

A

NEW

SICKKIDS

IS

RISING.

2019-2020 ANNUAL REPORT



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MESSAGE FROM OUR LEADERS

Personal protective equipment, one-visitor-per-patient policies, isolation — these are indeed extraordinary times. The demands of the COVID-19 pandemic are unlike anything we have experienced before. And SickKids is rising to the challenge.

We are protecting ourselves with masks and gloves. We are fast-tracking our virtual care expansion. We are building innovative processes to recycle masks and finding new ways to fight the virus. But most of all, we are moving forward.

In October, we put our shovels in the ground at a historic groundbreaking ceremony. Braving wind and rain, a crowd of cheering SickKids supporters joined Mayor John Tory, SickKids President Dr. Ronald Cohn, SickKids Foundation CEO Ted Garrard, and many distinguished guests to mark the beginning of construction of the Patient Support Centre — a 22-storey, state-of-the-art education, training and administrative hub slated to open in 2022.

In March, we launched [SickKids 2025](#), our bold new strategic plan that will shift us from a one-size-fits-all approach to individualized care tailored to each patient's unique characteristics, from their genetic code to their postal code. With the support of our staff, community partners and funding agencies led by the Ontario Government, the future for children's health is bright.

It has been a record-breaking year for fundraising. We raised more than \$190 million and welcomed a \$100-million gift from the Peter Gilgan Foundation, the single largest gift in SickKids history. We surpassed 100,000 monthly donors, as sure a sign as any that our campaign has become a movement. And we hit the \$1-billion mark en route to our \$1.3-billion goal.

We are nearing the finish line, but those last few miles will be our hardest yet. Because as we fight for the future of SickKids, we must also fight a global pandemic — all amidst economic turmoil.

This is why we're so grateful for your continued support: our donors, our staff, all levels of government and our many communities. The combination of remarkable public and private support for SickKids makes possible achievements that neither sector could accomplish alone and allows SickKids to rank with the world's finest children's hospitals.

A New SickKids is Rising. But we can't finish it without all of you.

Sincerely,



Photo: June 2019

Dr. Ronald Cohn, FACMG
SickKids President and CEO

Robert Prichard, OC
SickKids Board of Trustees Chair

Kathleen Taylor, C.M.
SickKids Foundation
Board of Directors Chair

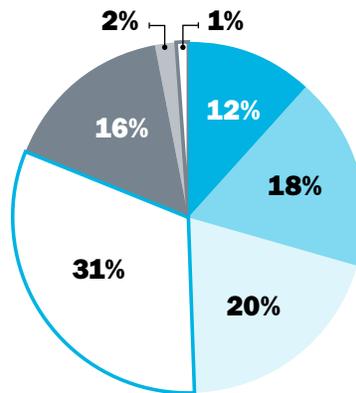
Ted Garrard, C.M.
SickKids Foundation CEO

FOUNDATION FINANCIALS

SickKids Foundation is committed to the highest standards of accountability and transparency. We were among the first nationally accredited charities under Imagine Canada's Standards Program. To view the audited financial statements, please visit: sickkidsfoundation.com/annualreport

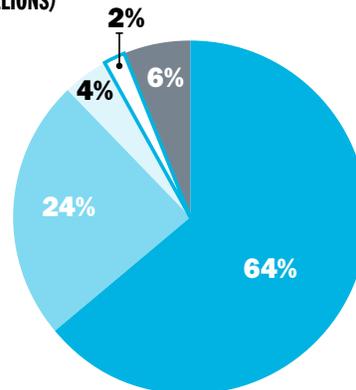
SOURCES OF REVENUE (IN MILLIONS)

Gross fundraising program, net lottery and net parking revenue	\$195.8
Total grants and charitable activity	\$144.9
Fundraising and administrative expenses	\$54.3



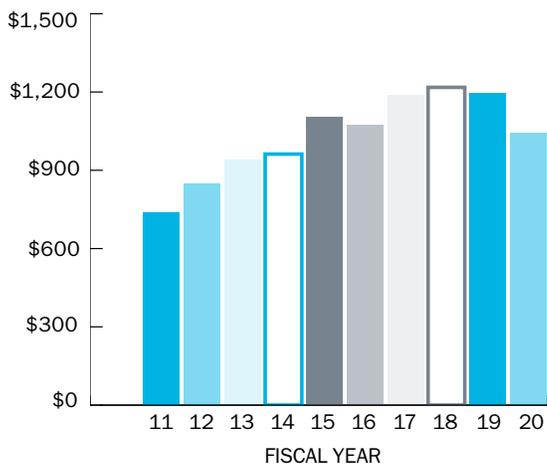
- Events **\$23.0**
- Corporate Partnerships **\$34.5**
- Direct and Digital Marketing **\$39.9**
- Major Individual Gifts **\$62.5**
- Gift and Estate Planning **\$31.1**
- Net Lottery **\$3.8**
- Net Parking **\$1.2**

INVESTMENTS IN CHILD HEALTH (IN MILLIONS)



