	(39,534)
<b>Cash provided by (used in) investing activities</b>	<b>(2,000,000)</b>	1,960,466
<b>Net change in cash and cash equivalents during the year</b>	<b>3,753,390</b>	(1,351,692)
Cash and cash equivalents, beginning of year	<b>8,553,544</b>	9,905,236
<b>Cash and cash equivalents, end of year</b>	<b>12,306,934</b>	8,553,544





# Mission Statement

To further the physical, mental and social well-being of children and their families in eastern Ontario and western Quebec by raising, managing and dispersing funds.

