Seattle Children's

HOSPITAL · RESEARCH · FOUNDATION

Major Institution Master Plan
Annual Report 2011

February 24, 2012

Gordon Clowers
City of Seattle
Department of Planning and Development
700 Fifth Avenue, Suite 2000
Seattle, WA 98124-4019

Dear Mr. Clowers,

I am transmitting the 2011 Major Institution Master Plan (MIMP) Annual Status Report of Seattle Children's (formerly Children's Hospital and Regional Medical Center) in compliance with the City's code.

Please do not hesitate to contact me at 206-987-5269 or at edna.shim@seattlechildrens.org should you have questions or need additional information.

Respectfully,

Edna C. Shim
Director, Regional Government Affairs and Community Relations

Enclosures:

Children's 2011 Major Institution Master Plan Annual Report with attachments: MIMP Square Footage Summary, 2010 Transportation Management Plan update, 2010—2011 Shuttle Schedule, 2010 Community Benefits Report, Research Institute Overview Flyer and Foundation Overview Flyer.

Cc: Lisa Brandenburg, Interim President and Chief Operating Officer
Suzanne Petersen-Tanneberg, Vice President, External Affairs and Guest Services
Todd Johnson, Vice President, Facilities
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MIMP Annual Status Report

I. Introduction

A. Name of Institution: Seattle Children's Hospital

B. Reporting Year: 2011

C. Major Institution Contact Information:

1. Contact Person	Edna Shim Director, Regional Government Affairs and Community Relations
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D. Master Plan Adoption Date and Date of Any Subsequent Amendments:

Master Plan: April 2010

II. Progress in Meeting Master Plan Conditions

A. Provide a general overview of progress made in meeting the goals and conditions of the approved Master Plan

In April 2010, the Seattle City Council adopted Seattle Children's Major Institution Master Plan (MIMP) for its Hospital Expansion Project. On November 29, 2010, the Department of Planning and Development (DPD) approved Children's Master Use Permit (MUP) for Phase 1 of the Project on the western portion of its expanded campus. The Phase 1 Project will be a seven-story structure above grade, plus one story partially below grade, and another story entirely below grade. The Project, consisting of 329,087 gross square feet, will house inpatient beds, lobby space, the relocated emergency department, a future kitchen, loading dock and mechanical space. Approximately 186 surface parking stalls will be constructed north and south of the new building.

Since issuance of the MIMP and associated permits, the following site preparation and development activities have been completed or are currently underway: identification and removal of asbestos from the Laurelon Terrace units; disconnection of utility lines; grading and shoring, and relocation of soil for future uses as a base for temporary surface parking; demolition of the buildings and commencement of construction. The Phase 1 building is now approximately 60% complete, with steel framing, stairwells, and concrete flooring in place. Fireproofing, exterior cladding, and the building's mechanical and electrical systems are beginning to be installed; and electrical duct banks and other site work will be completed within the next month.

B. In addition, list each condition and provide a brief narrative.

Included in this report is the Council MIMP conditions with a brief narrative statement explaining progress and strategies used in meeting the condition plus, when applicable, what future measures will be pursued to reach compliance.

Please see Attachment I (Council MIMP Conditions).

III. Major Institution Development Activity Initiated or Under Construction within the MIO Boundary during the Reporting Period.

A. List and Describe Development Activity Initiated or Under Construction within the MIO Boundary during the Reporting Period.

In addition to making progress on its new Building Hope Phase I expansion, Children's also continued to upgrade its existing buildings during 2011. Several clinic and office renovations occurred in existing spaces and the dialysis unit was completely renovated, including the replacement of the deionized water system. Replacement of flooring and furnishings took place in several areas such as the neonatal intensive care unit, the cafeteria, and some common areas. Critical infrastructure, including fire and life safety systems, pneumatic tube system, and fire doors, also was upgraded during the year. The renovations did not add additional square footage to the existing buildings.

B. Major Institution Leasing Activity to Non-Major Institution Uses

Children's leases approximately 2,600 square feet to Starbuck's Coffee to provide beverage and snack sales services to visitors and staff.

IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary.

A. Children's purchased the property at 4575 Sand Point Way NE on September 15, 2000. Beginning in 2004, Children's occupies approximately half of this property for outpatient dental services. Children's is leasing a combined 6,406 square feet of previously vacant space at 4500 Sand Point Way NE (Springbrook) and 4540 Sand Point Way NE (Springbrook).

B. Children's owns 9 single family houses around the perimeter of the main campus as part of its mitigation of the proposed expansion. All of the single-family homes continue to be used for residential use.

V. Progress in Meeting Transportation Management Program (TMP) Goals and Objectives

A. Provide a general overview of progress made in achieving the goals and objectives contained in the TMP towards the reduction of single-occupant vehicle use by major institution employees, staff and/or students

Seattle Children's raised parking rates in 2011 and completed CTR Survey for 6 affected worksites, achieving the required completion rate. The survey results show a 39% Drive Alone Rate which is a decrease in the Drive Alone Rate for All Employees at each of the worksites measure. Seattle Children's met the state mandated goals for drive-alone reduction and vehicle miles travelled at each worksite affected by the CTR Law.

B. In addition, list each goal and objective and provide a brief narrative statement about the progress made towards compliance. This statement should include information explaining progress made (ranging from compliance, partial-compliance to non-compliance) and strategies used (successful or unsuccessful) in meeting the goal or objective plus, when applicable, what future measures will be pursued to reach compliance.

1. *Guaranteed Ride Home*

In compliance with the TMP, Children's has a guaranteed ride home program which offers emergency taxi rides home to employees who use an alternative mode of commuting.

2. *Transit Subsidy Program*

Children's also has a transit fare subsidy program, ORCA, which covers 100% of bus, vanpool, ferry, and rail costs. Currently, over 4,500 ORCA passes are in possession of Children's staff, including 125 non-payroll employees, such as temporary employees and contractors. Children's invested over $1,400,000 in this important transportation tool in 2011 in order to be in compliance with the TMP.

3. *Children's other transportation incentives*

Children's other 2011 incentives include a generous commute bonus (up to $65 per month) for the following commute modes: bicycling, walking, telecommuting, and carpooling. Vanpool drivers receive a quarterly bonus of $250. In addition, bicyclists receive an annual subsidized bike tune-up, safety training and other classes.

Children's provides three on-site Zipcars free of charge for employee business use, to accommodate mid-day business travel. The Zipcars at Children's may also be used by any private Zipcar member, and as such represent a valuable transportation resource to our community.
One of the most significant investments Children's makes to support alternatives to driving alone is a shuttle system that connects to the major transit hubs in the region. The

"Green Line" shuttle makes a connection from Children's to the Downtown Seattle Transit Tunnel in 15 minute intervals all day. In addition, the "Purple Line" connects the hospital with the University district, making possible a host of transit connections not previously available due to limited bus service.

Another innovative element added to Children's commute incentive line-up is the Company Bike program, which loans a bicycle to employees who commit to bike to work at least two days a week. Children's expanded this program in advance of Bike to Work Month by adding an additional 40 bikes to the existing fleet, making a total of 170 bicycles that have been assigned to employees.

In addition to the aforementioned program enhancements, Children's offers valuable fundamental commuting support tools, such as (1) personalized commuting information for all new hires and for any existing employee who requests it, (2) lockers and showers for outdoor commuters (bicyclists, walkers, and motorcyclists), (3) covered and secure bicycle parking, and (4) shuttles to minimize inter-facility trips.

Throughout the year, Children's launched new applications to support alternative commute. These applications were added to our Commute Tools platform, an intranet site that staff use to claim alternative commute bonuses and manage their parking charges. The new tools this year include a rideshare map that allows users to find carpool and vanpool partners; a trip planner that combines results from King County Metro, Sound Transit and Seattle Children's shuttles to help users find the best routes; *My Next Shuttle* an application that allows users to click on a map and find the next three departures for their shuttle. In addition, this year Children's shuttle schedules were added to *One Bus Away* a regional passenger real time information system that allows users to access Children's shuttle times via mobile phones.

Children's vanpool program continues to thrive with 66 vanpools and 3 vanshares serving over 300 riders.

Attachments

I. Council MIMP Conditions
II. MIMP Square Footage Summary
III. 2011 Transportation Management Program Annual Report Supplement
IV. Shuttle System Schedule
V. Community Benefit Report
VI. Hospital Foundation & Research Overview Fliers

I. Council MIMP Conditions

COUNCIL MIMP CONDITIONS

Seattle City Council Ordinance No. 123263, adopted April 5, 2010, and included as Appendix D to this Master Plan, imposed the following conditions as a part of its approval of Children's Major Institution Master Plan. Current status of each of the conditions is as noted.

1. Total development on the existing and expanded campus shall not exceed 2,125,000 gross square feet, excluding above and below grade parking and rooftop mechanical equipment. **Children's is in compliance with this condition -the Phase 1 Project, with 329,087 square feet of developable gross floor area, will bring total campus development to approximately 1,189,375 square feet of floor area, leaving approximately 935,625 square feet of authorized but undeveloped floor area.**

2. The Floor Area Ratio (FAR) for the expanded campus shall not exceed 1.9, excluding below grade developable floor area, below-grade parking structures and rooftop mechanical equipment. **Children's is in compliance with this condition – the Phase 1 Project meets this FAR requirement.**

3. No more than 20% of the land area within the MIO, approximately 264,338 square feet, may include structures that exceed 90 feet in height. No more than 10% of the land area within the MIO, approximately 142,596 square feet, may include structures that exceed 125 feet in height. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment. **Children's is in compliance with this condition – the Phase 1 Project meets these height requirements.**

4. MIO heights shall be measured in accordance with SMC 23.86.006 as now or hereafter amended. **Children's is in compliance with this condition – the Phase 1 Project meets this height measurement requirement.**

5. Children's shall amend Section IV.D.1 of the Master Plan to add upper level setback 80 feet deep, applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue Northeast from Sand Point Way Northeast south to Northeast 45th Street, and 30 feet deep on Sand Point Way from 40th Avenue Northeast to Penny Drive. **Children's is in compliance with this condition – these setbacks have been added to the Compiled Master Plan (approved May 12, 2010).**

6. Children's shall amend Section IV.D.1 and Master Plan Figure 50, "Proposed Structure Setbacks," to increase the south setback to 75 feet along the entire Northeast 45th Street boundary. **Children's is in compliance with this condition – these setbacks have been added to the Compiled Master Plan (approved May 12, 2010).**

7. Children's shall amend Section IV.C.1 of the Master Plan to expressly prohibit above-ground development within the setback areas, as shown on revised Figure 50, except as otherwise allowed in the underlying zone. **Children's is in compliance with this condition – the Compiled Master Plan (approved May 12, 2010) has been amended to include this prohibition.**

8. The Hartmann site as originally proposed in the MIMP is not included within the MIO boundary and is not subject to this MIMP. **Children's is in compliance with this condition.**

9. A minimum of 41% (being 507,000 square feet) of the combined total area of the expanded campus shall be maintained as open space. **Children's is in compliance with this condition – the Phase 1 Project will meet these open space requirements, which apply to all phases of the Hospital Expansion.**

In addition:

a. Open Space should be provided in locations at ground level or, where feasible, in other spaces that are accessible to the general public. No more than 20% (being 101,000 square feet) of the designated 41% open space, shall be provided in roof top open spaces; **Children's is in compliance with this condition.**

b. Open Space areas shall include existing and proposed ground level setback areas identified in the Master Plan, to the extent that they meet the criteria in the proposed Design Guidelines; **Children's is in compliance with this condition.**

c. The location of open space, landscaping and screening as shown on Figure 42 of the Master Plan may be modified as long as the 41% figure is maintained; **Children's is in compliance with this condition.**

d. To ensure that the 41% open space standard is implemented with the Master Plan, each planned or potential project should identify an area that qualifies as Open Space as defined in this Master Plan; **Children's is in compliance with this condition.**

e. Open Space that is specifically designed for uses other than landscaped buffers or building setback areas, such as plazas, patios or other similar functions, should include improvements to ensure that the space contains Usable Open Space as defined under SMC 23.84A.028; and **(Children's is in compliance with this condition.)**

f. Open space shall be designed to be barrier-free to the fullest extent possible. **Children's is in compliance with this condition.**

10. For the life of the Master Plan, Children's should maintain open space connections as shown on Figure 56 of the Final Master Plan, or similar connections constituting approximately the number and location of access points as shown in the Master Plan. During the review of all future buildings, Children's should evaluate that building's effect upon maintaining these connections. If Children's proposes to change the open space connections from surrounding streets from that shown on Figure 56, it shall first provide notice to DPD and DON, and formally review the proposed changes with the SAC. **Children's is in compliance with this condition – the Phase I Project meets these open space connection requirements.**

11. The City's tree protection ordinance, SMC 25.11, applies to development authorized by this MIMP. In addition, to the extent feasible, any trees that exceed 6 caliper inches in width measured three feet above the ground and that are located within the Laurelon expansion area shall be used on Children's campus. **Children's is in compliance with this condition – Children's has identified trees on the Laurelon Terrace site that exceed six caliper inches in width measured three feet above the ground. DPD has approved Children's plan in accordance with this condition, including relocation, recycling, and protecting trees in place.**