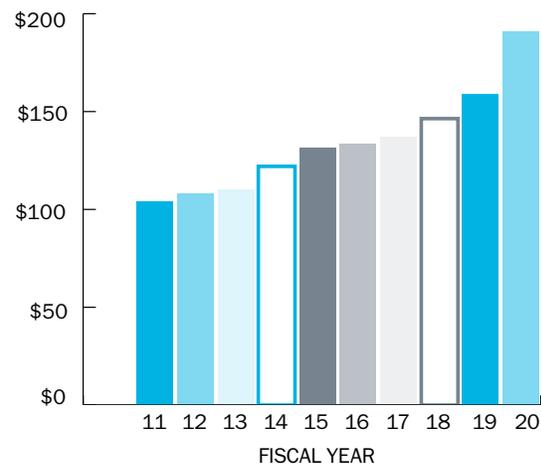
- Research **\$92.1**
- Patient Care **\$35.3**
- Education **\$5.8**
- International **\$3.2**
- National and Other **\$8.6**

TOTAL ASSETS* (IN MILLIONS)



*primarily restricted-purpose endowments

FUNDRAISING REVENUE (IN MILLIONS)



FOUNDATION FINANCIALS

INVESTMENT RETURNS

	1 Year	3 Years	5 Years	10 Years	Since Inception*
Annualized Rate of Return	(13.4%)	(2.6%)	0.2%	5.5%	9.0%
Quartile Ranking**	4th Quartile	4th Quartile	4th Quartile	4th Quartile	Top 1%

*Inception date: March 31, 1995 **Versus the RBC Investor Services Endowment and Foundation plans universe

INVESTMENT MANAGEMENT AND PHILOSOPHY

Endowment funds at SickKids Foundation provide an important base of funding for child health initiatives. These funds largely consist of externally restricted contributions and internal resources, transferred by the Board of Directors, where the capital is required to be maintained intact. Each year, the Board approves the rate of payout, or distribution from the funds.

The SickKids Foundation Board of Directors, through its Investment Committee, manages the Foundation's endowed funds using a long-term, value-oriented investment philosophy. This philosophy best enables the Committee's objectives of preserving capital, enabling approved distribution (or payout), and realizing an average annual real total return after inflation of at least five per cent over a 10-year period. The Investment Committee regularly monitors the performance of the investment managers, selecting, appointing and releasing managers as required.

This year's investment returns reflect the impact of the COVID-19 pandemic, which contributed to significant volatility in equity and debt markets across the world. In spite of this, the endowment fund continues to be among the top one per cent of performers when assessing returns since inception.

“ We have long espoused an investment philosophy focussed on long-term value investing and measuring performance since inception. By these measures, our endowment continues to be among the top one per cent of performers across Canada. The Foundation's investment assets have risen from \$150 million 25 years ago to more than \$1 billion currently. And we have every reason to believe that over the long-term our endowment will recover and continue to perform well. ”

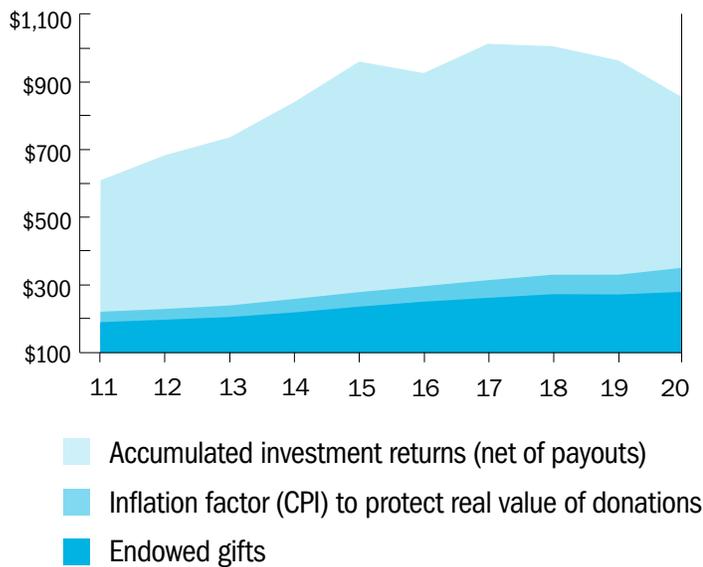
~Prem Watsa, C.M., Chair,
SickKids Foundation Investment Committee

INVESTMENT ASSET GROWTH SUMMARY SINCE 1995* (IN MILLIONS)

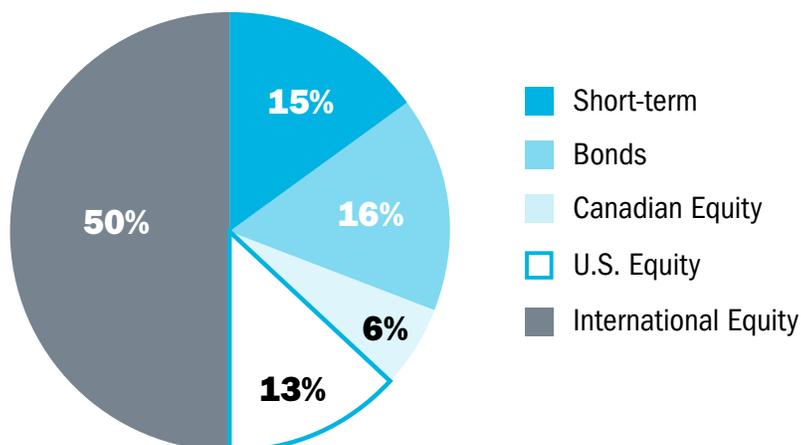
Opening Market Value, March 31, 1995	\$ 148
Net Contribution (Withdrawal)	\$ (111)
Investment returns, realized and unrealized gains	\$ 979
Ending Market Value, March 31, 2020	\$ 1,016

