Seattle-King County Board of Health (BOH) Meeting February 16, 2023

Introduction. To my dismay, I've had no feedback from Public Health Seattle King County (PHSKC). Despite the infant mortality rates (IMR) presented in the August 25, 2022 South Seattle Emerald (appended), written to have been circulated in the PHSKC news roundup at that time and discussed among Best Start for Kids staff, and my two attempts to reach DOPH epidemiologist Eva Wong PhD, including her PHSKC work phone number listed on her UW web site https://epi.washington.edu/faculty/wong-eva/, I don't know if PHSKC is concerned about or contesting these IMRs.

PHSKC Director Dr Faisal Khan refused an appointment to speak with me. A 4-page June 2022 IMR updated report (appended) from Marcy Miller, averaging IMR over 3 years and recommending a **Universal Income** as one solution for disproportionate infant mortality, was provided me by a Council member June 2022. Today's packet has 3-year averages, not annual rates. But last week BOH Chair Mr McDermott directed me instead to an older summary averaging results over 5 years, 2014-2018 https://tableaupub.kingcounty.gov/t/Public/views/BirthDeath-InfantMortality/Summary?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3Aembed=y.

The IMR health biostatistic. Infant mortality rate, IMR, is the number of live births dead before their first birthday per 1000 live births. CDC states "IMR is an important marker of the health of a society". NIH's National Institute of Child Health and Development states, "IMR is an important factor in understanding a population's overall health…for example, access to medicine, trained health care providers…can have a dramatic effect on IMRs". PHSKC's Best Starts for Kids 2020 Annual Report lists IMR first among "Headline Indicators". For very many decades now, annual IMR remains a primary biostatistic for CDC and other nations. Aggregating statistics over 3 or 5 years, as PHSKC does, and overlapping 2 of 3 years in each time point (e.g., 2016 to 2018, then 2017-2019) is strange and conceals trends. The Seattle Police Department Crime Report (homicides, etc.) is annual: https://seattle.gov/documents/Departments/Police/Reports/2022_SPD_CRIME_REPORT_FINAL.pdf Covid-19 mortality reports during that crisis were weekly. Three or 5-year averaging with 2 of 3 years repeated each time, not a standardized careful current focus.

Infant Mortality Rates (deaths before 1st birthday per 1000 live births)
(from CDC for 2017, 2018, and 2019; 2020 health statistics are unreliable due to Covid preoccupation of those who normally collect and quality-assure them)

	Race of Mother					
	White			**Black**		
	2017	2018	2019	2017	2018	2019
Seattle-King County (4 publicly-owned UW-run hospitals)	2.5	3.3	3.7	7.0	9.9	12.8
Seattle-King County Medicaid-paid indigent deliveries	4.4	7.0	5.4	6.8	9.2	14.8
Seattle-King County non-Medicaid deliveries	2.2	2.5	3.4	7.3	11.5	9.4
WA State outside Seattle-King County (47% of WA State Black births)			4.2			5.6
State of Mississippi			6.8			11.3
State of Mississippi Medicaid-paid deliveries			8.1			11.3

Comparison groups in this table:

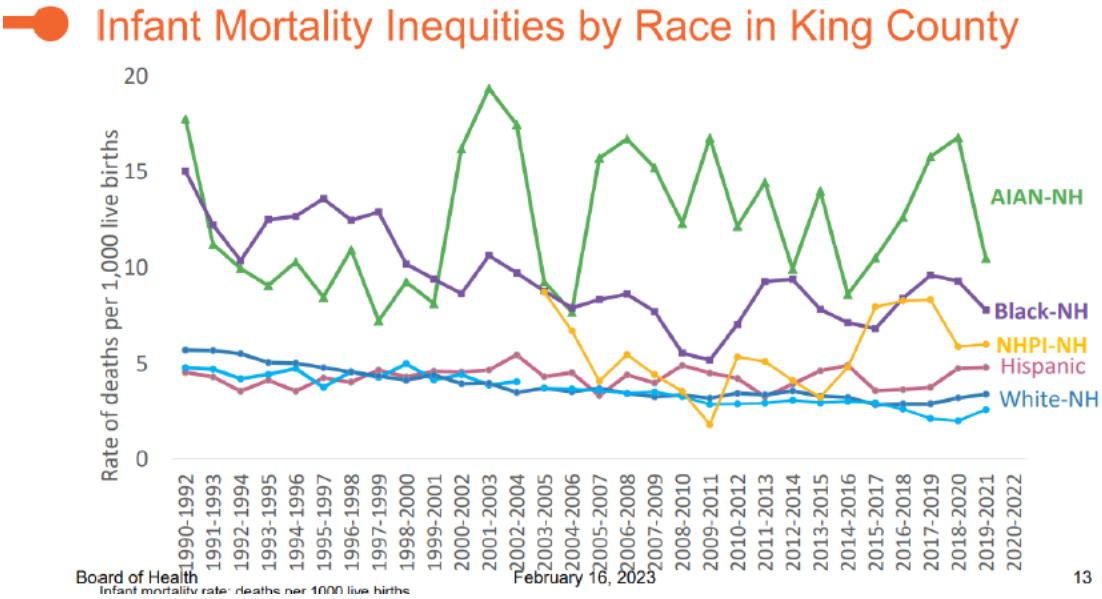
Medicaid-paid indigent deliveries: The triple (3.5) IMR for American infants born to Black mothers persists in the comparison when correcting for a poverty correlate, relying on Medicaid insurance

Non-Medicaid paid deliveries: IMRs same or lower than overall White mothers, IMRs same for Black mothers except lower in 2019

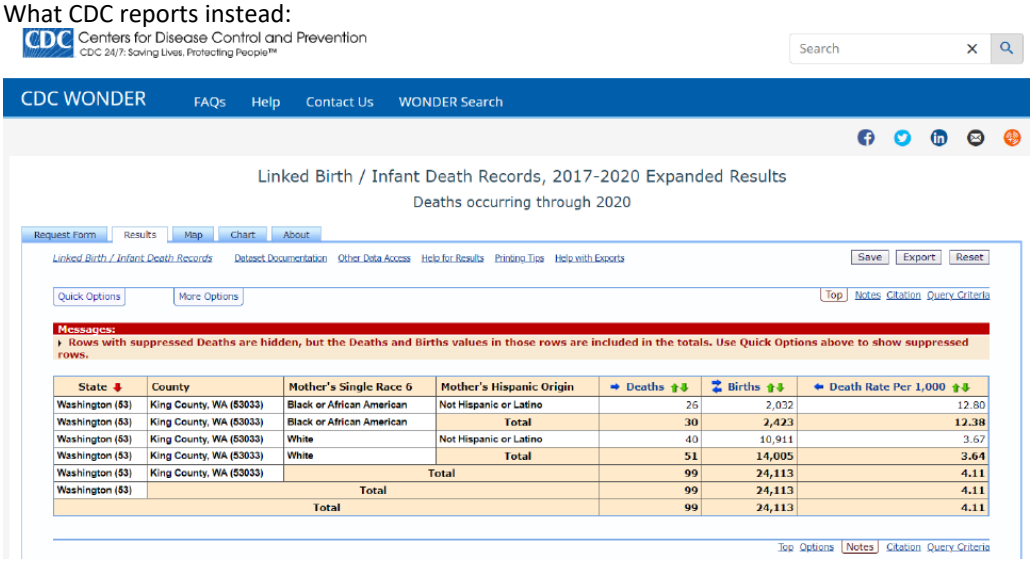
WA State outside Seattle-King County: The triple IMR (3.5) reduces by 64% to 1.3 for a nearly equal number of births to Black mothers, in WA State, so long as they rely on facilities outside Seattle-King County

Mississippi has the highest IMR of 50 states, yet its IMR ratio is but 1.7 times. For Medicaid deliveries in Mississippi, the ratio is 1.4 times. Both the ratios and absolute rates favor survival of American infants born to Black mothers in Mississippi, compared to those born in Seattle-King County

Annual trends. CDC annual data prior to 2019 show disproportionate IMRs. PHSKC's averaged data is different from CDC's but not too dissimilar, though it shows approximations rather than actual numerical rates that I provided. In the BOH packet, PHSKC's new figure below, with Black-non-Hispanic IMRs, averaged over 3 years rather than by year, is never above 10 per 1000.