12. Children's shall amend Section V.D, "Parking" on page 104 of the Final Master Plan to add the following at the end of that subsection: "As discussed in the TMP, the forecasted parking supply including the potential leasing of off-site spaces, exceeds the maximum allowed under the Land Use Code. Therefore, if Children's continues to meet its Transportation Master Plan goals, the Master Plan authorizes parking in excess of the Code maximum to minimize adverse parking impacts in the adjacent neighborhood." **Children's is in compliance with this condition – this language regarding "parking" has been added to the Compiled Master Plan (approved May 12, 2010). Phase 1 will add approximately 195 surface parking stalls north and south of the Phase 1 buildings. Children's will landscape the parking lot for visual relief and screening of the facility (to the extent possible given the helistop location).**

13. Children's shall amend Table 3 "Development Standard Comparisons" in the Master Plan to be consistent with all modifications to development standards made by this decision. **Children's is in compliance with this condition – Development Standards Comparisons have been corrected in the Compiled Master Plan (approved May 12, 2010).**

14. Prior to the submittal of the first Master Use Permit application for Phase 1, Children's must draft a more comprehensive set of Design Guidelines for planned and potential structures, to be reviewed by the Seattle Design Commission and approved by DPD. The Design Guidelines are not a part of this approved MIMP, but shall be an appendix to the Master Plan, and shall address issues of architectural concept, pedestrian scale, blank wall

treatment, tower sculpting, nighttime lighting, and open space and landscaping, among others. **Children's is in compliance with this condition – Children's drafted and presented to the Seattle Design Commission and DPD a more comprehensive set of Design Guidelines that were approved by DPD on May, 7, 2010 and have been incorporated into the Phase 1 Project design.**

15. Children's shall create and maintain a Standing Advisory Committee (SAC) to review and comment on all proposed and potential projects prior to submission of their respective Master Use Permit applications. The SAC shall use the Design Guidelines for their evaluation. **Children's is in compliance with this condition – a new SAC was convened to review and comment on proposed projects by Children's to implement the adopted Master Plan and has held multiple meetings to discuss the Construction Management Plan, the helistop location, Livable Streets, the building's exterior materials and design, replacement housing proposal, and other aspects of Children's progress on its project.**

16. Prior to issuance of any MUP for any project under Phases 2, 3 and 4 of the Master Plan, Children's shall provide documentation to the Director and the SAC clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support. **This condition, requiring documentation of patient care need, is not applicable to Phase 1.**

17. The TMP will be governed consistent with Director's Rule 19-2008, or any successor rules. In addition, Children's shall achieve a 30% SOV goal at full build out of the MIMP. The 30% SOV goal shall be achieved in increments, as Children's moves from its current 38% SOV mode split to the 30% goal at build out of the MIMP. **Children's is in compliance with this condition – Children's Transportation Management Program ("TMP") will be enhanced as part of Phase 1 to achieve a reduction in the SOV rate from 38% to 36%.**

18. No portion of any building on Children's extended campus shall be rented or leased to third parties except those who are providing pediatric medical care, or directly related supporting uses, within the entire rented or leased space. Exceptions may be allowed by the Director for commercial uses that are located at the pedestrian street level along Sand Point Way Northeast, or within campus buildings where commercial/retail services that serve the broader public are warranted. **Children's is in compliance with this condition – no portion of Phase 1 will be rented or leased to third parties unless they are providing pediatric medical care or directly related supporting uses.**

19. Before Children's may receive a temporary or permanent Certificate of Occupancy for any structure that is included in any phase of proposed development described on page 66 of the MIMP, DPD must find that Children's has performed either of the following options:

a. That Children's has submitted an application for a MUP for the construction of comparable housing, as defined below, in replacement of the housing demolished at Laurelon Terrace. In the event that Children's will construct more than one housing project to fulfill the housing replacement requirement, then Children's must have applied for a MUP for the first housing replacement project, which shall include no fewer than 68 housing units. A MUP application must be submitted for all of the remaining replacement units before a temporary or permanent certificate of occupancy may be issued for any project authorized in Phases 2-4 of the MIMP. The MUP application(s) for the replacement housing project(s) may not include projects that were the subject of a MUP application submitted to DPD before Council approval of the MIMP. Children's may seek City funds to help finance the replacement housing required by this condition, but may not receive credit in fulfillment of the housing replacement requirement for that portion of the housing replacement cost that is financed by City funds. City funds include housing levy funds, general funds or funds received under any housing bonus provision.

Occupancy expected Feb - Mar 2013

b. That Children's has either 1) paid the City of Seattle $10,920,000 to help fund the construction of comparable replacement housing or 2) paid the City of Seattle 35% of the estimated cost of constructing the comparable replacement housing, as determined by DPD and the Office of Housing. In determining the estimated cost, DPD and the Office of Housing shall consider at least two development pro-forma, prepared by individual(s) with demonstrated expertise in real estate financing or development, and submitted by Children's. DPD and the Office

of Housing's determination of the estimated cost is final and not subject to appeal. Money paid to the City under this option b shall be used to finance the construction of comparable replacement housing, as defined below, and subject to the provisions of the City's Consolidated Plan for Housing and Community Development and the City's Housing Levy Administrative and Financial Plan in existence at the time the City helps finance the replacement housing.

For purposes of this condition 19, the comparable replacement housing must meet the following requirements:

1) Provide a minimum of 136 housing units;
2) Provide no fewer than the number of 2 and 3 bedroom units as those in the Laurelon Terrace development;
3) Contain no less than 106,538 gross square feet;
4) The general quality of construction shall be of equal or greater quality than the units in the Laurelon Terrace development; and
5) The replacement housing will be located within Northeast Seattle. Northeast Seattle is bounded by Interstate 5 to the west, State Highway 520 to the south, Lake Washington to the east, and the City boundary to the north.

Children's is working with the University of Washington and a private developer (Security Properties) to create approximately 184 units of housing on land owned by the UW in the University District. The housing will exceed the Council requirements for total number of units, and will include approximately 34 affordable units (not required by Council conditions) and will comply with other comparable replacement requirements in this Condition 19. Children's anticipates filing a MUP application in the summer of 2012 to satisfy this condition.

20. Children's shall develop a Construction Management Plan (CMP) for review and comment by the SAC prior to the approval of any planned or potential project discussed in the Master Plan. The CMP must be updated at the time of site-specific SEPA review for each planned or potential project identified in the MIMP. The CMP shall be designed to mitigate impacts of all planned and potential projects and shall include mitigating measures to address the following:

a. Construction impacts due to noise

b. Mitigation of traffic, transportation and parking impacts on arterials and surrounding neighborhoods

c. Mitigation of impacts on the pedestrian network

d. Mitigation of impacts if more than one of the projects outlined in the Master Plan are under concurrent construction

Children's is in compliance with this condition – Children's developed a Construction Management Plan (CMP) that address the mitigation measures in (a) – (d) and presented it to the SAC for review and comment. The general contractor, Sellen Construction and its subcontractors are now complying with the terms of the CMP.

21. Prior to the issuance of a Certificate of Occupancy for any project associated with development of Phase 1 of the MIMP, the proposed traffic signal at 40th Avenue Northeast and Sand Point Way NE shall be installed and functioning. **Children's is working with SDOT to design and plan for the construction of the required traffic signal at 40th Avenue NE and Sand Point Way NE, which must be installed and functioning prior to the issuance of the Certificate of Occupancy for the Phase 1 project. It is under design as a separate project from Phase 1. Children's has submitted 60% SIP plans to SDOT.**

SEPA CONDITIONS

GEOLOGY

22. To minimize the possibility of tracking soil from the site, Children's shall ensure that its contractors wash the wheels and undercarriage of trucks and other vehicles leaving the site and control the sediment-laden wash water using erosion control methods prescribed as City of Seattle and King County best management practices for construction projects. Such practices include the use of sediment traps, check dams, stabilized entrances to the construction site, erosion control fabric fences and barriers, and other strategies to control and contain sediment. **Children's is complying with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

23. Children's shall ensure that its contractors cover the soils loaded into the trucks with tarps or other materials to prevent spillage onto the streets and transport by wind. **Children's is complying with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

24. Children's shall ensure that its contractors use tarps to cover temporary on-site storage piles. **Children's is complying with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

AIR QUALITY

25. Prior to demolition of the existing housing units at Laurelon Terrace, Children's shall perform an asbestos and lead survey and develop an abatement plan to prevent the releases into the atmosphere and to protect worker safety. **Children's is in compliance with this condition – Children's performed an asbestos and lead survey of the Laurelon Terrace units and grounds during construction with the additional air quality condition set forth here.**

26. During construction, Children's shall ensure that its contractors spray exposed soils and debris with water or other dust suppressants to reduce dust. Children's shall monitor truck loads and routes to minimize impacts. **Children's is in compliance with this air quality condition.**

27. Children's shall stabilize all off-road traffic, parking areas, and haul routes, and it shall direct construction traffic over established haul routes. **Children's is in compliance with this air quality condition.**

28. Children's shall schedule delivery of materials transported by truck to and from the project area to minimize congestion during peak travel times on adjacent City streets. This will minimize secondary air quality impacts otherwise caused by traffic having to travel at reduced speeds. **Children's is in compliance with this traffic and air quality condition.**

29. Children's shall ensure that its contractors cover any exposed slopes/dirt with sheets of plastic. **Children's is in compliance with this air quality condition.**

30. Around relevant construction areas, Children's shall install perimeter railings with mesh partitioning to prevent movement of debris during helicopter landings. **Children's is in compliance with this air quality condition.**

NOISE

31. Construction will occur primarily during non-holiday weekdays between 7:00 am and 6:00 pm, or as modified by a Construction Noise Management Plan, approved by DPD as part of a project-specific environmental review. **Children's continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

32. Children's will inform nearby residents of upcoming construction activities that could be potentially loud. Children's shall schedule particularly noisy construction activities to avoid neighborhood conflicts whenever

possible. **Children's continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

33. Impact pile driving shall be avoided. Drilled piles or the use of a sonic vibratory pile driver are quieter alternatives. **Children's continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

34. Buildings on the extended campus are to be designed in such a way that noise received in the surrounding community is no greater than existing noise based on a pre-test of ambient noise levels and subsequent annual noise monitoring to be conducted by Children's. **Children's continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

TRANSPORTATION

35. Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking. **Children's is in compliance with this condition – as part of Phase 1, Children's is creating an onsite shuttle hub, an enhanced campus pathway to connect public transit on Sand Point Way NE, and additional bicycle parking.**

36. Consistent with the TMP, near-site improvements will include: working with Seattle Department of Transportation and Washington State Department of Transportation (WSDOT) to improve intersections such as Penny Drive/Sand Point Way Northeast and 40th Ave Northeast/Sand Point Way Northeast; improve connectivity between the Burke-Gilman Trail and Children's; enhance the Sand Point Way Northeast street frontage. **Children's is in compliance with this condition – Children's worked with SDOT and the surrounding neighborhoods to improve intersections near Children's campus, in particular the installation of a new signal at 40th Avenue NE and Sand Point Way NE. Two successful community workshops were held and the feedback gathered by SDOT, Metro and Transpo (Children's project consultant) at those meetings was incorporated into the design. Community reaction to the final design was extremely positive.**

37. Consistent with the TMP, and as necessary to reduce future transportation impacts, Children's may provide off-site parking that reduces the level of required parking on site and reduces traffic on Northeast 45th St, Sand Point Way Northeast and Montlake Blvd/SR 520 interchange area. **Children's is in compliance with this condition – Children's is continuing to provide offsite parking at Magnuson Park and other offsite locations that are connected to Children's by private shuttle. Construction workers are also required to park offsite and are transported to the job site by bus.**

38. Children's shall enhance its TMP to achieve a 30% single occupancy vehicle (SOV) mode split goal or lower. **Children's TMP will be enhanced as part of Phase 1 to achieve a reduction in the SOC rate from 38% to 36%.**

39. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle its fair share to the future installation of traffic signals at 40th Ave Northeast/Northeast 55th St. Prior to the issuance of any construction permits for any project outlined in Phase 2 of the MIMP, Children's shall pay the City of Seattle its fair share, based on the [sic] to the future installation of traffic signals at 40th Ave Northeast/Northeast 65th St. These intersections shall be monitored by the Seattle Department of Transportation over the life of the Master Plan to determine the timing of the mitigation implementation. **Children's is in compliance with this condition – as part of Phase 1, Children's paid the City its fair share (approximately $20,000) of the cost of future traffic signals at 40th Avenue NE and NE 55th Street.**

40. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle $500,000 to build Intelligent Transportation System improvements through the corridor from Montlake Blvd/Northeast 45th St to Sand Point Way Northeast/Northeast 50th St. The contribution shall be used to fund all or part of the following projects:

a. Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions;

b. Install variable message signs to give real-time traffic information for drivers, including travel time estimates, updates of collisions and other traffic conditions, and to implement variable speed limits throughout the day to keep traffic flowing as smoothly as possible;

c. Optimize signal coordination and timing to move vehicles most efficiently and optimize signal performance;

d. Upgrade signal controllers as needed to allow signals to be interconnected, and/or

e. Install traffic cameras as identified by the City of Seattle.