*Includes endowments of \$807 million and other invested funds of \$209 million

ENDOWMENT OUTPACES INFLATION (IN MILLIONS)



INVESTMENT ASSET MIX



HOSPITAL FINANCIALS

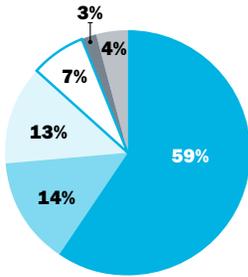
Hospital financial highlights for the year ended March 31, 2020

SickKids is committed to operational efficiency, transparency and accountability. We support evidence-based decisions to enhance our financial health, conduct business under the principle of fiscal prudence and act with integrity and good judgment when allocating resources. The hospital has faced challenges but continues to maintain its financial health.

In 2019-20, although the hospital had an operating deficit of \$32.8M, it generated \$16.8M in cash. Cash generated by the hospital can be reinvested into operations and capital investments aligned with the hospital's strategic priorities.

2019-20 TOTAL HOSPITAL REVENUES AND EXPENSES

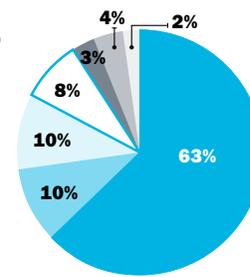
REVENUES
(\$1.05 BILLION)



(IN MILLIONS)

- Ministry of Health **\$618.4**
- Research Grants **\$152.5**
- SickKids Foundation **\$134.8**
- Commercial Ventures **\$73.0**
- Fee for Service **\$28.2**
- Amortization **\$43.6**

EXPENSES
(\$1.08 BILLION)

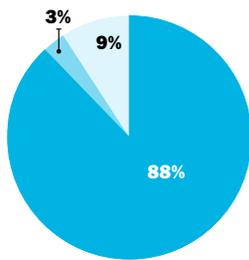


(IN MILLIONS)

- Compensation **\$680.2**
- Other Operating **\$110.8**
- Clinical Supplies and Drugs **\$104.4**
- Depreciation **\$89.3**
- Administrative and General **\$34.9**
- Cost of Goods Sold **\$41.3**
- Interest **\$20.8**

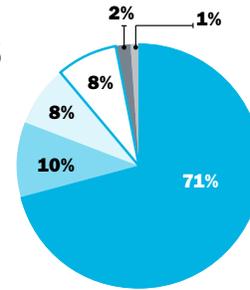
2019-20 PATIENT CARE TOTAL REVENUE AND EXPENSES

REVENUES
(\$714.9 MILLION)



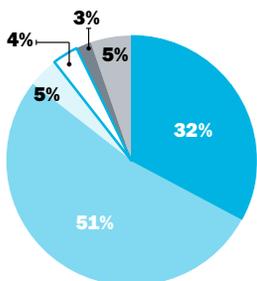
- Ministry of Health **\$630.7**
- Fee for Service **\$18.1**
- Other **\$66.1**

EXPENSES
(\$745.9 MILLION)



- Compensation **\$526.1**
- Clinical Supplies and Drugs **\$72.7**
- Other Operating **\$63.2**
- Depreciation **\$56.1**
- Administrative and General **\$17.5**
- Interest Expense **\$10.3**

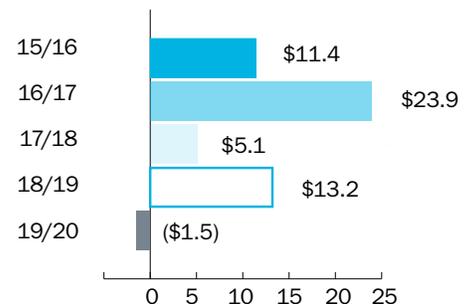
2019-20 INVESTMENT PERFORMANCE



HOSPITAL INVESTMENTS
(\$566.3 MILLION)

- Post-Retirement Benefit Assets **\$182.1**
- Patient Support Centre Debenture Proceeds **\$285.9**
- Peter Gilgan Centre for Research and Learning Debenture Retirement **\$30.0**
- Patient Support Centre Debenture Retirement **\$21.9**
- Endowment **\$16.1**
- Unrestricted **\$30.3**

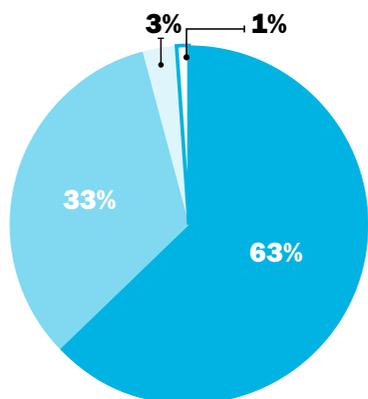
INVESTMENT INCOME (LOSS)
(IN MILLIONS)