What CDC reports instead:



National Vital Statistics Reports

Volume 70, Number 14 December 8, 2021

Infant Mortality in the United States, 2019: Data From the Period Linked Birth/Infant Death File

by Danielle M. Ely, Ph.D., and Anne K. Driscoll, Ph.D.

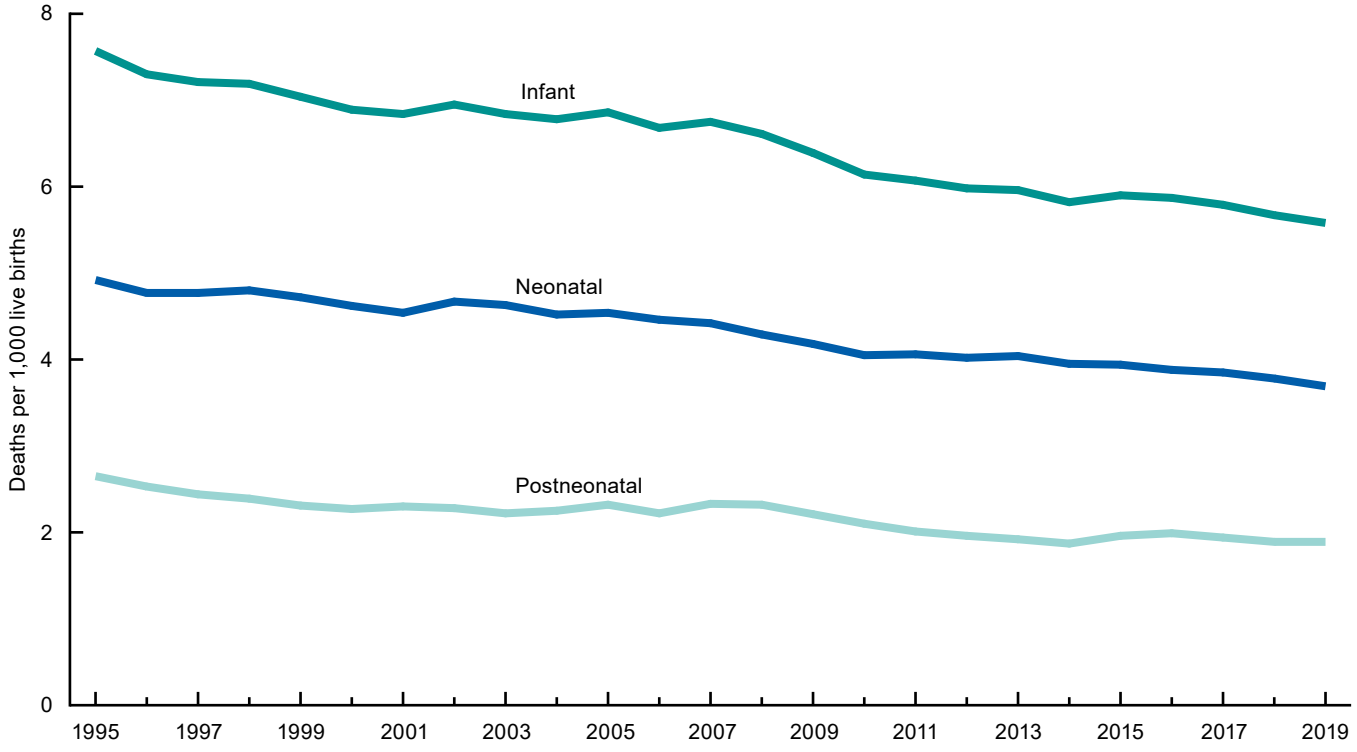
Abstract

Objectives—This report presents 2019 infant mortality statistics by age at death, maternal race and Hispanic origin, maternal age, gestational age, leading causes of death, and maternal state of residence. Trends in infant mortality are also examined.

Methods—Descriptive tabulations of data are presented and interpreted for infant deaths and infant mortality rates using the 2019 period linked birth/infant death file. The linked birth/infant death file is based on birth and death certificates registered in all states and the District of Columbia.

Results—A total of 20,927 infant deaths were reported in the United States in 2019, down 3% from 2018. The U.S. infant mortality rate was 5.58 infant deaths per 1,000 live

Figure 1. Infant, neonatal, and postneonatal mortality rates: United States, 1995–2019



SOURCE: National Center for Health Statistics, National Vital Statistics System, Linked birth/infant death file.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics
National Vital Statistics System

NCHS reports can be downloaded from: https://www.cdc.gov/nchs/products/index.htm.

IMRs vs actual infant deaths. The odd PHSKC graph above shows a terrible much higher IMR for American Indian-Alaska Native non-Hispanic mother's American infants than for Black mothers. But since there were but 122 AIAN-NH births in 2019, the excess deaths compared to American infants born to White mothers is 1.5/year, or 3 excess infant deaths every 2 years. In contrast, with 2,032 American infants born to Black mothers, the excess deaths compared to White mothers is 18/year, or 3 excess infant deaths every 2 months.

Reason for disproportionate IMR for American infants of Black mothers in Seattle-King County. *Inpatient expert hospital care* attempts to be the great equalizer for infant mortality when provided for indigent and Black mothers and their infants and young children. King County's large public hospital Harborview excludes that inpatient care.

Given two County-owned and two State-owned public hospitals, hospital-based inpatient and outpatient maternity care, neonatal care, and pediatric care should have greatly reduced that number of deaths. A single entity administers and provides medical care in these four hospitals, UW Medicine, whose Dean has been its CEO and, along with his leadership team, are all State employees. UW faculty surgeons published in 2017 that in 1928, $27.8 million was allocated to build Harborview on First Hill for "the indigent sick, injured, and maternity cases". UW Medicine instead excludes inpatient maternity, neonatal, and pediatric care from Harborview. In other large county hospitals, inpatient beds are used for sick and higher-risk pregnant women, for newborns for observation or immediate neonatal intensive care, and for discharged newborns and other children who fall ill enough to warrant admission to inpatient observation or active treatment, including in pediatric ICUs.

Instead, in Seattle-King County, these patients and their families manage as best they can, competing for inpatient beds in private or subspecialty-focused public hospital emergency departments, reaching appropriate medical care too often too late, resulting in the IMRs above.

I have found no other large publicly-owned county hospital in the United States that excludes all inpatient maternity, neonatal, and pediatric care. Can you find some?

Why doesn't Harborview have inpatient maternity, neonatal, and pediatric beds? Inpatient and clinic medical care associated with a hospital campus results in two invoices for patient visits: Professional fees, and Facility fees. UW Medicine operates a 501 (c)(3) charity not-for-profit company, UW Physicians, which collects the professional fees for the on-duty medical work of its staff in County and State (UW)-owned facilities.