Children's is in compliance with this condition – Children's and SDOT prepared an MOU to govern the administration of Children's commitment to pay the City $500,000 for Intelligent Transportation Improvements in the Montlake and NE 45th Street corridors, $1.4 million for NE Seattle transportation improvement projects and $2 million for pedestrian and bicycle improvements in NE Seattle. To date, Children's has paid the full $500,000 for the Intelligent Transportation System, approximately a quarter of its $1.4 million commitment for NE Seattle transportation improvement projects, and $500,000 for bike/pedestrian improvements. SDOT and Children's are working together on options for items (a) through (e).

41. Children's shall pay the Seattle Department of Transportation (SDOT) a pro rata share of the Northeast Seattle Transportation improvement projects identified from the University Area Transportation Action Strategy, the Sand Point Way Northeast Pedestrian Study, and the City of Seattle Bicycle Master Plan. This amount is estimated at approximately $1,400,000 or approximately $3,955 per bed, over the life of the MIMP. (adjusted for inflation as beds come online). Each pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of $1,400,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP. **Children's is in compliance with this condition – Children's and SDOT prepared an MOU to govern the administration of Children's commitment to pay the City $500,000 for Intelligent Transportation Improvements in the Montlake and NE 45th Street corridors, $1.4 million for NE Seattle transportation improvement projects and $2 million for pedestrian and bicycle improvements in NE Seattle. To date, Children's has paid the full $500,000 for the Intelligent Transportation System, approximately a quarter of its $1.4 million commitment for NE Seattle transportation improvement projects, and $500,000 for bike/pedestrian improvements. SDOT and Children's are working together on options for items (a) through (e).**

42. Children's shall pay the Seattle Department of Transportation (SDOT) a total of $2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of $2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP. **Children's is in compliance with this condition – Children's and SDOT prepared an MOU to govern the administration of Children's commitment to pay the City $500,000 for Intelligent Transportation Improvements in the Montlake and NE 45th Street corridors, $1.4 million for NE Seattle transportation improvement projects and $2 million for pedestrian and bicycle improvements in NE Seattle. To date, Children's has paid the full $500,000 for the Intelligent Transportation System, approximately a quarter of its $1.4 million commitment for NE Seattle transportation improvement projects, and $500,000 for bike/pedestrian improvements. SDOT and Children's are working together on options for items (a) through (e).**

In addition to the Council conditions, the following sections (Street Vacation Public Benefits, Street Vacation Approval Conditions, Design Guidelines, and Construction Management Plan summary) are provided for reference:

STREET VACATION PUBLIC BENEFITS

1. BURKE-GILMAN TRAIL / SAND POINT WAY NE CONNECTION AT HARTMANN SITE

Purpose:
Provide 24 hour pedestrian and bicycle public access from the Burke-Gilman trail to Sand Point Way NE and across the proposed new intersection at 40th Ave NE and Sand Point Way NE. Trail connection to be designed to create a safe route for people of all abilities. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

2. STREET AMENITIES ON SAND POINT WAY NE

Purpose:
Provide plaza, street and sidewalk improvements for public access and use of Sand Point Way NE along the former Laurelon Terrace condominium (east side of Sand Point Way NE), and Hartmann (west side of Sand Point Way NE) properties. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

3. ENHANCED PUBLIC TRANSIT / SEATTLE CHILDREN'S SHUTTLE CENTERS ON SAND POINT WAY NE
Council MIMP Condition #35: Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking.

Purpose:
Improve public access to METRO bus routes and Seattle Children's shuttles on both sides of Sand Point Way NE. This enhancement is part of Seattle Children's Comprehensive Transportation Plan. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

4. $2 MILLION FOR BIKE AND PEDESTRIAN FUND
Council MIMP Condition #42: Children's shall pay the Seattle Department of Transportation (SDOT) a total of $2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of $2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.

Purpose:
To allow Seattle Department of Transportation (SDOT) to fund and develop unfunded priority projects in Northeast Seattle, particularly those that are within 1.5 miles of Seattle Children's main campus, that promote safe biking and walking for the general public.

Construction Phase:
Seattle Children's would pay into the Bike and Pedestrian Fund the amount of $5,715 for each of the 350 new beds added to the hospital pursuant to the proposed Master Plan. For example, for 100 beds, Seattle Children's would pay $571,500 into the fund. These contributions would be payable on or before the issuance of the certificate of occupancy for each phase of construction. For payments in Phases 2, 3 and 4, the amount of the payment per bed would be adjusted to account for changes in the Consumer Price Index – "All Urban Consumers, All Items, U.S. Averages" published by the Bureau of Labor Statistics.

5. STREET AMENITIES ON 40TH AVE NE

Purpose:
Provide plaza, street and sidewalk improvements for public access and use of 40th Ave NE along the former Laurelon Terrace Condominium from NE 45th Street to Sand Point Way NE that are less intensive than the plazas on Sand Point Way NE and, instead, serve as transition to the residential development on the west side of 40th Ave NE. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

6. POCKET PARK AT CORNER OF 40TH AVE NE / NE 45TH STREET AND NE 45TH STREET EDGE

Purpose:
Provide public area of respite and a focal point at this transition area between the Laurelhurst neighborhood on the south and Seattle Children's future development. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

STREET VACATION APPROVAL CONDITIONS

1. The vacation is granted to allow the Petitioner to build a project substantially in conformity with the project presented to the City Council and for no other purpose. The project must be substantially in conformity with the proposal reviewed by the Transportation Committee in May of 2010.

2. All street improvements shall be designed to City standards and be reviewed and approved by the Seattle Department of Transportation; elements of the street improvement plan and required street improvements to be reviewed include:
* Street improvement plan showing sidewalks, street trees, lighting and landscaping around the site;
* Proposed signal installations; and
* Proposed pedestrian/bicycle trail connection from Sand Point Way NE to the Burke-Gilman Trail.

3. The utility issues shall be resolved to the full satisfaction of the affected utility prior to the approval of the final vacation ordinance. Prior to the commencement of any development activity on the site, the Petitioner shall work with the affected utilities and provide for the protection of the utility facilities. This may include easements, restrictive covenants, relocation agreements, or acquisition of the utilities, which shall be at the sole expense of the Petitioner. Utilities impacted include:
* Seattle Public Utilities;
* Puget Sound Energy;
* Seattle Department of Transportation;
* Seattle City Light; and
* Qwest Communications.

4. It is expected that development activity will commence within 18 months of this approval and the development activity will be completed within five years. If the vacation cannot be completed within five years, the Petitioner must request an extension of time from the Transportation Committee. In order to insure timely compliance with the conditions imposed by the City Council, the Petitioner shall provide Seattle Department of Transportation with Quarterly Reports, following Council approval of the vacation, providing an update on the development activity and schedule and the progress on meeting the conditions. The Petitioner shall not request or be issued a Certificate of Occupancy (C of O) for the project until SDOT has determined that all conditions have been satisfied and all fees have been paid.

5. In addition to the conditions imposed through the vacation process, the project, as it proceeds through the permitting process, is subject to SEPA review and to conditioning pursuant to various City codes and through regulatory review processes including SEPA.

6. The Petitioner shall develop and maintain the public benefit elements as defined by the City Council. A Property Use and Development Agreement (PUDA) or other binding mechanism shall be required to ensure that the public benefit elements remain open and accessible to the public and to outline future maintenance obligations of the improvements. Accountability for public benefit elements associated with later phases of development must also be outlined in the PUDA. The final design of the public benefit elements shall require the review and approval of SDOT and SDOT may request additional review by the Design Commission, if necessary. The public benefit requirement includes the following features as well as the corresponding proposed development standards:
* Burke-Gilman Trail/Sand Point Way NE connection at Hartmann Site: The purpose of this public benefit is to provide 24-hour pedestrian and bicycle public access from the Burke-Gilman Trail to Sand Point Way NE and across the proposed new Intersection at 40th Avenue NE and Sand Point Way NE. The trail connection is to be designed to provide a safe route for people to access the 40th and Sand Pont Way NE intersection. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design for all of the public benefit elements. This connection would likely be constructed during the second phase of the Master Plan.
* Street Amenities on Sand Point Way NE: The purpose of this public benefit is to provide plaza, street and sidewalk improvements for public access and the use of Sand Point Way NE along the former Laurelon Terrace (east side of Sand Point Way NE) and the Hartmann (west side of Sand Point Way NE) properties. These improvements would likely occur during the first two phases of development.
* Enhanced Public Transit/Seattle Children's Shuttle Centers on Sand Point Way NE: The purpose of the enhancements is to improve public access to Metro bus routes and Children's shuttle on both sides of Sand Point Way NE. This enhancement is also part of Children's Transportation Plan. These improvements would likely occur during the first two phases of development.
* $2 Million for Bicycle and Pedestrian Fund: The purpose of this is to allow SDOT to fund and develop unfunded priority projects in Northeast Seattle, particularly those that are within 1.5 miles of Children's main campus, that promote safe biking and walking for the general public. The goal is to have the money distributed as early as possible in the development process.
* Street Amenities on 40th Avenue NE: The purpose is to provide plaza, street and sidewalk improvements for public access and use of 40th Avenue NE along the former Laurelon Terrace site from NE 45th Street to Sand Point Way NE that are less intensive than the plazas on Sand Point Way NE and instead serve as a transition to the residential development on the west side of 40th Avenue NE. These improvements would occur within the first phase of development.
* Pocket Park at Corner of 40th Avenue NE/NE 45th Street and NE 45th Street Edge: The purpose of this public benefit is to provide a public area of respite and a focal point at this transition area between the Laurelhurst neighborhood on the south and Seattle Children's future development. This improvement would occur within the first phase of development.

7. Children's shall work with DPD and SDOT to coordinate implementation strategies for meeting the vacation and Master Plan conditions to insure full compliance with all conditions. DPD and SDOT may consider a joint PUDA or other documentation to consolidate all the project conditions.

DESIGN GUIDELINES

B1.0 Site Design

B1.1 Hospital Campus Character

B1.1.2 General Guidelines
Acknowledge the character of surrounding single-family residential, multi-family and mixed use areas at each edge.
Use a compatible palette, texture, and color of building materials to unify the hospital campus.
Use landscaping to soften and enhance outdoor spaces and screen utilities, blank walls and other more functional elements.

B1.1.3 Street Frontage Edge
Open spaces adjacent to Street Frontage Edges to be inviting, open and complementary to adjacent street frontage uses.
Use a combination of the following architectural treatments to enhance "front door" Street Frontage Edges: architectural features and detailing such as railings and balustrades, awnings or canopies, decorative pavement, decorative lighting, seats, planter boxes, trellises, artwork, signs.

B1.1.3.1 Public Entrances and Access Points
Create a hierarchy of public entrances and access points to emphasize their appearance at Street Frontage Edge locations, and diminish them at Garden Edge locations where visible from single family residences.

B1.1.3.2 Streetscape and Pedestrian Pathways
Design streets and pathways to accommodate all travel modes.
Streets, sidewalks and hospital campus pathways should be welcoming, open to the general public, as well as barrier-free and ADA-accessible.

B1.1.3.3 Sidewalks
Relate the sidewalk and its amenities to the adjacent uses, the organization of pedestrian movements, and the experience along its length.

B1.1.3.4 Parking and Vehicle Access
Minimize vehicle movement and storage and design facilities to complement the envisioned calming character of the campus.

B1.1.4 Transition Edge
Evaluate the Transition Edge against the same for Street Frontage Edge and Garden Edge guidelines and considerations.

B1.1.5 Garden Edge
The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated viewscape and safe walking environment for pedestrians.
Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edges shall be designed to be compatible with adjacent single family character.
Use a combination of the following treatments to ensure compatibility with adjacent uses: planted screens, gardens, plaza areas, decorative pavement, non-glare lighting, seating, planter boxes, trellises, artwork, and signage.

B1.2 Exterior Spaces

B1.2.2 General Guidelines
Exterior spaces should extend the color, texture, pattern and quality of the surrounding residential areas.
Exterior spaces shall provide a visually and otherwise calming experience.
The hospital campus shall be designed to include and provide access to restorative and therapeutic gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbors.
Similar materials in plantings, paving, stairs and walls to provide a unifying context for the site development which matches or complements existing campus and surrounding areas.
Artwork integrated into publicly accessible areas of buildings and landscaping that evokes a sense of place related to the use of the area.
Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials.

B1.2.3 Retaining Wall Guidelines

Retaining walls near a public sidewalk that extend higher than eye level should be avoided where possible. Where high retaining walls are unavoidable, they should be designed to reduce their visual impact and increase the interest for the pedestrian along the streetscape.

B1.2.4 Screening Guidelines
Where necessary, use screening sensitively to soften noise and visual impacts to adjacent properties.
Design screening to minimize impact of noise producing equipment to adjacent residential neighborhoods.