*Investment income (loss) and realized gains (losses) only

HOSPITAL FINANCIALS

2019-20 RESEARCH INSTITUTE TOTAL REVENUES AND EXPENSES

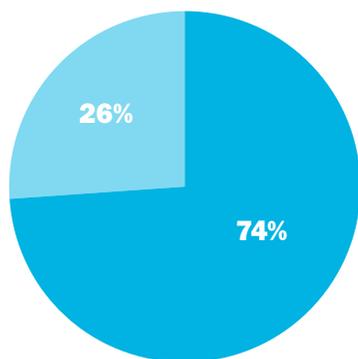


SOURCES OF RESEARCH INSTITUTE FUNDING (\$262.0 MILLION)

- Research Grants and Awards **\$164.8**
- SickKids Foundation **\$85.8**
- External Billings (Core Facilities) **\$7.6**
- Industry Partnerships & Commercialization Income **\$3.8**

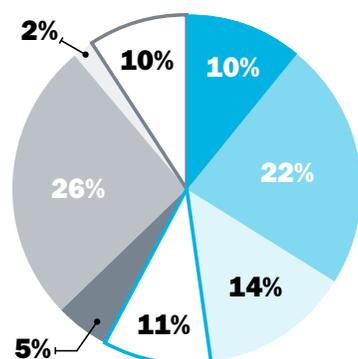
RESEARCH GRANTS AND AWARDS SOURCES OVER \$1 MILLION (IN MILLIONS)

- | | |
|---|--|
| \$42.4 Canadian Institutes of Health Research | \$2.1 Natural Sciences and Engineering Research Council of Canada |
| \$21.9 Canada Foundation for Innovation | \$1.5 Ontario Brain Institute |
| \$9.6 National Institutes of Health | \$1.5 The Terry Fox Research Institute |
| \$9.1 Genome Canada | \$1.4 Luminex Molecular Diagnostics |
| \$8.2 Ministry of Colleges and Universities | \$1.3 Cystic Fibrosis Foundation |
| \$7.8 Tri-agency Institutional Programs Secretariat - Federal Indirect | \$1.3 Brain Canada Foundation |
| \$5.9 Bill & Melinda Gates Foundation | \$1.2 Canada First Research Excellence Fund |
| \$4.9 Tri-agency Institutional Programs Secretariat - CRC Program | \$1.1 University of Toronto |
| \$2.8 American Association for Cancer Research | \$1.0 Cystic Fibrosis Canada |
| \$2.1 Ontario Institute for Cancer Research | |



TOTAL RESEARCH INSTITUTE EXPENDITURE (\$272.0 MILLION)