After review of its 2020 calendar year Federal tax return, former Seahawks QB Russell Wilson was criticized in the press February 9, 2023 for his private 501 (c)(3) charity not-for-profit company. With $837,532 in income for 2020, by year's end, $256,519 was given away—31 cents of every dollar—and 65% went to salaries and related expenses. The remaining 4% was for expenses. CEO Russell Wilson received nothing from the charity.

Review of UW Physician's 2019 fiscal year Federal tax return shows its 501(c)(3) charity not-for-profit had income of $341,551,710 (that's over $341 million). 97% of that amount was received as professional fees for already-paid work during regular hours on government property with government equipment. The remainder was income from over $157 million in cash and publicly traded stocks and bonds. Of the $341,551,710 in revenue, by year's end, zero was given away to charitable programs—zero cents of every dollar—and 76% went to bonus payments and bonus retirement accounts and other expenses for the physicians. The remaining 24% was for expenses, including over $18 million for "other". You can look for yourself here, pages 1-11 are appended. As shown, the physicians were already separately paid and receiving benefits on the WA State payroll. CEO and former UW Medicine Dean Dr Paul Ramsey received at least $615,232 in bonus, in addition to his State salary of $336,067.

Harborview, run by UW Medicine, chooses to focus on high-paying trauma, burns, and the critically ill, as well as surgical subspecialties such as neurological and spine surgery. These pay much higher professional fees than "the indigent sick and maternity cases". For example, Harborview's Medicare cost report shows only 7% of intensive care bed days were occupied by Medicaid patients (appended). UW Medicine claims to operate Harborview at a $3.88 million loss. Whatever UW Medicine's accounting for the facility fees from these cases, the professional fees are diverted to UW Physician leadership bonuses, retirement plans, and investments—currently they would not be available to support lower paid inpatient maternity or pediatric services. Using Harborview's built inpatient space for insured patients brought by UW Medicine's Airlift Northwest from Alaska and surrounding states and distant

corners of WA State, and revenue neutral administrative offices, limits the physical space available for acute non-psychiatric, non-rehab beds to 321. Inpatient maternity, neonatal cribs, and pediatric beds are frozen out.

Consequences to the public of UW Physicians' professional fee distribution to its leadership rather than to the public hospitals. The personal profit motive, achieved by collecting large bonuses and additional retirement contributions, in addition to high State salaries, appears to result in exclusion of low-profit/break-even inpatient services like maternity, neonatology, and pediatrics, and results in mortality and morbidity. The double-dipping delivers a burden to King County Council's taxpayers, instead of delivering $341 million (more or less) annually. So taxes fund $283 million over 2 years for "Best Starts for Kids"; $44.8 million for Harborview (Fund 3750) over 2 years; and the $1.74 billion bond approved in 2020 for Harborview capital expenses. The auditor's report states HJarborview recorded $14.8 million in intergovernmental transfers for professional fees that bypassed Harborview on its way to UW Physicians. UW Medicine received $14.7 million for Harborview in State appropriations in 2022. In 2023, Governor Inslee's proposed budget has an extra $100 million of tax money to sustain clinical operations at Harborview and UW Medical Center.

Taxpayers pay extra taxes, while they lose much of the safety net hospital function at Harborview that other large county hospitals provide to lower IMR. Meanwhile, full-time State physician leadership employees receive the extra bonus and retirement revenue instead. Curious unidentified consultants get a windfall also.

Proposed solution. Infant, Black maternal, and pediatric mortality and morbidity would be reduced if Harborview were instead administered to facilitate expert inpatient care of these types of King County patients, as well as additional county "indigent sick", and injured. UW Medicine administration should be replaced by County management dedicated to those missions. Professional fees from Harborview must be used for Harborview expenses, not for double-dipping bonuses with bonus retirement plans to State employees already receiving generous salaries and retirement benefits. Not only would the IMR be reduced with establishing capacity for 15-20 deliveries/day and associated intensive and ward care for mothers and offspring, but UW trainees and professional physician staff would come to understand the importance of maternal and pediatric care to medical practice and societal health, as well as the medical science involved.

Obstacles to the solution. 1. UW Medicine: The highest-paid bonuses by UW Physicians approximately double the reported State university salary of neurosurgeons whose practice is at Harborview. Altogether, UW Physicians states 727 persons received more than $100,000 in bonus compensation over and above their State compensation. Taking away these bonuses and re-purposing them for patient care will be difficult.

UW Medicine would likely cite Harborview as the sole "Level 1" trauma center. An expert 2019 report by sympathetic external colleagues of UW Medicine described:

"Washington has a unique vision of the role of the Level I center, and is the only state of its size to have specifically limited the role to a single facility. This appears to be deeply rooted in the origins of the Washington State System, which developed largely out of the approach to EMS and trauma care that arose from the Seattle area, combined with the unique cultural and resource-based characteristics of the current Level I center."

And then:

"There is little doubt that the enhancement of clinical services at Level II centers in the eastern or southwestern parts of the state (areas that are remote from the existing Level I center) would improve care for the citizens in those regions, and the existing level II centers should be encouraged to work on building their capacity."

But then:

"<u>Under the current financial model, designation of additional Level I centers could have a significant adverse financial impact on the existing Level I center</u>." (Harborview)

2. **PHSKC**: Many PHSKC professionals, as well as Washington State Department of Health professionals, have UW salaries and/or current or past UW appointments/affiliations. This includes Health Officer Dr Jeffrey Duchin, UW-employed PHSKC HIV/STD director and deputy director Drs Matthew Golden and Lindley Barbee, and of course Eva Wong PhD, UW epidemiologist. The new WA State Regional Medical Officer is UW Associate Professor Dr Herbie

Duber of Harborview's Emergency Department. The State Regional Perinatal Coordinator to improve pregnancy outcomes has been a research nurse in UW Medicine, Suzan Walker RN MPH. Perhaps some PHSKC physicians received UW Physicians cash bonuses in the past or presently. With so many unresolvable conflicts of interest, PHSKC is an unlikely ally for the necessary removal of UW Medicine, followed by creating the proper Harborview role to reduce the disproportionate IMRs.

3. **Board of Health**: Most of the Board's membership are elected officials, dependent on the goodwill of voters for whom UW Medicine has been the only medical school and leading university for 5 states. Some may have personal UW affiliations. The health professions members include two current UW employees, Associate Dean Mr Butch de Castro, Dr Lisa Chew of Harborview, and also UW Family Medicine faculty and former resident trainee Dr Patricia Egwuatu.

It is particularly noteworthy that **Dr Lisa Chew is listed as Secretary-Treasurer of UW Physicians**, possibly involved in the movement of professional fees of State employees earned during regular working hours to the aforementioned bonuses and helping manage the $157 million of its cash and investments.

Conclusion. I hope the BOH will make this data public as the South Seattle Emerald did. The Seattle Times printed the Associated Press (AP) articles on infant mortality in South Dakota, and Appalachia, but neither the Times, the AP, nor NPR's KUOW would print this King County data. I hope the BOH will not be distracted by attempts to change the subject, to me, 3- or 5-year overlapping averages, appeals for Level I trauma care, references to prevalent racism, the recent NY Times characterization of 39% of California births 2007-2016, etc. The focus should be on reducing disproportionate Seattle-King County infant mortality and associated morbidity and mortality.