B1.2.5 Lighting, Safety and Security Guidelines
The design and locations of physical features such as site furnishings, landscaping, pathways and lighting should maximize pedestrian visibility and safety while fostering positive social interaction among patients, visitors, caregivers and neighbors.

B1.2.6 Artwork Guidelines
Include opportunities for art in the design process as early as possible to allow integration into the design.
Evaluate the suitability of artwork, whether commissioned or acquired, for its specific site. Consider the artwork's size, materials, concept, etc.

B1.3 Landscape

B1.3.2 General Guidelines
The landscape plan shall respond to special on-site conditions such as steep slopes, existing significant trees - such as mature, rare or ornamental trees - as well as extend or improve off-site conditions, such as greenbelts, natural areas and streets.
Coordinate plant locations with adjacent building functions.
The landscape should extend the color, texture and pattern of the surrounding residential areas while maintaining the visually calming experience unique to the hospital campus.
Focal point features such as building entries, fountains, botanical gardens, therapy gardens or pools that relate to wayfinding or honors and memorials.

B1.3.3 Planting Guidelines
Plantings shall include mix of groundcovers and perennials, shrubs, understory and canopy trees to provide multi-layered interest.
Plantings shall include deciduous and evergreen plants to provide multi-seasonal interest.
Plantings shall include some portion of hybridized or native plants which are drought tolerant and beneficial to native insects and birds.
Avoid dense, dark vegetated "walls" along sidewalks by instead planting year-round screens that are softened by diverse and deciduous plantings and open spaces.
Avoid planting low-branching shrubs and other potentially unsafe, view-obscuring plants close to sidewalks.
To minimize need for irrigation beyond the establishment period, consider drought and urban tolerant plants.
Supplemental planting types and densities to connect greenways and wildlife corridors.
Existing plant materials mixed with new plant material to maximize longevity of both campus and right-of-way plant communities.

B1.3.4 Stormwater Guideline
Stormwater treatment and control integrated with the natural rain water cycle, grading and plant communities of the site.

B1.3.5 Irrigation Guideline
Mix of drought tolerant landscape plantings, reused stormwater, and drip irrigation to conserve potable water.

B1.3.6 Steep Slope Guideline
Plantings and other erosion control measures to prevent site destabilization on steep topography.

B2.0 Architectural Character

B2.1 Height, Bulk and Scale
Design buildings with materials that help visually reduce the scale and form of the buildings into smaller scaled elements that complement neighboring structures within the same visual field.

B2.2 Architectural Elements and Features
Integrate new buildings with the existing architecture to establish a new cohesive whole for the campus.

B2.3 Rooftops
Where rooftops are visible from locations beyond the hospital campus, rooftops are a design element.

B2.4 Finish Materials
Design and build new buildings with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighborhood.

CONSTRUCTION MANAGEMENT PLAN

I. Construction Communication (Plan work, reduce impacts, two-way communication)

II. Construction Work Hours (7a-6p, noise after 8a)

III. Construction Noise and Vibration Management (Noise reduction management)

IV. Construction Milestones (Demo, excavation, shoring, concrete, steel)

V. Construction Parking Management (Workers parking offsite and bussed to site - bus stays on site / trucks onsite)

VI. Construction Traffic/Street and Sidewalk Closures (Per SDOT approval and as needed with flaggers)

II. MIMP Square Footage Summary

							FAR		DEVELOPMENT AREA
		A	B	C	D	E	F=B+C+D	G=A-F	H=A-(C+D+E)
	BUILDING GROSS	DPD GROSS	BELOW GRADE DEVELOPABLE AREA	BELOW GRADE PARKING	ROOFTOP MECHANICAL	ABOVE GRADE PARKING	FAR EXEMPT (PER CITY COUNCIL CONDITION 2)	CHARGEABLE FAR (PER CITY COUNCIL CONDITION 2)	DEVELOPMENT AREA (PER CITY COUNCIL CONDITION 1)
LOWER LEVEL L1	0	50,733	50,733	0	0	0	50,733	0	50,733
LOWER LEVEL 1	0	41,964	27,361	0	0	0	27,361	14,603	41,964
LOWER LEVEL 2	0	33,686	0	0	0	0	0	33,686	33,686
LEVEL 3	0	35,398	0	0	0	0	0	35,398	35,398
LEVEL 4	0	35,505	0	0	0	0	0	35,505	35,505
LEVEL 5	0	35,485	0	0	0	0	0	35,485	35,485
LEVEL 6	0	35,461	0	0	0	0	0	35,461	35,461
LEVEL 7	0	35,438	0	0	0	0	0	35,438	35,438
LEVEL 8	0	22,577	0	0	0	0	0	22,577	22,577
PENTHOUSE	0	2,840	0	0	1,231	0	1,231	1,609	1,609
TOTAL	0	329,087	78,094	0	1,231	0	79,325	249,762	327,856

EXISTING BUILDING AREA		861,519							
EXISTING GIRAFFE GARAGE		231,319			231,319				
EXISTING WHALE GARAGE		195,382			195,382				
TOTAL EXISTING CAMPUS		**1,288,220**	**148,100**	**0**		**426,701**	**148,100**	**1,140,120**	**861,519**
TOTAL CAMPUS		**1,617,307**	**226,194**	**0**	**1,231**	**426,701**	**227,425**	**1,389,882**	**1,189,375**
ALLOWABLE DEVELOPMENT AREA									**2,125,000**
							FAR	**1.11**	

III. City of Seattle Transportation Management Plan (TMP) Annual Report

City of Seattle
Department of Transportation

Major Institution Master Plan
Transportation Management Program
Annual Report Form Supplement

(Revised October 2010)

Program for the Year:

1. Name of the Major Institution: Seattle Children's Hospital

   CTR ID Code: E82800
2. Location address and zip code: 4800 Sand Point Way NE 98105
3. Mailing address if different: M/S RC410 P.O. Box 5371 Seattle, WA 98145

4. **Name, title and contact information of the highest ranking official at this work site:**
   Name and title: Lisa Brandenburg, Chief Administrative Officer
   Mailing Address: M/S 41-A P.O. Box 5371 Seattle, WA 98145
   Telephone: 206-987-1468 FAX: 206-987-3830 e-mail: lisa.brandenburg@seattlechildrens.org
5. **Name and contact information of the individual who prepared this report:**
   Name and title: Paulo Nunes-Ueno Director, Transportation
   Mailing Address: M/S RC 410 P.O. Box 5371 Seattle, WA 98145
   Telephone: 206-987-5908 FAX: 206-985-3301 e-mail: paulo.nunes-ueno@seattlechildrens.org
6. What is the total number of people who work at this location? 3,281
7. How many are scheduled to report to work between 6 and 9 a.m.? 1,743 (based on 2009 CTR survey)
8. If this is a school, how many employees comprise school faculty?
9. On average, how many students are enrolled each term?

10. The current use of this property is: Hospital
11. Is this a change since the last report? No
12. Please describe any changes in use of this property expected within the next year:

13. If this organization leases space to entities, please use the following form to identify the tenants and the number of employees and associates who occupy the space they lease.

Peter E. Hahn, Acting Director
Department of Transportation
700 5th Avenue, Suite 3800
PO Box 34996
Seattle, WA 98124-4996

Tel (206) 684-5000
Tel (206) 684-ROAD
Fax (206) 684-5180
TTY/TDD (206) 684-4009
peter.hahn@seattle.gov

http://www.seattle.gov/transportation

14. Tenant Information: List current tenants and corresponding number of employees who occupy their space as residents or workers. Note: This is privileged information provided by the property owner to the City of Seattle in order to identify organizations that may be affected by RCW 70.94.521-551, as amended, and SMC 25.02. The Washington Public Disclosure Act allows the City to withhold this information from anyone who would use the list for commercial purposes and that the City of Seattle will use this list only for official City business.

Name of Tenant	# of Employees	Enter * if the tenant's lease includes a provision for providing a public transit subsidy.

15. CERTIFICATION: I hereby certify that the information provided by me on this Annual Report form and all information attached hereto are true to the best of my knowledge. I further acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are a gross misdemeanor punishable by a maximum term in jail of 365 days and or a $5,000.00 fine. I further acknowledge that in order for the City to accept this report the preparer must respond to every question.

In the space below please print or type the name and title of the individual responsible for submitting this report to the City of Seattle, and the name of the organization he or she represents. The responsible person must then sign and date the document before transmitting it to the City for review.

Responsible Individual: Lisa Brandenburg, Chief Administrative Officer
Organization represented: Seattle Children's Hospital

Lisa Brandenburg
Signature of Responsible Individual

1/12/11
Date Submitted

When you have completed and signed this report, please e-mail a copy to fidel.alvarez@seattle.gov If you are unable to send the report electronically, please send it by U.S. Mail addressed to:

Fidel Alvarez
Associate Transportation Planner
Seattle Department of Transportation
City of Seattle
PO Box 34996
Seattle WA 98124-4996

If you have questions regarding this report, please contact Mr. Fidel Alvarez, Seattle Department of Transportation at 206-684-7576.

IV. Shuttle System Schedule

Parking lots

E1

TO HOSPITAL		TO E1	
E1	Hospital	Hospital	E1
5:32 a.m.	5:37 a.m.	5:32 a.m.	5:37 a.m.
5:40	5:45	5:48	5:53
5:47	5:52	5:56	6:01
5:54	5:59	6:03	6:08
6:02	6:07	6:10	6:15
6:09	6:14	6:18	6:23
6:16	6:21	6:25	6:30
6:24	6:29	6:32	6:37
6:31	6:36	6:40	6:45
6:38	6:43	6:47	6:52
6:46	6:51	6:54	6:59
6:53	6:58	7:02	7:07
7:00	7:05	7:09	7:14
7:08	7:13	7:16	7:21
7:15	7:20	7:24	7:29
7:22	7:27	7:31	7:36
7:30	7:35	7:38	7:43
7:37	7:42	7:46	7:51
7:44	7:49	7:53	7:58
7:52	7:57	8:00	8:05
7:59	8:04	8:08	8:13
8:06	8:11	8:15	8:20
8:14	8:19	8:22	8:27
8:21	8:26	8:30	8:35
8:28	8:33	8:37	8:42
8:36	8:41	8:44	8:49
8:43	8:48	8:52	8:57
8:50	8:55	8:59	9:04
8:58	9:03	9:14	9:19
9:05	9:10	9:36	9:41
9:20	9:25	–	–
9:42	9:47	–	–

For mid-day E1 service, see "Parking Loop" schedule

–	–	3:01 p.m.	3:08 p.m.
3:00 p.m.	3:08 p.m.	3:11	3:18
3:10	3:15	3:18	3:25
3:18	3:23	3:26	3:33
3:26	3:31	3:34	3:41
3:34	3:39	3:42	3:49
3:42	3:47	3:50	3:57
3:50	3:55	3:58	4:05
3:58	4:03	4:06	4:13
4:06	4:11	4:14	4:21
4:14	4:19	4:22	4:29
4:22	4:27	4:30	4:37
4:30	4:35	4:38	4:45
4:38	4:43	4:46	4:53
4:46	4:51	4:54	5:01
4:54	4:59	5:02	5:09
5:02	5:07	5:10	5:17
5:10	5:15	5:18	5:25
5:18	5:23	5:26	5:33
5:26	5:31	5:34	5:41
5:34	5:39	5:42	5:49
5:42	5:47	5:50	5:57
5:50	5:55	5:58	6:05
5:58	6:03	6:06	6:13
6:06	6:11	6:14	6:19
6:14	6:19	6:22	6:28
6:20	6:25	6:30	6:35
6:29	6:35	6:36	6:41
6:36	6:41	6:46	6:51
6:42	6:47	6:50	7:03
6:52	6:57	7:00	7:13
7:14	7:19	7:17	7:22
7:23	7:28	7:33	7:38
7:39	7:44	7:44	7:49
7:50	7:55	7:55	8:00
8:01	8:06	8:06	8:11
8:12	8:17	8:17	8:22
8:23	8:28	8:28	8:33
8:34	8:39	8:39	8:44
8:45	8:50	8:50	8:55
8:56	9:01	9:01	9:06