- External Grant-Funded Costs **\$200.3**
- Internal Costs **\$71.7**

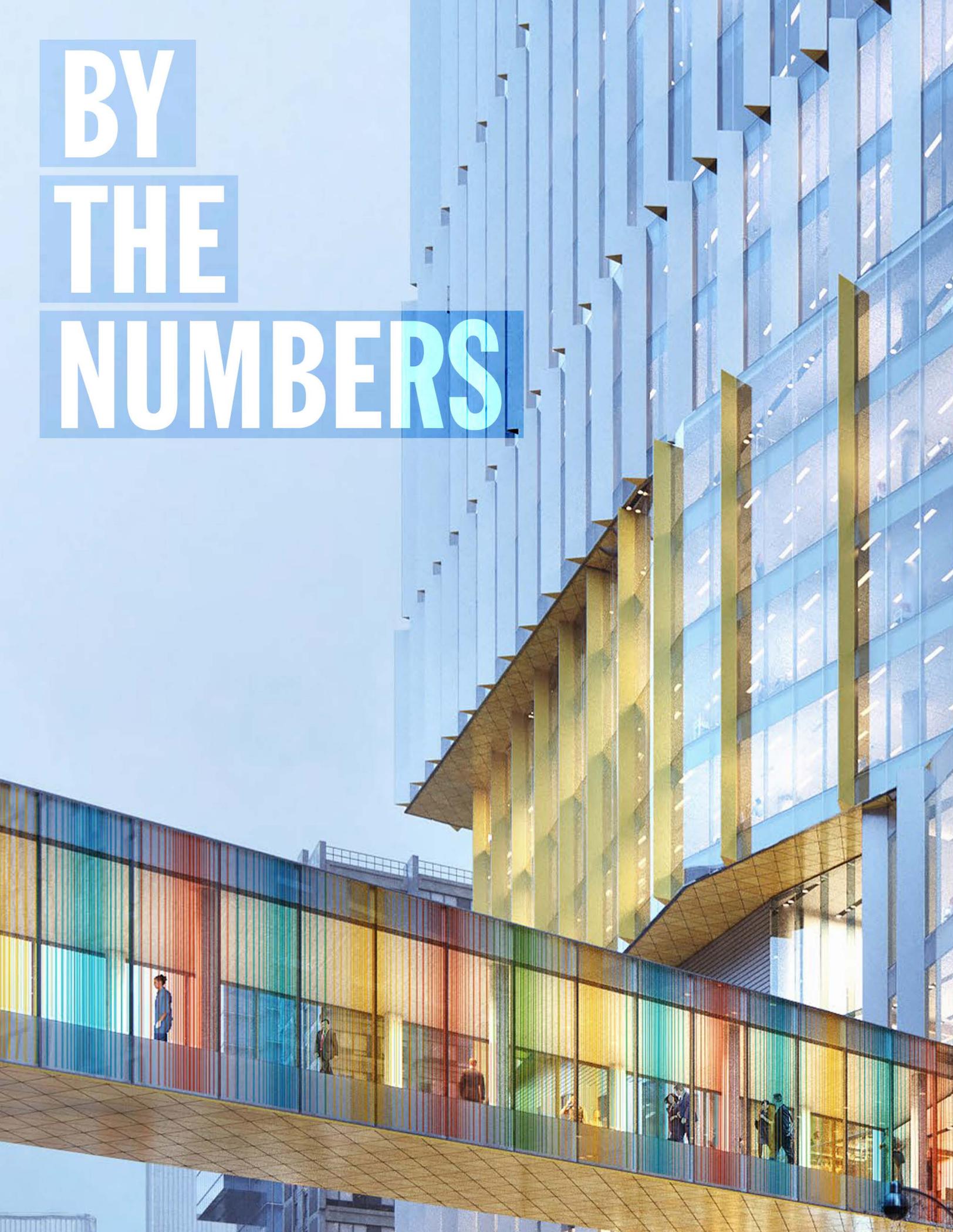


TOTAL RESEARCH INTERNAL EXPENDITURE (\$71.7 MILLION)

- Scientist Salaries **\$6.9***
- Peter Gilgan Centre for Research and Learning Operations **\$16.2***
- Debenture Interest **\$10.4**
- Research Operations **\$8.1**
- Technology and Licensing Expense **\$3.6**
- Start-up, Bridge Funding and Scientific Support **\$18.4***
- Building and Core Infrastructure **\$1.2**
- Depreciation **\$6.9**

*Net of Recoveries

BY THE NUMBERS



CLINICAL CARE

INPATIENT ACTIVITY

291.7	Average number of beds occupied daily
6.63	Average length of stay (in days)
16,249	Admissions
16,367	Discharges
106,468	Patient days

OUTPATIENT ACTIVITY

77,212	Emergency visits
238,334	Total clinic visits* (clinic visits, medical day care & telemedicine)
315,546	Total ambulatory visits

OPERATING ROOM CASES

6,647	Inpatient and same-day admit cases
5,224	Outpatient cases
11,871	Total OR cases

STAFF, STUDENTS, TRAINEES AND VOLUNTEERS

HOSPITAL OPERATIONS AND CLINICAL CARE

3,519	Health-care professionals
2,961	Management and support
480	Physicians

RESEARCH STAFF

273**	Scientists
362***	Project Investigators and Team Investigators
736	Research staff (primarily grant funded)
219	Research Operations staff
162	Core Facilities research staff

STUDENTS AND TRAINEES

269	Research fellows
549	Research graduate students
414	Research summer students
1,268	Medical Affairs residents and fellows
556	All other clinical and corporate students

VOLUNTEERS

1,600	Registered volunteers
270	Women's Auxiliary Volunteers (WAV)

13,638 TOTAL

*Clinic visits exclude diagnostic imaging, allied health, research and administration.

**Of these 163 are both researchers and clinicians, reflected in the clinical staff numbers above.

***Staff who spend less than 50 per cent of time on research activities are also counted within Hospital Operations and Clinical Care numbers.

CLINICAL CARE — QUALITY IMPROVEMENT PLAN INDICATORS

Our Quality Improvement Plan (QIP), which outlines our quality and safety priorities, represents our commitment to ensuring the care and services we provide are accessible, effective, safe, patient-centred and promote an integrated health system. In accordance with the *Excellent Care for All Act*, we post our QIP publicly and submit it to the provincial government so it can improve care across the health system. Data reported is based on the calendar year (January to December 2019). **To see the fiscal year (2019-20) progress report, visit sickkids.ca/qip.**

QUALITY DIMENSION	INDICATOR	YTD December 2019	CY 2019 Target
TIMELY AND EFFICIENT	Time to Inpatient Bed (90th percentile) Hrs. (Mandatory)	5.90	5.43
PATIENT-CENTRED	Inpatient Communication Dimension – Guardian (%) (top box responses)	65%	66%
SAFE	Total Number of Workplace Violence Incidents (Mandatory)	170	167
SAFE	Rate of Potentially Preventable Hospital-Acquired (HAC) Conditions (per 1,000 Patient Days)	0.95	0.90 or less
EFFECTIVE	Total Number of Connected Care Program Trainings	404	320



A LOOK

BACK ON

PROGRESS MADE

LIFE CAN CHANGE IN A HEARTBEAT



Photo credit: Anita McLarry Photography

PRECISION CHILD HEALTH: TRANSFORMING THE FUTURE FOR KIDS WITH HEART DISEASE

April 18, 2008, began like any other school day for Nathan. It changed his family forever. At recess, Nathan was playing basketball with friends. Suddenly he collapsed. His heart had stopped and couldn't be restarted. He was 10 years old.

Four years earlier, Nathan had been diagnosed with a genetic condition of the heart muscle called hypertrophic cardiomyopathy, or HCM. He was being monitored, and there was no sign the diagnosis should restrict him.

“THIS RISK PREDICTOR GIVES FAMILIES HOPE, AND WILL HELP CHILDREN GROW SAFELY INTO ADULTHOOD.”