Community support for mothers, families, and children, with home nurse, physician, and doula visits, can be useful to help reduce IMRs—*but hospital inpatient beds for observation and treatment are the foundation for erasing Seattle-King county's grievous inflicted infant mortality harm, disproportionate to elsewhere in Washington State and other US locales with public-owned hospitals.*

"Whatever adults may have done to harm their own lives, it's unfair for their children to begin life with their chances for success preemptively sabotaged … it's cruel … unsportsmanlike"

"You can't mistreat children because kids don't ask to be born"

Bruce Davidson MD, MPH is a public health veteran clinician-scientist and US board-certified pulmonary and internal medicine practicing physician. His public health training in biostatistics, epidemiology, and child survival began during MPH training at Johns Hopkins in 1986 and continued under the chief of the Epidemiology Branch of the Laboratory of Infectious Diseases at Dr Fauci's NIH institute (NIAID), with focus on preventing infant gastrointestinal disease, and subsequently including infant, child, and adult respiratory disease. He has served nearly 5 years as director or clinician in Disease Control divisions of public health departments for large jurisdictions and on different Federal, State, and local health commissions. He has over 100 peer-reviewed publications including seven in the New England Journal of Medicine and 15 related to infant/child survival.

VOICES

OPINION | Black Infant Mortality in King County Is Already Over Triple the White Rate

AUGUST 25, 2022 | EDITOR

So why doesn't this safety-net hospital catch any babies?

by Bruce L. Davidson, M.D., M.P.H.

King County has more than triple infant mortality in Black babies compared to white babies. In my opinion, it's because UW restricts our public-owned hospitals for high-paid surgery — a cash cow for top UW surgeons and administrators — limiting maternity.

The CDC calls the infant mortality rate, infants dead before their first birthday per 1,000 live births, "an important marker of the overall health of a society," but it's also a surrogate for the larger number of surviving children with lifelong injuries burdening themselves, family, schools, and society, and for maternal premature deaths and lasting disabilities. For King County overall in

2020, it's 4.1 deaths per 1,000 live births. Twelve years ago, in 2010, King County reported 5.9 for Blacks and 3.8 for whites. But for 2019, CDC reports King County at 12.8 for Blacks, 217% worse, and 3.7 for whites. In contrast, in U.S. military base hospitals, infant mortality in Blacks and whites, 3.3 and 2.6 respectively, are similar.

A prevalent fiction is that community-based grants and support for minority pregnancies would fix the problem. The latest study debunking that fantasy showed intensive home nurse visits didn't improve bad newborn or maternal outcomes. What works is hospital beds to stop preterm labor, treat preeclampsia, etc., until at least 32–34 weeks of pregnancy, followed by adjacent neonatal intensive care cribs for weeks until babies are safe. Surprised? Ex-Vice President Dick Cheney benefitted from two treated heart attacks, angioplasty, coronary bypass surgery, and heart-assist implantation before his heart transplant — not from community nursing grants. Repairing the "social determinants of health" doesn't save a smoking, drinking, meth- and heroin-injecting grown-up shot three times on a city street — rapid transport to an excellent hospital allows discharge on his own legs four weeks later.

King County has four government-owned general hospitals — County-owned Harborview and Valley, and State-owned UW and Northwest, each under the administrative and medical direction of UW School of Medicine Dean Paul Ramsey, until his retirement last month. Harborview, in 1928 funded 500 beds for "indigent sick, the injured, and maternity cases," averages only 321 filled beds and delivers zero babies nor any neonatal ICU care, unlike most other large urban public hospitals. Dallas Texas' Parkland Hospital at State-owned University of Texas Southwestern Medical School, nationally known for trauma and burn care, delivers 30 babies a day, 10,900 a year, 58% of that county's Medicaid deliveries. UW's other three hospitals altogether deliver about 17 babies a day, about 7 of them (5 a day at Valley Medical Center in Renton) to Medicaid moms, 40% of the King County Medicaid total.

Why under Dean Ramsey was indigent maternity and neonatal care excluded from Harborview, our physically large but bed-shrunken County hospital? Maternity and neonatal care, like acute psychiatric and adult medical illness, is staff-intensive but reimbursed by insurers at a lower rate than trauma, burns, and complicated surgery. Using beds for the former means there are fewer available for high-paying complex brain, chest, and burns and trauma surgery with quadruple the case-mix-index, maximizing reimbursement, from Washington, Alaska, Idaho, and Montana. Who benefits? Not King County poor families with dead infants nor residents assaulted by a mentally ill person denied inpatient treatment becoming violent on the street.

Making matters worse, Harborview announced it is turfing to private hospitals sick local poor patients who don't yet need advanced life support, where they'll face bills from private hospitals rather than their County charity hospital. Recipient hospital systems include two health systems that bilked patients out of charity care — one from whom the Office of the Attorney General collected $42 million in a 2017 lawsuit and another from whom it's now seeking over $70 million in debt relief, refunds, and penalties.

"Harborview seeks to 'preserve our ability to be the Level I trauma center and ensure all trauma and critical illness have a place to go,'" UW exclaims, without telling reporters that Level II trauma centers in Everett, Tacoma, Bellingham, Vancouver, and Spokane provide essentially the same acute care. But wealthier insured patients with the money to buy air transfers from Alaska, Montana, Idaho, and distant Washington to Harborview, reach our County beds. The result is our own indigent sick patients, many minority, being frozen out of our County-owned charity hospital, not only for maternity and infant care, but other physical and mental illness. Why?

Paul Ramsey has been CEO of a nonprofit, UW Physicians, reporting $341 million in annual revenue in June 2020, year after year bumping his State UW salary, $336,000 in 2020, recently to over $1.02 million. Six other physician faculty, neurosurgeons, a chest surgeon, and a plastic surgeon, round out Ramsey's $1 million-plus club as of June 2020. If these are incentive bonuses or tips, why do they seem restricted to top earners and administrators? Why is it necessary to also hoard $45 million in cash plus $111 million in stocks and bonds while restricting Harborview beds as care needs soar? These full-time State employee physi-

cian-professors, insulated by layers of State-paid fellows, residents, and staff, are receiving huge annual cash increments for their usual official hours' work at County- and State-owned facilities, for which they already receive high pay and lifelong benefits, while minority families in King County experience high infant and maternal mortality.

Fixing this by opening beds for King County's indigent high-risk mothers and acutely ill won't be easy. Our Health Department's chief medical officer reports up to the dean. His policy manager wrote recommending "universal income" — not hospital beds — as an infant mortality remedy! Our politician-dominated Board of Health's two health representatives work for UW. For all of these, all this happened on their watch, unaware or with their consent.

Ordinary physicians are repulsed by academic physician leaders gulping at the public trough resulting in preventable death and disability. "Whatever adults may have done to harm their own lives, it's unfair for their children to begin life with their chances for success preemptively sabotaged … it's cruel … unsportsmanlike," wrote columnist Joe Queenan. But that's life in Seattle-King County in 2022.

Editors' Note: A previous version of this op-ed cited 2020 King County data stating that the infant mortality rate was at 9.8 for Blacks, 66% worse than in 2010, and 3.1 for whites. The author informed the Emerald of more accurate CDC data, and we updated the sentence to reflect that data, to "12.8 for Blacks, 217% worse, and 3.7 for whites." The author also informed the Emerald that the data in the sentence "UW's other three hospitals altogether deliver about 10 babies a day, less than 4 of them to Medicaid moms, fewer than 20% of the King County Medicaid annual total" was sourced from Valley Hospital and Medical Center in Spokane Valley rather than the Valley Medical Center in Renton, and we updated that sentence to reflect data from the correct location: "UW's other three hospitals altogether deliver about 17 babies a day, about 7 of them (5 a day at Valley Medical Center in Renton) to Medicaid moms, 40% of the King County Medicaid total." We thank the author for his updates and apologize to our community for the errors.