Church/Archives

TO HOSPITAL		TO CHURCH/ ARCHIVES	
Church/ Archives	Hospital	Hospital	Church/ Archives
5:43 a.m.	5:48 a.m.	5:37 a.m.	5:42 a.m.
5:51	5:56	5:45	5:50
5:58	6:03	5:52	5:57
6:06	6:05	5:55	5:59
6:05	6:10	5:59	6:04
6:13	6:18	6:07	6:12
6:15	6:20	6:10	6:14
6:20	6:25	6:14	6:19
6:27	6:32	6:21	6:28
6:30	6:35	6:25	6:29
6:35	6:40	6:29	6:34
6:42	6:47	6:38	6:41
6:45	6:50	6:40	6:44
6:49	6:54	6:43	6:48
6:57	7:02	6:51	6:56
7:00	7:05	6:55	6:59
7:04	7:09	6:58	7:03
7:11	7:16	7:05	7:10
7:15	7:20	7:10	7:14
7:19	7:24	7:13	7:18
7:26	7:31	7:20	7:25
7:30	7:35	7:25	7:29
7:33	7:38	7:27	7:32
7:41	7:46	7:35	7:40
7:45	7:50	7:40	7:44
7:48	7:53	7:43	7:47
7:55	8:00	7:49	7:54
8:00	8:05	7:55	7:59
8:03	8:08	7:57	8:02
8:10	8:15	8:04	8:09
8:17	8:22	8:11	8:16
8:25	8:30	8:18	8:24
8:32	8:37	8:26	8:31
8:39	8:44	8:33	8:38
8:47	8:52	8:41	8:46
8:54	8:59	8:48	8:53
9:01	9:06	8:55	9:00
9:09	9:14	9:03	9:08
9:16	9:21	9:10	9:15
9:31	9:36	9:25	9:30
9:53	9:58	9:47	9:52

For mid-day Church/Archives service, see "Parking Loop" schedule

–	–	2:50 p.m.	2:55 p.m.
2:50 p.m.	3:01 p.m.	3:00	3:05
3:08	3:11	3:08	3:11
3:12	3:18	3:15	3:20
3:21	3:26	3:23	3:28
3:29	3:34	3:31	3:36
3:37	3:42	3:39	3:44
3:45	3:50	3:47	3:52
3:53	3:58	3:55	4:00
4:01	4:06	4:03	4:08
4:09	4:14	4:11	4:16
4:17	4:22	4:19	4:24
4:25	4:30	4:27	4:32
4:33	4:38	4:35	4:40
4:41	4:46	4:43	4:48
4:49	4:54	4:51	4:56
4:57	5:02	4:59	5:04
5:05	5:10	5:07	5:12
5:13	5:18	5:15	5:20
5:21	5:26	5:23	5:28
5:29	5:34	5:31	5:36
5:37	5:42	5:39	5:44
5:45	5:50	5:47	5:52
5:53	5:58	5:55	6:00
6:01	6:06	6:03	6:08
6:09	6:14	6:11	6:16
6:17	6:22	6:18	6:24
6:25	6:30	6:25	6:30
6:31	6:36	6:35	6:40
6:41	6:46	6:41	6:46
6:47	6:52	6:47	6:52
6:53	6:58	6:57	7:02
7:03	7:08	7:08	7:11
7:12	7:17	7:14	7:19
7:20	7:25	7:22	7:27
7:28	7:33	7:28	7:31
7:32	7:37	7:33	7:38
7:39	7:44	7:38	7:43
7:44	7:49	7:44	7:49
7:50	7:55	7:50	7:55
7:56	8:01	7:55	8:00
8:01	8:06	8:02	8:07
8:12	8:17	8:08	8:11
8:23	8:28	8:17	8:22
8:34	8:39	8:28	8:33
8:45	8:50	8:39	8:44
8:56	9:01	8:50	8:55
–	–	9:01	9:06

Magnuson Park

TO HOSPITAL		TO MAGNUSON	
Magnuson	Hospital	Hospital	Magnuson
5:25 a.m.	5:32 a.m.	–	–
5:30	5:37	5:37 a.m.	5:44 a.m.
5:45	5:52	5:52	5:59
5:52	5:59	6:00	6:07
6:00	6:07	6:07	6:14
6:08	6:15	6:15	6:22
6:15	6:22	6:22	6:29
6:23	6:30	6:30	6:37
6:30	6:37	6:37	6:44
6:38	6:45	6:45	6:52
6:45	6:52	6:52	6:59
6:53	7:00	7:00	7:07
7:00	7:07	7:07	7:14
7:08	7:15	7:15	7:22
7:15	7:22	7:22	7:29
7:23	7:30	7:30	7:37
7:30	7:37	7:37	7:44
7:38	7:45	7:45	7:52
7:45	7:52	7:52	7:59
7:53	8:00	8:00	8:07
8:00	8:07	8:07	8:14
8:08	8:15	8:15	8:22
8:15	8:22	8:22	8:29
8:23	8:30	8:30	8:37
8:30	8:37	8:37	8:44
8:38	8:45	8:45	8:52
8:45	8:52	8:52	8:59
8:53	9:00	9:00	9:07
9:00	9:07	9:15	9:22
9:08	9:15	9:30	9:37
9:23	9:30	9:45	9:52
9:38	9:45	10:00	10:07
9:53	10:00	–	–
10:08	10:15	–	–

For mid-day Magnuson service, see "Parking Loop" schedule

–	–	2:52 p.m.	2:59 p.m.
–	–	3:00	3:07
3:00 p.m.	3:07 p.m.	3:07	3:14
3:08	3:15	3:15	3:22
3:16	3:22	3:22	3:29
3:23	3:30	3:30	3:37
3:30	3:37	3:37	3:44
3:38	3:45	3:45	3:52
3:45	3:52	3:52	3:59
3:53	4:00	4:00	4:07
4:00	4:07	4:07	4:14
4:08	4:15	4:15	4:22
4:15	4:22	4:22	4:29
4:23	4:30	4:30	4:37
4:30	4:37	4:37	4:44
4:38	4:45	4:45	4:52
4:45	4:52	4:52	4:59
4:53	5:00	5:00	5:07
5:00	5:07	5:07	5:14
5:08	5:15	5:15	5:22
5:15	5:22	5:22	5:29
5:23	5:30	5:30	5:37
5:30	5:37	5:37	5:44
5:38	5:45	5:45	5:52
5:45	5:52	5:52	5:59
5:53	6:00	6:00	6:07
6:00	6:07	6:07	6:14
6:08	6:15	6:15	6:22
6:15	6:22	6:22	6:29
6:30	6:37	6:30	6:37
6:45	6:52	6:37	6:44
7:00	7:07	6:52	6:59
7:15	7:22	7:07	7:14
7:30	7:37	7:22	7:29
7:45	7:52	7:37	7:44
8:00	8:07	7:52	7:59
8:15	8:22	8:07	8:14
8:30	8:37	8:22	8:29
–	–	8:40	8:47

Parking Loop

Operates from 10 a.m. to 3 p.m.

Hospital	Magnuson	Church/ Archives	Hospital	E1	Hospital
–	–	–	9:58 a.m.	10:04 a.m.	10:10 a.m.
10:10	10:17	10:22	10:27	10:34	10:40
10:40	10:47	10:52	10:57	11:04	11:10
11:10	11:17	11:22	11:27	11:34	11:40
11:40	11:47	11:52	11:57	12:04 p.m.	12:10
12:10 p.m.	12:17	12:22	12:27	12:34	12:40
12:40	12:47	12:52	12:57	1:04	1:10
1:10	1:17	1:22	1:27	1:34	1:40
1:40	1:47	1:52	1:57	2:04	2:10
1:52	1:59	2:04	2:09	2:17	2:23
–	–	–	2:28	2:26	2:32
2:10	2:17	2:22	2:27	–	–
2:23	2:30	2:35	2:40	2:47	2:53
2:32	2:39	2:48	2:51	2:59	–

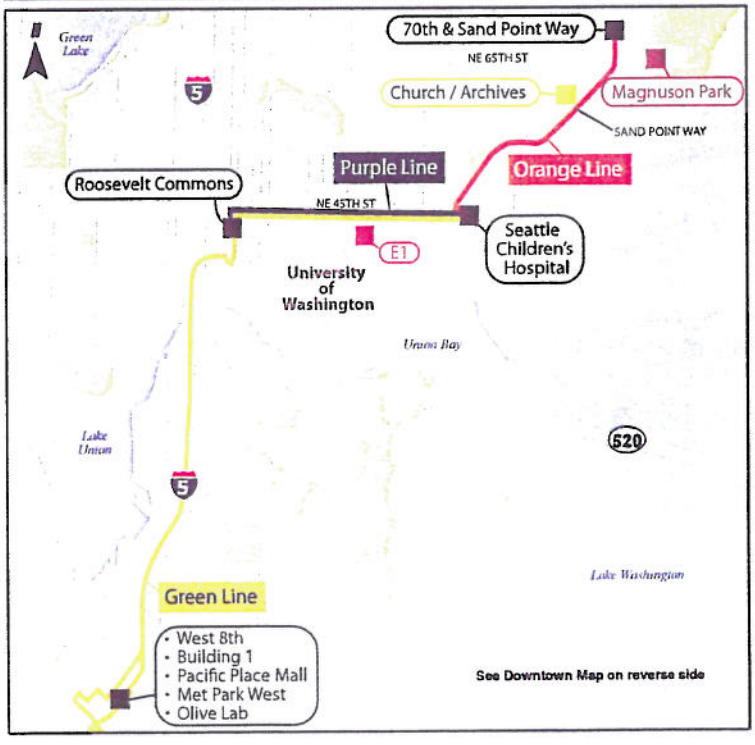
Useful Phone Numbers

Commuter Services:
987-5500

Security:
987-2030

Children's Emergency Information Hotline:
987-2484

Locations Served



Shuttle Map & Schedule

Revised January 2011

Worksite and transit service:

Orange Line
Serving: 70th & Sand Point Way • Hospital

Purple Line
Serving: Roosevelt Commons • Hospital

Green Line
Serving: West 8th • Building 1
Pacific Place Mall • Met Park West • Olive Lab
Roosevelt Commons • Hospital

Parking lot service:

Magnuson Park

Church/Archives

E1

www.MyCommuteTools.org

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Worksite and transit

Orange Line

TO HOSPITAL

70th & Sand Point Way	Hospital (arrive)
6:03 a.m.	6:10 a.m.
6:18	6:25
6:33	6:40
6:48	6:55
7:03	7:10
7:18	7:25
7:33	7:40
7:48	7:55
8:03	8:10
8:18	8:25
8:33	8:40
8:48	8:55
9:03	9:10
9:18	9:25
9:33	9:40
9:48	9:55
10:03	10:10
10:18	10:25
10:33	10:40
10:48	10:55
11:03	11:10
11:18	11:25
11:33	11:40
11:48	11:55
12:04 p.m.	12:11 p.m.
12:19	12:26
12:34	12:41
12:49	12:56
1:04	1:11
1:17	1:24
1:32	1:39
1:47	1:54
2:02	2:09
2:18	2:25
2:36	2:43
2:51	2:58
3:06	3:13
3:21	3:28
3:36	3:43
3:51	3:58
4:06	4:13
4:23	4:30
4:38	4:45
4:53	5:00
5:08	5:15
5:38	5:45
5:53	6:00
6:08	6:15
6:23	6:30

Green Line

TO DOWNTOWN

Hospital (depart)	Roosevelt Commons	West 8th/ Building 1	Pacific Place	Met Park West
			5:09 a.m.	5:11 a.m.
			5:21	5:28
			5:39	5:42
5:35 a.m.	See Purple Line for times	5:53 a.m.	5:57	6:02
5:50		6:08	6:12	6:17
6:05		6:23	6:27	6:32
6:15		6:33	6:37	6:42
6:30		6:48	6:52	6:57
6:45		7:03	7:07	7:12
7:00		7:18	7:22	7:27
7:15		7:33	7:37	7:42
7:30		7:48	7:52	7:57
7:45		8:03	8:07	8:12
8:00	8:10	8:22	8:26	8:31
8:15	8:25	8:37	8:41	8:46
8:30	8:40	8:52	8:56	9:01
8:45	8:55	9:07	9:11	9:16
9:00	9:10	9:22	9:26	9:31
9:15	9:25	9:37	9:41	9:46
9:30	9:40	9:52	9:56	10:01
9:45	9:55	10:07	10:11	10:16
10:00	10:10	10:22	10:26	10:31
10:15	10:25	10:37	10:41	10:46
10:30	10:40	10:52	10:56	11:01
10:45	10:55	11:07	11:11	11:16
11:00	11:10	11:22	11:26	11:31
11:15	11:25	11:37	11:41	11:46
11:30	11:40	11:52	11:56	12:01 p.m.
11:45	11:55	12:08 p.m.	12:12 p.m.	12:16
12:00 p.m.	12:10 p.m.	12:24	12:28	12:33
12:15	12:25	12:39	12:43	12:48
12:30	12:40	12:54	12:58	1:03
12:45	12:55	1:09	1:13	1:18
1:00	1:10	1:24	1:28	1:33
1:15	1:25	1:39	1:43	1:48
1:30	1:40	1:54	1:58	2:03
1:45	1:55	2:09	2:13	2:18
2:00	2:10	2:24	2:28	2:33
2:15	2:25	2:39	2:43	2:48
2:30	2:40	2:54	2:58	3:03
2:45	2:55	3:09	3:13	3:18
3:00	3:10	3:24	3:28	3:33
3:15	3:25	3:39	3:44	3:50
3:30	See Purple Line for times	3:57	4:02	4:08
3:50		4:12	4:17	4:23
4:05		4:27	4:32	4:38
4:20		4:42	4:47	4:53
4:35		4:57	5:02	5:08
4:50		5:12	5:17	5:23
5:05		5:27	5:32	5:38
5:20		5:42	5:47	5:53
5:35		5:57	6:02	6:08
5:50		6:13	6:17	6:23
6:05		6:27	6:32	6:38
6:20		6:42	6:47	6:53
6:35		6:57	7:02	7:08
6:50	7:00	7:12	7:16	7:20
7:05	7:15	7:27	7:31	7:35
7:20	7:30	7:42	7:46	7:50
7:35	7:43	7:57	8:01	8:05
7:51	8:01	8:13	8:17	8:21
8:06	8:16	8:28	8:32	8:36