ABBY, NATHAN'S MOM

Cardiomyopathy is the leading cause of heart failure and sudden cardiac death in children and youth. There are no medicines to reverse the disease. It's also notoriously difficult to predict who's most at risk of sudden death — until now.

SickKids has developed the first validated model to predict the risk of sudden death in children with HCM, with over 70 per cent accuracy. The model calculates risk based on a child's age, medical history, and genetic profile. Its predictive power will grow as the new tool is piloted by cardiologists and expands to include environmental and lifestyle data.

It promises to be a game changer: identifying kids who will benefit most from an implantable defibrillator that restarts a stopped heart; and sparing those at low risk from an invasive device they don't need. With this information, families can decide what's best for their child.

The team behind the innovation is led by Dr. Seema Mital, SickKids cardiologist and head of cardiovascular research. She's committed to changing the future for kids with heart disease. Her quest is enabled by a visionary investment of \$130 million that founded the Ted Rogers Centre for Heart Research and the Cardiac Precision Medicine Program, alongside major gifts from the Rogers Foundation, Arthur and Sonia Labatt and their family, and the Heart & Stroke Foundation.

Dr. Mital and her team are pioneers of Precision Child Health, the movement at SickKids that's tailoring health care to a child's biology, life conditions, and environment. They're harnessing new knowledge to transform cardiac care, with precision tools that weren't available to them when Nathan was diagnosed.

“Life can literally change in a heartbeat,” says Nathan's mom, Abby. “This risk predictor gives families hope, and will help children grow safely into adulthood.”



SICKKIDS VS

FRAGMENTED HEALTH SERVICES

ENTERING A NEW ERA OF “SICKKIDS CARE, ANYTIME, ANYWHERE” WITH A VIRTUAL CARE STRATEGY THAT TRANSCENDS GEOGRAPHY AND LEVERAGES TECHNOLOGY

Long before COVID-19, a comprehensive virtual care strategy, prominently featured in the new [SickKids 2025](#) five-year Strategic Plan, was in the works. The onset of the pandemic not only highlighted the opportunity for virtual care services, but accelerated them into action.

Traditionally at SickKids, care has been divided into two types: inpatient and outpatient. Today we are thinking differently in response to evolving consumer demands, progressive policy and new technology. While Telemedicine has existed at SickKids for many years, our new vision of “SickKids care, anytime, anywhere” will harness virtual care to transcend geography on an entirely new level.

As patient volumes grow, virtual care presents important opportunities to reduce the physical, mental, and financial burdens for families visiting SickKids, from scheduling time away from work, to expenses associated with out-of-town travel.

Our virtual care strategy spans in-hospital clinics, emergency and urgent care and new clinical approaches, including remote monitoring and wearable technologies. Further, with the demand for mental health services rising in our community, there is also an opportunity to leverage technology to extend these services deeper into Ontario.

As the COVID-19 pandemic progressed and SickKids implemented restrictions on visitors and non-urgent care, many areas at SickKids were able to expedite the offering of various virtual care services for the benefit of patients and families. Here are a few examples:

- **Child Life was able to access funds from our generous donors to purchase tablets that patients could use to stay connected with family and loved ones.**
- **The adoption of new technologies allowed the Ophthalmology clinic to maintain more than 50 per cent of appointments.**
- **The Labatt Family Heart Centre used a special home monitoring app for paediatric patients that automatically signals if they need to contact SickKids.**
- **Psychiatry instituted a virtual clinic for children with neurodevelopmental disorders to provide them and their families with practical and timely recommendations for avoiding unnecessary visits to the ED.**

The potential for virtual care to overcome gaps in our health-care system has never been clearer. By leveraging digital technologies, virtual care will allow us to keep pace with rising volumes, improve access, enhance safety and provide our patients, families and providers with a more seamless experience between the hospital and home.

A NEW SICKKIDS

FOR A NEW ERA



FIVE YEARS INTO OUR HISTORIC CAMPAIGN, A NEW SICKKIDS HAS NEVER FELT MORE URGENT

Our campaign started quietly in 2015, a soft launch with board members and established donors. We had just completed the Peter Gilgan Centre for Research and Learning, and it was time to focus on a new hospital. But would the community – the country – get behind us? The resounding answer was yes.

Early donors raised \$570 million by October 2017, when the campaign officially launched – this time loudly, at the Mattamy Athletic Centre in front of hundreds of SickKids staff, patient ambassadors and donors. It would be the largest health care fundraising campaign in Canadian history. Not only would we build a new SickKids, we'd ramp up support for research, and forge partnerships to elevate health care beyond our walls. Foundation CEO Ted Garrard called the campaign, "big, bold and ambitious." And, he added, "we can only do it with the support of the community."

Over the next two years, you answered the call. Last year we reached the \$1-billion mark with the help of 850,000 donors: regulars, first-timers, organizers of lemonade stands and golf tournaments, customers who gave at their local Wal-Mart, event-goers, lottery supporters, bequest gifts, people who know what it's like to have a very sick child, and others who can only imagine.