The South Seattle Emerald is committed to holding space for a variety of viewpoints within our community, with the understanding that differing perspectives do not negate mutual respect amongst community members.

The opinions, beliefs, and viewpoints expressed by the contributors on this website do not necessarily reflect the opinions, beliefs, and viewpoints of the Emerald or official policies of the Emerald.

***Bruce L. Davidson, M.D., M.P.H.**, a pulmonary and public health physician and clinical professor of medicine at Washington State University, served in multiple roles in County, State, and federal health departments*

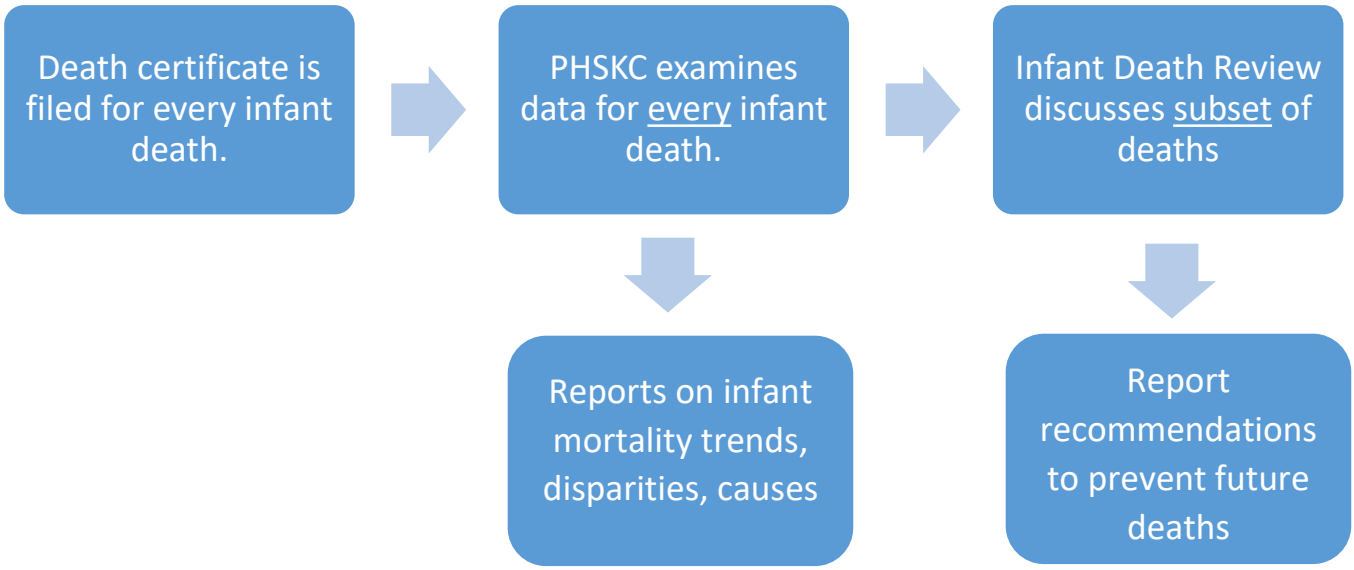
📸 *Featured Image: Photo by Holly Anne Cromer/Shutterstock.com*

Infant Mortality in King County

In 2020, 98 King County babies died before their first birthday.

BACKGROUND

- Approximately 25,000 babies are born to King County residents every year. 1 in 3 King County births is paid by Medicaid.
- Infant mortality is a death before a baby's first birthday. In King County, 70% of infant deaths occur in the neonatal time (<28 days from delivery). The other 30% of deaths occur in the post-neonatal time (29 days to 1 year).



DATA SOURCES

- For every death, a death certificate is filed. PHSKC regularly analyzes and reports information on infant mortality trends, disparities, and causes of deaths.
- King County's Child Mortality Prevention Review systematically reviews unexpected but preventable deaths, and makes recommendations to improve programs, systems, environments, and policies that impact risk factors for child death, with the goal of ultimately preventing future child deaths.
- State law mandates that death certificates can only be released to "qualified applicants." Therefore, causes of deaths are shown in the pie charts below.