Green Line

TO HOSPITAL

West 8th/ Building 1	Pacific Place	Met Park West	Roosevelt Commons	Hospital (arrive)
	5:09 a.m.	5:11 a.m.	–	5:25 a.m.
	5:21	5:28	–	5:40
	5:39	5:42		5:55
5:53	5:57	6:02	See Purple Line for times	6:25
6:08	6:12	6:17		6:40
6:23	6:27	6:32		6:55
6:33	6:37	6:42		7:05
6:48	6:52	6:57		7:20
7:03	7:07	7:12		7:35
7:18	7:22	7:27		7:50
7:33	7:37	7:42		8:05
7:48	7:52	7:57	8:09	8:20
8:03	8:07	8:12	8:24	8:35
8:22	8:26	8:31	8:43	8:53
8:37	8:41	8:46	8:58	9:08
8:52	8:56	9:01	9:13	9:23
9:07	9:11	9:16	9:28	9:38
9:22	9:26	9:31	9:43	9:53
9:37	9:41	9:46	9:58	10:08
9:52	9:56	10:01	10:13	10:23
10:07	10:11	10:16	10:28	10:38
10:22	10:26	10:31	10:43	10:53
10:37	10:41	10:46	10:58	11:08
10:52	10:56	11:01	11:13	11:23
11:07	11:11	11:16	11:28	11:38
11:22	11:26	11:31	11:43	11:53
11:37	11:41	11:46	11:58	12:10 p.m.
11:52	11:56	12:01 p.m.	12:13 p.m.	12:25
12:08 p.m.	12:13 p.m.	12:18	12:28	12:38
12:24	12:28	12:33	12:41	12:53
12:39	12:43	12:48	12:58	1:08
12:54	12:58	1:03	1:11	1:23
1:09	1:13	1:18	1:28	1:38
1:24	1:28	1:33	1:41	1:53
1:39	1:43	1:48	1:58	2:10
1:54	1:58	2:03	2:13	2:25
2:09	2:13	2:18	2:28	2:40
2:24	2:28	2:33	2:43	2:55
2:39	2:43	2:48	2:58	3:10
2:54	2:58	3:03	3:13	3:25
3:09	3:13	3:18	3:28	See Purple Line for times
3:24	3:28	3:33		3:52
3:39	3:44	3:50		4:08
3:57	4:02	4:08		4:27
4:12	4:17	4:23		4:42
4:27	4:32	4:38		4:57
4:42	4:47	4:53		5:12
4:57	5:02	5:08		5:27
5:12	5:17	5:23		5:42
5:27	5:32	5:38		5:57
5:42	5:47	5:53		6:12
5:57	6:02	6:08		6:27
6:12	6:17	6:23		6:42
6:27	6:32	6:38		6:57
6:42	6:47	6:53		7:12
6:57	7:02	7:08		7:27
7:12	7:16	7:20	–	7:38
7:27	7:31	7:35	–	7:51
7:42	7:46	7:50	–	8:05
7:57	8:01	8:05	–	8:21
8:13	8:17	8:21	–	8:37
8:28	8:32	8:36	–	8:52

Orange Line

TO 70TH & SPW

Hospital (depart)	70th & Sand Point Way
6:11 a.m.	6:18 a.m.
6:26	6:33
6:41	6:48
6:56	7:03
7:11	7:18
7:26	7:33
7:41	7:48
7:56	8:03
8:11	8:18
8:26	8:33
8:41	8:48
8:56	9:03
10:11	10:18
10:26	10:33
10:41	10:48
10:56	11:03
11:11	11:18
11:26	11:33
11:41	11:48
11:56	12:04 p.m.
12:12 p.m.	12:19
12:27	12:34
12:42	12:49
12:57	1:04
1:10	1:17
1:25	1:32
1:40	1:47
1:55	2:02
2:11	2:18
2:26	2:33
2:44	2:51
2:59	3:06
3:14	3:21
3:29	3:36
3:44	3:51
4:01	4:08
4:16	4:23
4:31	4:38
4:46	4:53
5:01	5:08
5:16	5:23
5:31	5:38
5:46	5:53
6:01	6:08
6:16	6:23

Rider Information

All routes stop at the Giraffe entrance of the Hospital.

Shuttles stop only at designated stops
Shuttles can pick up and drop off only at designated stops. Please do not ask drivers for special stops.

May children ride our shuttles?
Children must weigh over 40 pounds to ride our shuttles and must wear a seatbelt. On shuttles with shoulder-lap belts, booster seats are required and will be provided for children over 40 pounds and under 4'9" tall.

What if I need to get back to my car after shuttle operating hours?
Contact Security: 206-987-2030

Lost and Found
Items found on shuttles will be turned in to the Giraffe greeter desk. Check there in person or contact Security at 206-987-2030 for information.

Inclement weather or disaster
During adverse weather, shuttles will make every attempt to provide service on the Green and Purple Lines. Frequency may be reduced and service to parking lots may be modified. Important shuttle alerts during inclement weather will be available at MyCommuteTools.org and the Children's Emergency Info Hotline: 206-987-2484

Holidays and weekends
Children's shuttles do not run on weekends or on the following holidays: New Year's Day, Martin Luther King, Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day.

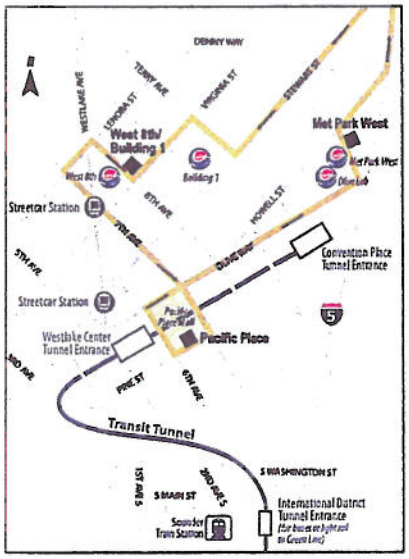
Children's may elect to modify shuttle service on a temporary basis with advance notice due to special events or anticipated low ridership.

Transporting bicycles on shuttles
Shuttles are equipped with bike racks. Riders are responsible for loading and unloading their bike on the rack. If the rack is full, the driver may allow you to bring your bike inside depending on space and safety considerations. Return the bike rack to the upright position after use.

Travel to the Hospital when shuttles are not running
From the Downtown Seattle Transit Tunnel, take Metro bus 71, 72, or 73 to Campus Parkway in the University District. From Campus Parkway, transfer to Metro bus 75 (from Bay 2). The 75 stops on Sand Point Way in front of the Hospital.

For more information or a personalized commute plan using shuttles and public transit, contact Commuter Services at 206-987-8300 or email Commuter.Services@SeattleChildrens.org

Downtown Map



Green Line Stop Locations

West 8th / Building 1 stop: on the corner of Virginia St & 8th Ave, in front of the police station.

Pacific Place stop: on Pine St near the corner of 6th Ave, in front of Pacific Place Mall. Board shuttles near the bike rack.

Met Park West stop: on Minor Ave between Howell and Olive, at the shuttle loading zone.

Purple Line

TO ROOSEVELT COMMONS

Hospital (depart)	Roosevelt Commons
5:50 a.m.	6:00 a.m.
6:05	6:15
6:20	6:30
6:35	6:45
6:50	7:00
7:05	7:15
7:20	7:30
7:35	7:45
7:50	8:00
See Green Line schedule for midday hours	
3:35 p.m.	3:50 p.m.
3:50	4:00
4:05	4:20
4:20	4:35
4:35	4:50
4:50	5:05
5:05	5:20
5:20	5:35
5:35	5:50
5:50	6:05
6:05	6:20
6:20	6:35
6:35	6:50
See Green Line schedule for later trips	

TO HOSPITAL

Roosevelt Commons	Hospital (arrive)
5:45 a.m.	5:55 a.m.
6:00	6:10
6:15	6:25
6:30	6:40
6:45	6:55
7:00	7:10
7:15	7:25
7:30	7:40
7:45	7:55
8:00	8:10
See Green Line schedule for midday hours	
3:50 p.m.	4:05 p.m.
4:05	4:20
4:20	4:35
4:35	4:50
4:50	5:05
5:05	5:20
5:20	5:35
5:35	5:50
5:50	6:05
6:05	6:20
6:20	6:35
6:35	6:50
6:50	7:00
See Green Line schedule for later trips	

Roosevelt Commons Map

Roosevelt Commons Stop Locations

Shuttles stop on NE 43rd St between Roosevelt Way NE and 11th Ave NE. Board hospital-bound shuttles by the Watertown Hotel; board downtown-bound by Roosevelt Commons.

V. 2010 Community Benefit Report

Seattle Children's

Community Benefit Report 2010

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

www.seattlechildrens.org

Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

Our Vision

We will be the best children's hospital.

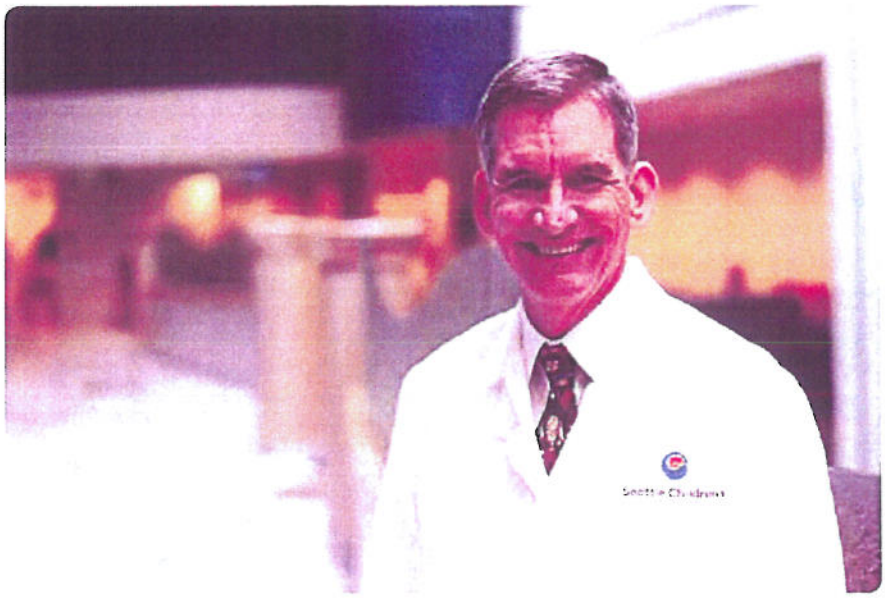
- We will provide patients and their families excellent care with compassion and respect.
- We will provide superior, accessible, cost-effective service.
- We will attract and retain the best talent at all levels of the organization.
- We will be one of the top five pediatric research institutions.
- We will be the nation's premier pediatric educators.
- We will achieve worldwide prominence by integrating patient care, research, education and advocacy.

COVER

Left: One of the initiatives of our Research Institute, the Science Adventure Lab brings science and healthcare education to children, and inspires them to become the next generation of scientists.

Top Right: In partnership with Kohl's department stores, we provided free bike helmets at Fiesta de Salud in Yakima, Wash.

Bottom Right: As the site of one of the most desired pediatric residencies in the country, we prepare young doctors to provide superior care for children.



Letter from our Chief Executive Officer

Making children and families safer and healthier is our passion, our duty and our privilege.

I am proud to share with you our 2010 community report, which showcases some of the ways Seattle Children's responds to community health needs. These pages highlight programs and services that reach families where they live and move us closer to fulfilling our mission of preventing, treating and eliminating pediatric disease.

In 2010 we launched a new community needs assessment process to gain a better view of the health needs and resources in the communities we serve. In partnership with families and community-based organizations, we are using what we learn to collaboratively address the most urgent needs.

Our investment in the community totaled more than $201 million in 2010, including $102 million for uncompensated care. Our uncompensated care program — made possible by a generous community — gives families in our region access to the best pediatric healthcare when they need it, regardless of their ability to pay.

Partners and friends like you inspire us; your generous support makes our work in the community possible and helps build a healthy future for our children. Thank you.