LAST YEAR WE REACHED THE \$1-BILLION MARK WITH THE HELP OF 850,000 DONORS

There was an unprecedented gift, too. In June 2019, in the packed Slight Family Atrium, we announced a \$100-million gift from the Peter Gilgan Foundation for the new Peter Gilgan Family Patient Care Tower. It was a generous, overwhelming and emphatic endorsement of our cause, which inspired more transformational gifts. A few months later, on a soggy day in October – two years after the launch – we broke ground on the Patient Support Centre, the education, training, virtual care and administrative hub of our new campus. The rain was relentless, but the shovels went in and everyone cheered under tents and umbrellas. A new SickKids was rising.

Bolstered by the support, we geared up for the final and often toughest phase of any campaign. Then COVID-19 stopped the world, lending a new urgency to our cause. As a regional, provincial and even national resource, SickKids must be better equipped for new challenges, global and local. A hospital built with modern infection-control measures, big-data technologies, and flexible design to keep us nimble – for disasters and everyday care. Now is the time.



THE BIG

BREAKTHROUGHS

THESE ARE THE BREAKTHROUGHS THAT MADE THE NEWS — AND MADE A DIFFERENCE

Identifying weak points in a devastating cancer

Few diseases are as devastating as glioblastoma — an aggressive, hard-to-treat brain cancer. But [SickKids scientists have now reverse-engineered glioblastoma stem cells](#), uncovering multiple vulnerabilities that could lead to future treatments.

Discovering the connection between maternal education and brain injury impact

For preterm babies, brain injuries can have lifelong consequences. [For preterm babies born to mothers without any post-secondary education, those consequences tend to be a lot worse](#). This discovery has profound implications for our understanding of the connection between socioeconomic status and cognitive development.

Preventing youth suicide

In Canada, suicide is the second-leading cause of teenage deaths. That's why [SickKids is piloting Canada's first-ever youth suicide-prevention intervention](#), which is for youth who have come to the SickKids Emergency Department with suicidal symptoms. If successful, this six-week therapeutic program could inspire a national suicide intervention strategy.

Discovering a new cancer-causing mutation

Deep in the “dark matter” of human cancer DNA, [SickKids researchers and collaborators found a mutation that causes severe, hard-to-treat cancers](#). Which means cancer researchers have a new target — and new treatment possibilities.

Reversing disease-causing DNA repeat mutations

In neurodegenerative diseases like Huntington's, increasing expansion of repeat DNA sequences hasten onset and worsen symptoms. But with collaborators in Japan, [SickKids scientists found a molecule that can reverse these repeat expansions in mice](#), offering hope for a future drug that could delay the onset and slow the progression of neurodegenerative diseases.

Detecting autism before symptoms appear

By testing the DNA of siblings of individuals with autism spectrum disorder (ASD), [SickKids found a way to predict a future diagnosis of ASD before symptoms manifest](#). That gives families the chance to monitor development and start therapeutic interventions early.

Editing genes to reverse muscular dystrophy

Muscular dystrophy is a group of genetic diseases that attack the muscles, causing progressively worse symptoms, even paralysis. However, using CRISPR — a powerful, gene-editing tool — [researchers found a way to modify the gene expression in mice to stop paralysis from happening and reverse it once it has](#).

BOARD MEMBERS

SICKKIDS FOUNDATION BOARD OF DIRECTORS 2019-2020

Kathleen Taylor, C.M.

Chair of the Board, Royal Bank of Canada
• Chair, Board of Directors

Sonia Baxendale

President & CEO, Global Risk Institute
• Chair-Elect, Board of Directors
• Vice-Chair, Board of Directors

Christian Lassonde

Founder & Managing Partner, Impression Ventures
• Vice-Chair, Board of Directors
• Chair, Development Committee

Walied Soliman

Global Chair, Norton Rose Fulbright Canada LLP
• Vice-Chair, Board of Directors

Derek Neldner

CEO & Group Head, RBC Capital Markets
• Treasurer, Board of Directors
• Chair, Audit & Finance Committee

Lisa Lisson

President, Federal Express Canada Corporation
• Chair, Compensation/Resource Management Committee

Clare Sellers

Professional Director and Philanthropist
• Chair, Governance & Nominating Committee

V. Prem Watsa, C.M.

Chairman & CEO, Fairfax Financial Holdings Ltd.
• Chair, Investment Committee

Lalit Aggarwal

President, Manor Park Holdings

Jordan Banks

President, Rogers Sports & Media

Jordan Bitove

Partner, Bitove Capital

Emily Burnett

Professional Director and Philanthropist

Erin Donohue

Corporate Advisor & Strategist

Douglas Farley

Senior Vice-President & Portfolio Manager,
Guardian Capital Advisors LP

Joel Feldberg

President & CEO, Global Furniture Group

Stephen Forbes

Executive Vice-President,
Purpose, Brand and Marketing, CIBC

John Francis

Managing Director, Fraser Kearney Capital Corp.

Michael Friisdahl

President & CEO,
Maple Leaf Sports & Entertainment Ltd.

Jordan Gnat

Business Executive

Wesley J. Hall

Executive Chairman & Founder, Kingsdale Advisors

Jake Herman

President, Woodbourne Canada Management Inc.

Tim Hockey (on sabbatical)**Amy Kaiser, PH.D.** (up to Jan. 2020)

Clinician, The Clinic on Dupont
Adjunct Professor, University of Toronto

Michael Katchen

Co-Founder and CEO, Wealthsimple

J. Kevin Kaye

President, Citizen Watch Company of Canada Ltd.