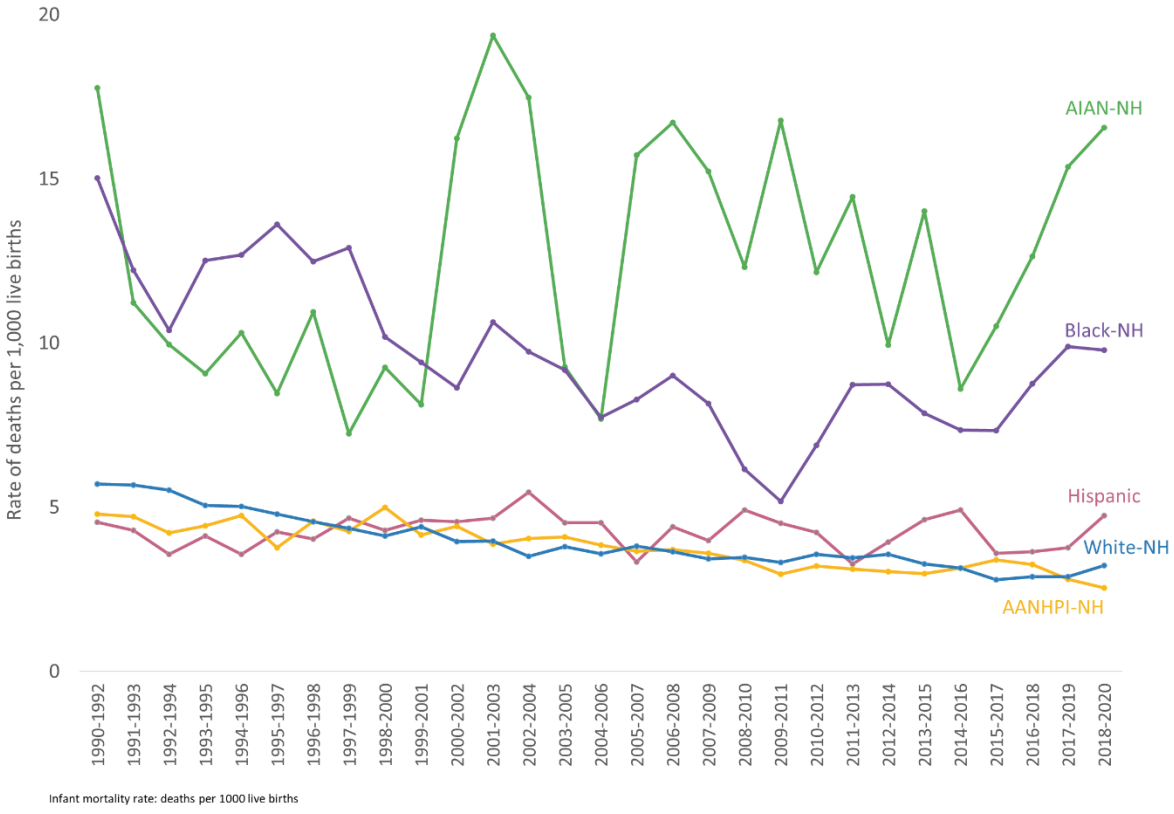
Public Health
Seattle & King County

updated June 2022

TRENDS

- Infant Mortality rates for American Indian/Alaska Native infants are 4 times higher and rates for African American infants are twice as high as the County average.
- Although infant mortality rates have been declining for White non-Hispanic, Black non-Hispanic, and Asian American/Native Hawaiian/Pacific Islander non-Hispanic, disparities remain.
- Prenatal care (first trimester) - Prenatal care is health care received during pregnancy. Research has found that prenatal care, particularly in the first trimester, improves maternal and neonatal outcomes. Lack of prenatal care is linked to a 40 percent increase in neonatal death. Black women are three times less likely than white women to receive prenatal care.[1] Lack of access, lack quality care, determinants of health and lack of cultural match are challenges.[2]
- Social determinants of health – Social determinants of health are the conditions in which people are born, grow, live, work and age that effect their health in multiple ways. These factors influence the environment in which mothers and babies live and impact pregnancy. Social determinants also include things like intergenerational poverty and the stresses caused by racism. These factors affect the health of mothers and infants. [3]

Infant Mortality Rates from 1990-2020, by Race, King County



[1] Results Washington: LINK
[2] Centers for Disease Control and Prevention LINK
[3] Results Washington: LINK

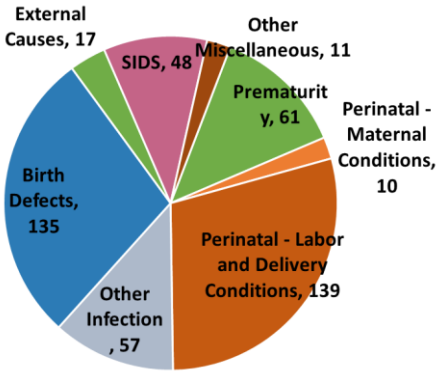
Public Health
Seattle & King County

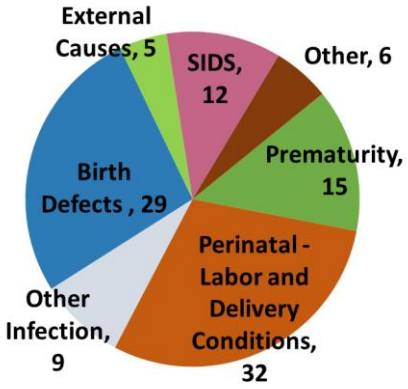
CAUSES OF DEATH

- The top two causes of death for King County infants were labor/delivery complications and birth defects. Among African American infant deaths, those are also the top causes of infant mortality. Among American Indian/Alaska Native infant deaths, the top causes are labor/delivery complications, birth defects, and sudden infant death syndrome (SIDS).
- Child Mortality Prevention Review examines the subset of child deaths reviewed by the King County Medical Examiner's Office. Among reviewed deaths, the leading cause of death reviewed for infants is SIDS. This process does not look at maternal mortality nor does it review medical causes, which would include birth defects and labor/delivery complications because Washington state law limits discovery and disclosure to non-medical, preventable deaths ages birth through age 17.
- For the leading causes of infant death, there are many prevention opportunities systems can support:
    - Social determinants of health –food, housing, employment and education, high quality health care, and social supports – can impact pregnancy and infancy.[4] Racism in health care has measurable impacts – with Black and American Indian/Alaska Native women experiencing higher rates of maternal mortality.[5]
    - Tobacco smoking before and during pregnancy is one of the most important preventable causes of infant morbidity and mortality.[6]
    - SIDS prevention strategies include a safe sleep environment, avoidance of exposure to smoke, alcohol, and illicit drugs, breastfeeding, routine immunizations, and use of a pacifier. [7]
    - Prematurity prevention strategies include promoting adequate birth spacing, helping women to quit smoking, and providing high-quality medical care for women during pregnancy.[8] Stress is a documented risk factor.[9]
    - Birth defects include heart defects, musculoskeletal defects, genitourinary defects, or anencephaly. Prematurity is related to short gestation and low birth weight. Labor and delivery conditions include premature rupture of membranes, complications involving the placenta/umbilical cord, incompetent cervix. External causes include motor vehicle injuries, falls, accidental suffocation and strangulation in bed, and assault/homicide.

[4] Maternal and Child Health Journal: LINK
[5] American College of Obstetricians and Gynecologists: LINK
[6] Washington State Department of Health: LINK
[7] Task Force on Sudden Infant Death Syndrome: LINK
[8] Healthy People 2030: LINK
[9] Women Birth: LINK

Number of Infant Deaths by Cause, 2016-2020 combined. King County (left); African American (right)[10].





PHSKC OPPORTUNITIES

- Support reproductive justice efforts to increase approaches to advancing reproductive health equity, specifically bolstering the voices of birthing people of color to ensure voices are represented.
- **Share Family Ways model with other municipalities:** Culturally relevant pregnancy & parenting services, health education, and peer support for families prenatal to 5, focused on communities most impacted by racial inequities focused on Black and American Indian and Alaska Native women. This was created by PHSKC in partnership with community. Family Ways - King County
- **Continue to work with the state to Champion providers such as doulas** who administer culturally relevant and responsive to the needs of birthing people, families, and communities. Research shows doulas can positively impact birth outcomes.[11]
- Maintain support for **Home Based Services**, programs that provide relationship-based support to expecting parents and infants in the places they live. These programs ensure parents and babies have they services they need to survive including breastfeeding support, nutrition support, child development information and depression screenings.
- Engage in conversations regarding the opportunity to make **state and federal MEDICAID** funding more flexible so that the programming better meets the needs of community.
- Explore opportunities for **Universal Income** to ensure families have what they need to have healthy pregnancies and thriving children. *"Despite Precautions, COVID-19 Pandemic Disproportionately Impacts People from Minoritized Backgrounds"*
- Engage in conversations that align and support Biden- Harris administrations newly released *Blueprint for Addressing the Maternal Health Crisis.*
- Amend RCW 70.05.170 which authorizes child death review to be more inclusive to include maternal mortality.

[10] American Indian and Alaska Native infant deaths have the same pattern of deaths as African American infants. Due to the small number of deaths within the community we are unable to share data out without compromising confidentiality. This is an opportunity to look towards our indigenous partners in sharing small numbers so that lives of indigenous people are not erased. Numbers in graph denote number of deaths combined over the 5-year period.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE ASSOCIATION OF UNIVERSITY PHYSICIANS

Doing business as
UW PHYSICIANS

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
701 5TH AVENUE NO 700

City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 98104

D Employer identification number
91-1220843

E Telephone number
(206) 520-5778

G Gross receipts $ 373,261,239

F Name and address of principal officer:
ANTHONY DORSCH
701 5TH AVENUE NO 700
SEATTLE,WA 98104

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWMEDICINE.ORG/UW-PHYSICIANS

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PRACTICE PLAN FOR THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE ("UWSOM") FACULTY PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS THAT PROVIDES SUBSTANTIAL SUPPORT TO THE UWSOM.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,887
6	Total number of volunteers (estimate if necessary)	**6**	145
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,582,105	8,775,025
9	Program service revenue (Part VIII, line 2g)	298,411,607	330,122,583
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,528,344	2,654,102
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,522,056	341,551,710
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	251,933,753	258,426,113
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	58,279,296	81,537,736
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	310,213,049	339,963,849
19	Revenue less expenses. Subtract line 18 from line 12	309,007	1,587,861