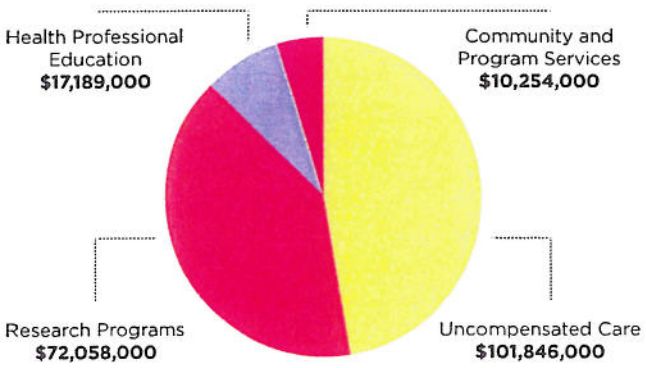
Sincerely,

Tom Hansen

Tom Hansen, MD
CEO, Seattle Children's

Total 2010 Value to the Community: $201,347,000

By investing in patient care and research, educating health professionals, and responding to community needs with programs and services that reach families where they live, Children's remains committed to our mission to prevent, treat and eliminate pediatric disease.



Contents

Uncompensated Care

When a hospital bill exceeds a family's ability to pay, Children's financial assistance program provides relief for families.

When a child is sick or injured or has a chronic condition requiring ongoing treatment, the only care a family wants is the best possible care. That's what Seattle Children's promises to provide — regardless of insurance coverage or financial circumstances — to every child and teen in Washington, Alaska, Montana and Idaho who needs us. It's our founding promise, and one we continue to honor, no matter the economic climate. In 2010, Children's provided $101.8 million in uncompensated care — a 6% increase over last year and a stunning 144% increase since 2006.

In 2010 approximately 46% of Children's patients were covered by Medicaid, the government program that provides medical coverage at no cost to low-income families. However, the program reimbursed Children's for just 73% of the real cost of treatment, down from 83% in 2006. Our uncompensated care program made up the shortfall — a total of $93.3 million. Another $8.5 million went to families with no ability to pay for their children's care.

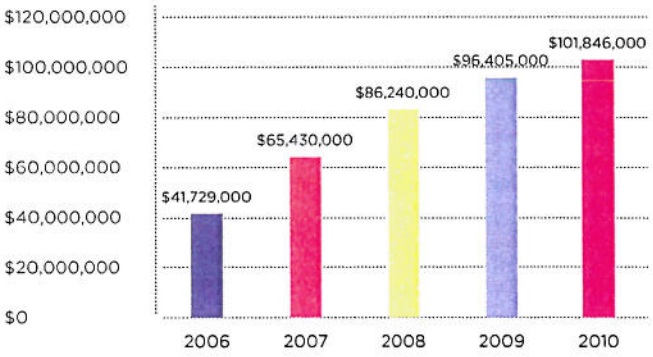
Speaking Out for Children and Families

Seattle Children's is a powerful advocate for children and families, working strategically with partners from around the region and across the nation to expand access to the healthcare children need to grow and thrive. Thanks to these efforts, approximately 97% of Washington children are privately insured or covered by Apple Health for Kids, the federal-state partnership that provides free or low-cost health insurance to kids who qualify for Medicaid and other public insurance programs. Apple Health for Kids, a lifeline for many Washington families, has been hailed as a national model.

$102 million

in uncompensated care was provided by Seattle Children's in 2010.

Seattle Children's Uncompensated Care Trend



Joining Forces for Children's Health

Seattle Children's is a founding member and active partner in the Health Coalition for Children and Youth, which promotes laws and policies that help young people get the healthcare and preventive services they need. The coalition successfully championed Washington state's 2007 Cover All Kids law, which expanded access to health coverage for children and launched Apple Health for Kids. The coalition's 43 member organizations include community clinics, hospitals, dental and healthcare provider groups, insurers and faith-based organizations.

"This strategic alliance between advocates, insurance companies, hospitals and provider groups is extremely rare," says Hugh Ewart, Children's director for state and federal government affairs. "It is a pretty spectacular model for the rest of the nation."

Committed to Care Close to Home

Seattle Children's uncompensated care program provides financial assistance to families who need it, whether they visit the hospital's main Seattle campus, a regional clinic or an outreach clinic. Last year, 30% of all outpatient visits to Children's took place at Children's specialty clinics at Odessa Brown Children's Clinic, a primary care clinic in Seattle's Central District, or at our outreach clinics in Alaska. (Read more and find a map of our outreach clinics on page 21.)

Rebekah shares a moment with her orthopedic surgeon, Dr. Klane White, at a family event organized by the Biochemical Genetics Clinic team and held at Woodland Park Zoo.

Supporting Families of Kids with Rare Genetic Disorders

There is no cure for mucopolysaccharidoses (MPS), the rare genetic disease that affects 3-year-old Rebekah. But she and her mother, Dawn, get regular doses of hope and care from the Biochemical Genetics Clinic at Seattle Children's, the medical home for hundreds of children with rare disorders like MPS.

These children face a gauntlet of physical, emotional and school-related difficulties every day. As families guide their children through these challenges, they often face another: the crushing financial burden of providing needed medical care. Even families who have good private insurance are faced with lifetime benefit limits and overwhelming out-of-pocket costs. Through its financial assistance program, Children's helps lift that burden.

"Figuring out finances really consumed my life," says Michele McGehee, whose son, David, was a long-time patient at Children's until he passed away last year. "I literally had to make decisions about what tests to have because we were running out of money through our insurance. We even faced losing our house. But Children's financial assistance program really took care of us."

Assistance from Children's helps ease the financial challenges of caring for a child with a chronic illness, so parents like Dawn and Michele can focus on their top priority — creating the most fulfilling life possible for their children.

> "I literally had to make decisions about what tests to have because we were running out of money ... But Children's financial assistance program really took care of us."
>
> — Michele McGehee, David's mom

Research

Research plays an integral role in Children's mission to prevent, treat and eliminate childhood disease. Seattle Children's Research Institute is the largest pediatric research enterprise west of the Mississippi, based on the funding received from the National Institutes of Health (NIH). Since 2006, when Children's created the Research Institute and acquired its first facilities, annual extramural funding has grown from $25 million to nearly $67.1 million in fiscal year 2010. Grants from the NIH increased from $11.1 million in 2005 to more than $52.6 million in 2010. Seattle Children's Research Institute is one of the top five pediatric research centers in the nation for awards from the NIH.

Discovery Central

Seattle Children's Research Institute comprises nine interdisciplinary centers and four initiatives:

The **Center for Child Health, Behavior and Development** addresses major issues that affect the health of children everywhere.

The **Center for Childhood Cancer** translates new scientific knowledge and technologies into effective treatments for childhood cancer.

The **Center for Childhood Infections and Prematurity Research** uses basic biology to develop strategies for the diagnosis, treatment and prevention of infectious diseases and conditions.

The **Center for Clinical and Translational Research** takes discoveries made in the laboratory and translates them into therapies for use in the healthcare setting and in daily life.

The **Center for Developmental Therapeutics** identifies and develops safer and more effective drugs and treatments for children.

The **Center for Genetics and Development** improves diagnosis and treatment options, and searches for cures, for a broad range of diseases and conditions.

The **Center for Immunity and Immunotherapies** solves some of the immune system's most complex problems.

The **Center for Integrative Brain Research** seeks a better understanding of pediatric neurological, neurodevelopmental and neuropsychiatric disorders.

The **Center for Tissue and Cell Sciences** studies the body's response at the molecular, cellular, tissue and whole-organ levels to develop innovative therapeutic interventions that will ultimately help the body repair itself.

Researchers at the Center for Clinical and Translational Research, including Dr. Ron Gibson, create a bridge between lab discoveries and treatments that will potentially prevent and cure childhood illnesses.

Initiatives

The **Treuman Katz Center for Pediatric Bioethics** improves the lives of children and their families by enhancing ethical deliberation in pediatric healthcare and research.

The **Northwest Genome Engineering Consortium** brings together researchers at Seattle Children's Research Institute, Fred Hutchinson Cancer Research Center and the University of Washington to develop new methods to repair genes.

The **Science Adventure Lab** is a mobile science lab that brings innovative science education experiences to children across Washington state.

The **Global Alliance to Prevent Prematurity and Stillbirth** is a collaborative, global effort to increase awareness and accelerate research and interventions to improve maternal, newborn and child health outcomes.

Drs. Sunny Juul (right) and Christine Gleason investigate ways to improve treatment options to protect the brains of critically ill newborns.

Identifying the Best Treatments

Protecting the brains of critically ill newborns
Seattle Children's neonatologists are learning how to protect the brains of premature and critically ill newborns just before and just after birth — a crucial period for brain development. Dr. Sandra (Sunny) Juul is investigating whether using erythropoietin (also known as EPO) — a hormone that boosts oxygen-carrying red blood cells — in combination with hypothermia therapy works better than hypothermia alone for treating brain injury due to oxygen deprivation. Juul and Dr. Christine Gleason are also studying the long-term effects on brain development of medications used to alleviate pain and stress in the neonatal intensive care unit (NICU). As Juul and Gleason work to understand those effects, Children's NICU is using more and more alternatives to sedatives and painkillers. One example: giving a tube-fed infant a tiny taste of mother's milk to trigger the release of natural pain-relieving endorphins.

$72 million

invested in research.

According to a study led by Seattle Children's staff, youth are more likely to wear life jackets if an adult in the boat is wearing one.

Preventing illnesses and injuries

Tallying life jacket use on Washington waterways

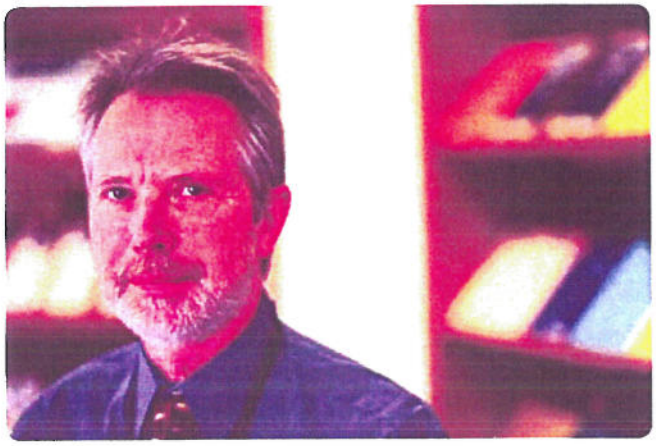
Life jackets, also known as personal flotation devices, save lives. Each year, an average of 25 children and teens die from drowning in our state. Seattle Children's Dr. Linda Quan and staff, in partnership with Washington State Parks Boating Program and Harborview Injury Prevention and Research Center, trained volunteers from across the state to observe life jacket use among 5,306 children and adults on boats at 33 sites on Washington waters. Both children and teens were significantly more likely to wear a life jacket if at least one adult in the boat was wearing one. The data from this study will inform education and media strategies, guide local and state laws on life jacket use and help Washington State Parks Boating Program monitor the progress of efforts to improve recreational boating safety.

Linking Cause and Effect

Looking more deeply at flat head syndrome

Since the start of a successful national campaign designed to reduce Sudden Infant Death Syndrome more than 25 years ago, babies have increasingly spent time on their backs in strollers, car seats and cribs. The same period has seen a dramatic rise in the diagnosis of positional plagiocephaly, or flat head syndrome. A study led by Dr. Matthew Speltz suggests that 6-month-old babies with flattened areas on the backs of their heads might face an increased risk of cognitive and motor delays.

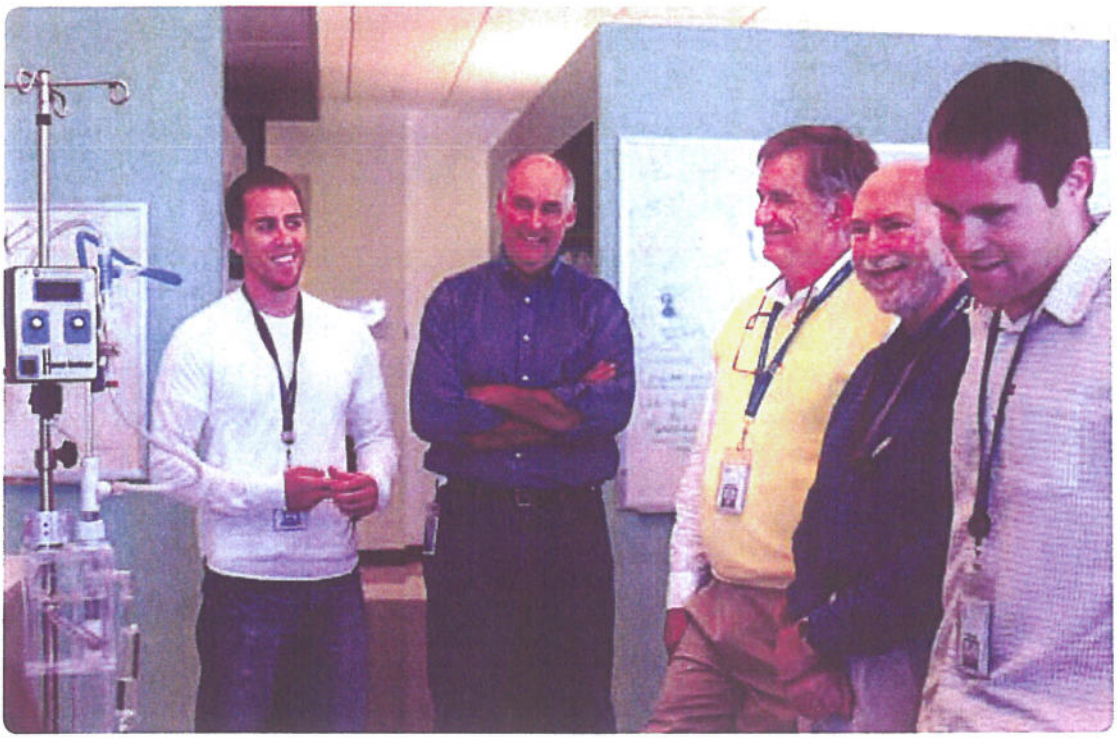
"Many parents and physicians have dismissed plagiocephaly as a cosmetic issue or one that babies will grow out of as they develop, but our study indicates that we should look deeper," says Speltz. He and his team plan future studies to see whether the association between plagiocephaly and developmental delays persists as babies mature.