Michael Medline

President & CEO, Empire Company Limited and Sobeys Inc.

Sheila Murray

Board Chair, Teck Resources Limited

Richard Nesbitt (up to Aug. 2019)

Adjunct Professor, Rotman School of Management,
University of Toronto

Gail O'Brien

Professional Director and Philanthropist

Justin Poy

Founder, President & Creative Director,
The Justin Poy Agency

Edward Rogers

Chairman, Rogers Communications Inc.

Christina Sorbara

Vice-President, Corporate Knowledge,
Sorbara Group of Companies

Maryann Turcke (on sabbatical)

COO, NFL

Erol Uzumeri

Founder, Searchlight Capital Partners

T. Albert Wang

Co-Founder and CFO, Pantheon Group Inc.

BOARD MEMBERS

SICKKIDS FOUNDATION
BOARD OF DIRECTORS 2019-2020

EX-OFFICIO (VOTING)

Dr. Ronald D. Cohn, FACMG

President & CEO, The Hospital for Sick Children

J. Robert S. Prichard, OC

Chair, Board of Trustees, The Hospital for Sick Children

Chair, Torys LLP

Cheryl V. Reicin

Member, Board of Trustees, The Hospital for Sick Children

Partner and Chair, Life Science Practice, Torys LLP

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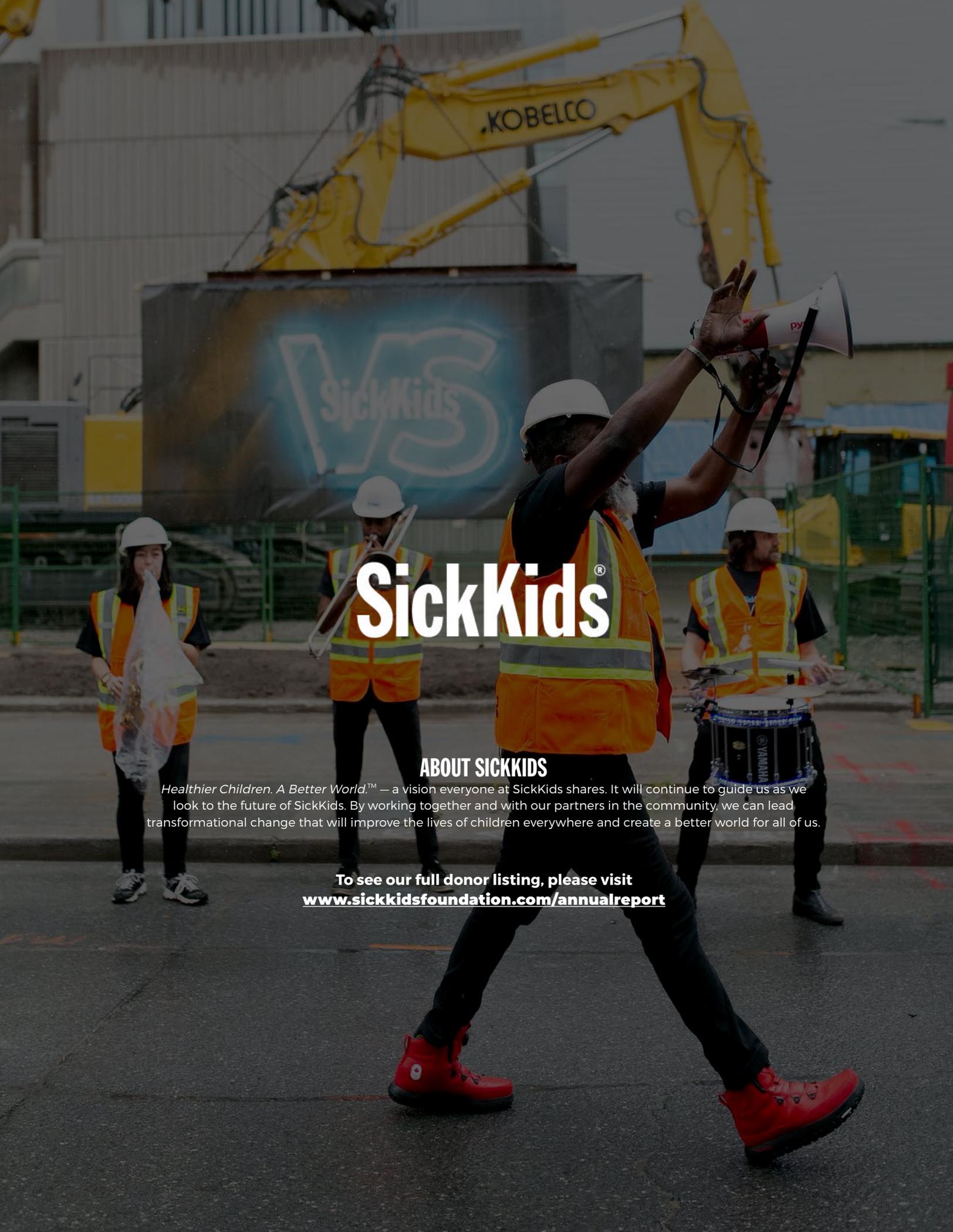
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To see our full donor listing, please visit
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