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	140,287,211	164,828,956
21	Total liabilities (Part X, line 26)	140,287,211	164,828,956
22	Net assets or fund balances. Subtract line 21 from line 20	0	0

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2021-05-12

MAUREEN HOOLEY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-12		P00746598

Firm's name ▶ CLARK NUBER PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1400
BELLEVUE, WA 98004 — Phone no. (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THE ASSOCIATION OF UNIVERSITY PHYSICIANS IS A CLINICAL PRACTICE PLAN FOR THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE ("UWSOM") FACULTY PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS AND PROVIDES SUBSTANTIAL SUPPORT TO THE UWSOM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 292,241,954 including grants of $) (Revenue $ 330,122,583)

THE PHYSICIANS AND OTHER HEALTH CARE PRACTITIONERS OF THE ASSOCIATION OF UNIVERSITY PHYSICIANS (TOGETHER, "UWP PRACTITIONERS") PROVIDE CLINICAL CARE AT UNIVERSITY OF WASHINGTON OWNED, OPERATED, AND AFFILIATED FACILITIES. UWP PRACTITIONERS ARE REQUIRED TO BE FACULTY MEMBERS OF THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE AS A CONDITION OF PRACTICE PLAN MEMBERSHIP AND PRACTICE ONLY AT SITES APPROVED BY THE CEO OF UW MEDICINE, EVP FOR MEDICAL AFFAIRS AND DEAN OF THE UWSOM (UW MEDICINE CEO). UWP PRACTITIONERS ALSO PROVIDE CLINICAL CARE IN OTHER LOCAL AND NATIONAL COMMUNITY SETTINGS AS APPROVED BY THE UW MEDICINE CEO. THESE ACTIVITIES INCREASE COMMUNITY ACCESS TO SPECIALIST AND SUB-SPECIALIST CLINICAL CARE AND EXPERTISE, PROVIDE PRIMARY CARE IN COMMUNITIES THAT MAY NOT HAVE SUFFICIENT LOCAL RESOURCES, AND HELP TO ASSURE SUFFICIENT PRACTICE SITES AND PATIENT POPULATIONS TO MAINTAIN THE UWSOM TEACHING AND RESEARCH ACTIVITIES. PURSUANT TO AN OPERATING AGREEMENT BETWEEN THE ASSOCIATION OF UNIVERSITY PHYSICIANS ("UWP") AND THE UNIVERSITY OF WASHINGTON BOARD OF REGENTS, ALL UWP REVENUES IN EXCESS OF ITS OPERATING EXPENSES AND PHYSICIAN COMPENSATION ARE HELD IN AN ACADEMIC SUPPORT FUND SOLELY FOR THE SUPPORT OF THE UWSOM. THE UW MEDICINE CEO CONTROLS ALL PHYSICIAN COMPENSATION BY UWP AND HIS APPROVAL IS REQUIRED FOR THE SIGNIFICANT ACTIONS OF THE UWP BOARD OF TRUSTEES.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 292,241,954

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 1,887				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	29		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MAUREEN HOOLEY 701 5TH AVENUE SUITE 700 SEATTLE,WA 98104 (206) 520-5778

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LALIGAM SEKHAR MD PROFESSOR	40.00 0.00					X		540,391	645,705	132,356
(2) RICHARD ELLENBOGEN MD TRUSTEE	40.00 0.00	X						587,734	529,964	174,985
(3) LOUIS KIM MD PROFESSOR	40.00 0.00					X		661,746	365,959	119,208
(4) DOUGLAS WOOD MD TRUSTEE	40.00 0.00	X						561,024	486,993	76,906
(5) LISA BRANDENBURG UW MEDICINE CHSO	40.00 0.00				X			231,540	723,478	137,441
(6) PAUL RAMSEY MD UW MEDICINE CEO	40.00 0.00				X			615,232	336,067	75,490
(7) FANGYI ZHANG MD PROFESSOR	40.00 0.00					X		616,936	289,574	115,265
(8) NICHOLAS VEDDER MD PROFESSOR	40.00 0.00					X		449,829	440,034	116,479
(9) JORGE REYES MD PROFESSOR	40.00 0.00					X		317,652	595,632	85,694
(10) HOWARD CHANSKY MD TRUSTEE	40.00 0.00	X						406,244	326,061	201,099
(11) RUTH MAHAN CHIEF BUSINESS OFFICER	40.00 0.00				X			216,296	611,884	67,948
(12) JACQUELINE CABE UW MEDICINE CFO	40.00 0.00				X			197,572	623,991	68,403
(13) NEAL FUTRAN MD TRUSTEE	40.00 0.00	X						226,848	466,054	136,601
(14) CYNTHIA HECKER FORMER KEY EMPLOYEE	40.00 0.00						X	201,648	520,084	107,201
(15) DUSHYANT SAHANI MD TRUSTEE	40.00 0.00	X						185,429	604,500	33,846
(16) RAMESH RENGAN MD TRUSTEE	40.00 0.00	X						356,115	366,897	88,855
(17) TIMOTHY DELLIT MD PRESIDENT	40.00 0.00	X		X				279,154	408,882	75,575

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL HAYES FORMER KEY EMPLOYEE	40.00 0.00						X	215,580	453,683	65,977
(19) BARBARA GOFF MD TRUSTEE	40.00 0.00	X						249,512	372,598	112,145
(20) C MICHAEL CROWDER MD PHD TRUSTEE	40.00 0.00	X						175,076	449,453	65,980
(21) RUSSELL VAN GELDER MD PHD TRUSTEE	40.00 0.00	X						151,780	452,309	85,700
(22) LISA TAITSMAN MD TRUSTEE	40.00 0.00	X						314,014	217,732	119,410
(23) HUNTER WESSELLS MD TRUSTEE	40.00 0.00	X						116,616	453,840	78,009
(24) LESLIE WALKER-HARDING MD TRUSTEE	40.00 0.00	X						0	577,696	33,645
(25) MARK GREEN VICE DEAN FOR ADMIN AND FINANCE	40.00 0.00				X			58,228	466,150	84,620
(26) SAMAN ARBABI MD FORMER OFFICER	40.00 0.00						X	94,975	386,411	110,360
(27) SUE STERN MD TRUSTEE	40.00 0.00	X						150,000	364,407	60,424
(28) BARBARA JUNG MD TRUSTEE (AS OF 9/2019)	40.00 0.00	X						408,546	139,595	24,132
(29) TOM WALSH MD TRUSTEE	40.00 0.00	X						281,073	162,087	117,531
(30) MIKA SINANAN MD PHD FORMER OFFICER	40.00 0.00						X	216,274	261,544	75,498
(31) JURGEN UNUTZER MD TRUSTEE	40.00 0.00	X						71,248	384,419	89,219
(32) CHARLES ALPERS MD TRUSTEE	40.00 0.00	X						125,459	353,850	63,581
(33) PAUL JAMES MD TRUSTEE	40.00 0.00	X						137,804	314,612	61,018
(34) PETER ESSELMAN MD TRUSTEE	40.00 0.00	X						41,614	406,569	63,168
(35) MAUREEN BROOM FORMER KEY EMPLOYEE	40.00 0.00						X	0	452,500	47,077
(36) EUGENE YANG MD TRUSTEE (THRU 8/2019)	40.00 0.00	X						146,096	251,796	60,405
(37) VIRGINIA BROUDY MD TRUSTEE (THRU 7/2019)	40.00 0.00	X						0	399,367	49,272
(38) SANTIAGO NEME MD TRUSTEE	40.00 0.00	X						0	406,345	19,691
(39) ANTHONY DORSCH EXECUTIVE DIRECTOR	40.00 0.00			X				335,197	9,903	67,820
(40) GEOFFREY BAIRD MD PHD TRUSTEE	40.00 0.00	X						87,348	256,675	45,042
(41) ERIK VAN EATON MD TRUSTEE	40.00 0.00	X						187,090	112,782	73,340
(42) MAUREEN HOOLEY CFO	40.00 0.00			X				310,785	0	55,499
(43) HUGH FOY MD FORMER OFFICER	40.00 0.00						X	44,795	259,303	43,384
(44) PETER MCGOUGH MD TRUSTEE	40.00 0.00	X						287,484	0	56,691
(45) JENNIE MAO MD TRUSTEE (AS OF 9/2019)	40.00 0.00	X						24,838	242,081	47,726
(46) NICHOLAS POOLOS MD PHD TRUSTEE	40.00 0.00	X						2,551	257,683	47,903
(47) DAVID DUGDALE MD TRUSTEE (AS OF 9/2019)	40.00 0.00	X						0	258,265	43,706
(48) LISA CHEW MD SECRETARY-TREASURER	40.00 0.00	X		X				0	259,356	36,597
(49) FREDERICK CHEN MD TRUSTEE (THRU 8/2019)	40.00 0.00	X						0	221,572	31,772
(50) MARC STEWART MD VICE PRESIDENT	40.00 0.00	X		X				152,892	0	18,325
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								11,038,265	17,946,342	3,868,019

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 737

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STATE COLLECTION SERVICE 2509 S STOUGHTON RD MADISON, WI 53716	COLLECTION AGENCY	1,724,619
PEER CONSULTING LLC 3040 78TH AVENUE SE PO BOX 726 MERCER ISLAND, WA 98040	HEALTHCARE CONSULTING	680,720
RANDSTAD TECHNOLOGIES LLC PO BOX 847872 DALLAS, TX 75284	EMPLOYMENT/RECRUITING AGENCY	404,061
WARBIRD CONSULTING PARTNERS LLC PO BOX 823280 PHILADELPHIA, PA 19182	HEALTHCARE CONSULTING	235,337
CHI-MATIC INC 9214 ASHWORTH DR VERONA, WI 53593	BUSINESS MANAGEMENT CONSULTING	231,370

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 10

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**	3,235,284			
	e Government grants (contributions) **1e**	5,539,741			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	8,775,025			
Program Service Revenue		Business Code			
	2a PATIENT PROF FEES	621110	324,439,110	324,439,110	
	b BILLING AND COLLECTION	561000	5,683,473	5,683,473	
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	330,122,583			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts)		4,397,019		4,397,019
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	29,966,612			
	b Less: cost or other basis and sales expenses **7b**	31,709,529			
	c Gain or (loss) **7c**	-1,742,917			
	d Net gain or (loss) . . . . . ▶	-1,742,917			-1,742,917
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See instructions . . . . . ▶	341,551,710	330,122,583	0	2,654,102

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,701,481	6,855,724	845,757	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,222,175	1,222,175		
7 Other salaries and wages	219,729,354	208,699,552	11,029,802	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,523,197	13,845,004	678,193	
9 Other employee benefits	7,664,009	5,132,015	2,531,994	
10 Payroll taxes	7,585,897	6,902,085	683,812	
11 Fees for services (non-employees):				
a Management				
b Legal	113,384		113,384	
c Accounting	97,666		97,666	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	213,458		213,458	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,742,958		15,742,958	
12 Advertising and promotion	47,042		47,042	
13 Office expenses	1,801,571		1,801,571	
14 Information technology	4,913,479		4,913,479	
15 Royalties				
16 Occupancy	1,377,190		1,377,190	
17 Travel	87,067		87,067	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	349,818		349,818	
23 Insurance	7,216,500	7,115,888	100,612	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DEPARTMENT EXPENSES	31,802,609	31,802,609		
b CITY/STATE BUSINESS TAX	8,506,689	8,506,689		
c UW MEDICINE ALLOCATIONS	6,486,916		6,486,916	
d UBI TAXES	82,894		82,894	
e All other expenses	2,698,495	2,160,213	538,282	
25 **Total functional expenses.** Add lines 1 through 24e	339,963,849	292,241,954	47,721,895	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		44,811	1	400,936
	2	Savings and temporary cash investments		22,316,109	2	45,155,788
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,865,796	4	5,427,006
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		488,278	9	314,652
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,167,433			
	b	Less: accumulated depreciation	10b 3,583,614	1,855,039	10c	1,583,819
	11	Investments—publicly traded securities		110,607,603	11	111,842,307
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		109,575	15	104,448
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		140,287,211	16	164,828,956
Liabilities	17	Accounts payable and accrued expenses		29,056,998	17	20,326,835
	18	Grants payable			18	
	19	Deferred revenue		0	19	18,123,450
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		111,230,213	25	126,378,671
	26	**Total liabilities.** Add lines 17 through 25		140,287,211	26	164,828,956
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		0	32	0
	33	Total liabilities and net assets/fund balances		140,287,211	33	164,828,956

HARBORVIEW MEDICAL CENTER - SEATTLE, WA
Cost report status - As Submitted
[Record code 707138 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA										Provider CCN: 500064			PERIOD: FROM 07/01/2020 TO 06/30/2021				WORKSHEET S-3 PART I
Component		Wksht. A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges				
						Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col.2 for the portion of LDP room available beds)	30.00	232	84,912			21,708	6,239	88,987					3,094	831	13,372	1
2	HMO and other (see instructions)						15,397	36,169						1,701	3,669		2
3	HMO IPF Subprovider							11,761							539		3
4	HMO IRF Subprovider							3,605							162		4
5	Hospital Adults & Peds. Swing Bed SNF																5
6	Hospital Adults & Peds.Swing Bed NF																6
7	Total Adults and Peds. (exclude observation beds) (see instructions)		232	84,912			21,708	6,239	88,987								7
8	Intensive Care Unit		89	32,574			5,002	2,079	28,338								8
9	Coronary Care Unit																9
10	Burn Intensive Care Unit																10
11	Surgical Intensive Care Unit																11
12	Other Special Care																12
13	Nursery	43.00															13
14	Total (see instructions)		321	117,486			26,710	8,318	117,325	344.32	4,324.11			3,094	831	13,372	14
15	CAH visits																15
16	Subprovider - IPF	40.00	68	24,888			4,164	730	22,159	9.44	125.74			152	49	1,047	16
17	Subprovider - IRF	41.00	24	8,784			1,578	406	9,099	3.70	52.70			100	33	490	17
18	Subprovider - Other	42.00															18
19	Skilled Nursing Facility	44.00															19
20	Nursing Facility	45.00															20
21	Other Long Term Care	46.00															21
22	Home Health Agency	101.00															22
23	ASC (Distinct Part)	115.00															23
24	Hospice (Distinct Part)	116.00															24
24.10	Hospice (non-distinct part)																24.10
25	CMHC	99.00															25
26	RHC/FQHC (specify)	88.00															26
27	Total (sum of lines 14-26)		413							357.46	4,502.55						27
28	Observation Bed Days								4,033								28
29	Ambulance Trips																29
30	Employee discount days (see instructions)																30
31	Employee discount days -IRF																31
32	Labor & delivery (see instructions)																32