Dr. Matthew Speltz is studying the relationship between flat head syndrome and cognitive and motor delays in babies.

67% of children

up to age 17 were observed wearing a life jacket. However, if at least one adult was wearing one, the figure rose to 87%.



Dr. Tom Hansen (third from left to right) and his team developed the Hansen Ventilator, a simple and affordable device that could save thousands of babies each year.

Helping babies breathe more easily

Every year, 1 million premature infants around the globe die from respiratory illness; Seattle Children's CEO Tom Hansen has spent his career finding ways to save them. Hansen still trades his suit coat for a lab coat once a week to work at Seattle Children's Research Institute. In 2010 the team he leads designed a simple, low-cost ventilator that could save many of these tiny babies. The Hansen Ventilator would cost less than $1,500 to produce. It would also be easy to assemble, use and repair, making it more practical for use in developing nations than high-tech ventilators, which typically cost $30,000 to $50,000.

"If we can even make a 10% difference in [mortality], it would mean 500,000 lives saved each year," Hansen says. "I could live with that."

Standard ventilators cost $30,000 to $50,000. The Hansen Ventilator would cost less than

$1,500

People Making a Difference: Halle Showalter Salas

Research and family liaison Halle Showalter Salas helps families ask the right questions about possible treatments.

Research and family liaison brings family-centered care to the research arena.

Lin Gale was overwhelmed when her son was diagnosed with osteosarcoma, a type of bone cancer. Not only did her family face a life-changing crisis, they also faced a steep learning curve. Researchers at Children's were involved in several studies that her son could join as part of his treatment, and all had potential benefits and risks.

"We have a lot of faith in doctors and researchers, but we wanted to make the most informed decisions possible," says Gale. "Our son's life was at stake."

Gale's family asked Halle Showalter Salas to be in the room when they learned about the options. Salas, a research and family liaison at Children's, helped the family ask the right questions and get thorough answers.

> "With Halle's support, our son felt confident that we were all making the most informed decisions possible about his treatment."
>
> — Lin Gale

"Halle came through for us as we were making some extremely tough decisions," says Gale. "With her support, our son felt confident that we were all making the most informed decisions possible about his treatment."

In her role, Salas partners with families and research teams to support communication so families like Gale's get the information they need to make informed decisions.

"Some families may be reluctant to ask questions because they might see doctors or researchers as authority figures," says Dr. Jim Hendricks, president of Seattle Children's Research Institute. "There are additional barriers for families who have limited experience with research, especially families who are from other countries or who have limited English proficiency."

Salas facilitates conversations between these families and researchers. Her goal, says Hendricks, is not to promote research but to build family understanding.

Research is fundamental to Seattle Children's mission to prevent, treat and eliminate pediatric disease. By demystifying the research process for families and helping researchers communicate clearly, Salas helps Children's uphold the highest possible ethical standards when conducting research that advances pediatric medical care and treatments.

Dr. Mollie Greves Grow and other researchers at Children's are looking at childhood obesity not just as a family problem but also as a societal problem.

Combating Childhood Obesity

Children's is approaching the problem from many angles.

The percentage of overweight children in the United States has more than tripled in the last 30 years, with 33% of kids now considered overweight or obese. It is a double-edged epidemic, threatening the health of these children today and increasing their risk for weight-related health problems in adulthood.

At Seattle Children's, clinicians, researchers, educators and others are immersed in a comprehensive obesity program focused on prevention and early intervention. Groups from across disciplines meet regularly to map strategies, share results and review progress in Clinical care, Advocacy, Research and Education (CARE).

Obesity researchers at Seattle Children's Research Institute are focused on three areas of study:

- Evaluating the effectiveness of obesity treatments
- Exploring environmental impacts on obesity, eating and physical activity
- Understanding the risks and consequences of childhood obesity

Their studies are yielding data that clinicians, advocates, educators and others can immediately put into action.

For instance, researchers at Children's, the University of Washington and Group Health Research Institute correlated medical records for 8,000 children with census data to identify specific socioeconomic factors that increase children's risk of obesity. Study leader Dr. H. Mollie Greves Grow and her collaborators are using the results in their work with overweight children and their families in programs at the YMCA of Greater Seattle, Children's and Group Health.

Another study, led by Dr. Pooja S. Tandon, found that when calorie information is included on fast food menus, parents choose meals for their children with about 20% fewer calories. These findings reinforce efforts to advocate for nutritional labeling policies that help parents make healthier choices for their children.

For more on Children's efforts to prevent childhood obesity, see page 17 [obesity summit].

Calorie information on fast food menus help parents make healthier meal choices.

Health Professional Education

Seattle Children's is a classroom and laboratory for health professionals-in-training at the University of Washington and other graduate institutions. But that's just the tip of our education activities. We teach families to be partners in their children's healthcare, offer Continuing Medical Education programs to doctors who care for children in the community, and partner with schools to help young people learn about their own health and plan for careers in healthcare. Children's investment in education today will yield dividends for generations of children in our region and beyond.

Training the Next Generation

Educating resident physicians, fellows and medical students

As the only pediatric residency program in Washington, Wyoming, Alaska, Montana and Idaho, the University of Washington (UW) School of Medicine Pediatric Residency Program prepares young physicians to provide outstanding medical care for children in the Northwest. One of the most desired pediatric residencies in the nation, the UW/Seattle Children's residency received almost 1,100 applicants for their 32 positions this year. In 2010, 732 residents from training programs throughout the Northwest rotated at Children's. Many residents continue their education at Children's, which offers fellowships in more than 30 specialty areas, including adolescent medicine, cardiology, clinical bioethics, critical care medicine, hematology/oncology and surgery. In 2010, 27 physicians completed pediatric residency and 43 completed sub-specialty fellowships at Children's. In addition, Children's was a training site for 1,026 medical students. By training top-notch pediatricians, Children's raises the level of care for children everywhere and especially in our community; more than half of our graduates choose to stay in the Pacific Northwest to practice as primary care and sub-specialty pediatricians.

$17.2 million

invested in training in 2010.

Dr. Luz Gonzalez reconnects with cancer survivor Keaton Wrenn — a boy she treated when she was a resident at Seattle Children's. Gonzalez now practices in the Pacific Northwest.

Feeding young doctors' passion for healthcare

In 2010 the Pathways program gave 16 Children's medical residents structured time away from clinical rotations in their second and third year, helping them renew their passion for what first drew them to medicine. First-year residents can apply for one of three pathways: global health, integrative research, or community pediatrics and advocacy. The program encourages residents to develop projects that feed their souls and that may well help them determine the trajectory of their careers.

"Most of our residents come into the program with lots of life experience and a highly developed social consciousness," explains Dr. Brian Johnston, who directs the Pathways program. "It's easy to lose that broad vision of health and healthcare when you spend three years narrowly focused on clinical training."

Learning by doing

More than a dozen interns — from high school students to graduate students — spent the summer of 2010 working to make a difference at Seattle Children's. The hospital's academic roots are clearly evident in its support of educational opportunities like the internship program, which pairs students with health professionals in departments across the organization to learn new skills in a supportive, real-world environment. Children's also partnered with the Seattle Youth Employment Program (SYEP) to place an additional 14 students, ages 14 to 21, in departments throughout the hospital. SYEP helps youth from low-income families earn money, develop leadership skills and explore the world. "In my mind, internships are a great win-win for both the student and Children's," says Elizabeth "Tizzy" Bennett, intern mentor and director of Guest Services and Advocacy. "The student gains valuable skills and experience and we are able to accomplish more by having them here."

Reaching out to students

Kids don't encounter a broad range of healthcare professionals in the remote community of Neah Bay, Wash., home to the Makah Nation. But a blossoming relationship with Seattle Children's gives Neah Bay's students opportunities to learn about healthcare careers and meet people who do those jobs. Neah Bay High School students first came to Children's in 2008 for an interactive tour; each year since, the school has participated in ePals, a program run by the hospital's Center for Diversity and Health Equity, which pairs youth in underserved communities with Children's staff members for structured email exchanges. The program challenges students to use technology, helps them develop writing skills and exposes them to many of the careers required to run a hospital. Each session ends with a face-to-face meeting at Children's for students and mentors. In 2010 the hospital's mobile Science Adventure Lab visited students at Neah Bay Middle School for hands-on learning with a message: *you, too, can be a scientist.*

Opening laboratory doors

A group of 45 American Indian students (7th through 10th graders) — participants in the Native Youth Enrichment Program — visited Seattle Children's Research Institute for a hands-on research experience. The program, run by the University of Washington Indigenous Wellness Research Institute, introduces native students to careers in science, technology, engineering and math — fields in which American Indians are traditionally underrepresented. Staff from Children's Science Education Outreach Department led the students through a chemistry experiment to quantify the amount of sugar in various beverages, gave tours and answered the students' questions about research careers.

Dr. Robert Hilt directs the Partnership Access Line, a free child mental health consultation line for doctors in Washington state.

Educating Health Providers

Helping pediatricians manage mental health

Seattle Children's Partnership Access Line (PAL) is a telephone-based child mental health consultation program that gives pediatricians across Washington state immediate access to Children's psychiatrists and social workers for advice about mental health diagnoses. PAL helps physicians in the community manage the mental health needs of their patients.

The program is operated by the Washington Department of Social and Health Services (DSHS), funded by the state and directed by Children's psychiatrist Dr. Robert Hilt. The service has performed more than 2,000 consultations since its inception in 2008. In 2010 the line received 814 consultations. The PAL toll-free number is 866-599-7257.

Modeling best practices

Seattle Children's opens its doors to adults who work in healthcare fields or are interested in careers in medicine, offering opportunities to shadow experts and observe specific departments or aspects of operation. In 2010, 250 people visited Children's as observers. They came from nearby and around the world, including a couple from Vietnam who wanted to see our music and art therapy programs in action. A woman planning to start an orphanage in Africa came to Children's to learn how to engage staff in the work of an organization.

People Making a Difference: Dr. Doug Jackson

Dr. Doug Jackson leads programs that make health and healthcare more equitable.

Dr. Doug Jackson, chief of Seattle Children's Center for Diversity and Health Equity, knows that *quality* and *equality* are deeply linked when it comes to health and healthcare. Jackson and his staff track the many ways that ethnic, cultural and language differences affect patient safety and outcomes. His team works to make children safer and healthier — at Children's and everywhere — by integrating research, education, advocacy and service to eliminate pediatric healthcare disparities.

A dental anesthesiologist with a doctorate in neuropharmacology, Jackson brings a scientist's problem-solving skills to his work and envisions a future in which healthcare workplaces are reflections of the communities they serve.

Education — for today's healthcare workforce and tomorrow's — is a key to that future.

The center offers language classes and cultural education seminars to Children's staff members, helping them connect not only with patients and families from diverse backgrounds, but also with their colleagues at work. The aim is to make cultural inclusion part of Children's healing environment, says Jackson.

> "Paying attention to a family's culture, language and belief system is part of family-centered care."
>
> — Dr. Doug Jackson

The center also works to prime a rich, diverse "pipeline" of future health professionals. By bringing elementary through college students to Children's for a variety of educational programs, we're introducing them to career opportunities they may have never considered. In 2010, more than 100 students from racial and ethnic groups that have been historically underrepresented in the health professions took part in these programs and learned through the inspirational lenses of Children's staff. (Read about the center's ePals program on page 11.)

In the long run, says Jackson, such programs will help tip the health equity balance. In the short run, they change the perspectives and aspirations of the students. "Many of these kids are the first in their families with the opportunity to go to college," he notes. The experiences help students see their own promise for the future and offer them connections to mentors who can help them reach their goals, he adds.

The staff and faculty who participate in these programs learn too. "Working with youth who come from a completely different background than one's own is a real eye-opener," says Jackson. "It helps us recognize some of our own biases and work to eliminate them."

"Researchers need the support of mentors to succeed," says Dr. Bonnie Ramsey, pictured with her mentor Dr. Arnie Smith.

Fostering the Future of Science

By mentoring researchers, Seattle Children's helps young scientists for the long haul.

When Dr. Bonnie Ramsey joined the Seattle Children's staff in 1980, cystic fibrosis (CF) patients often did not survive into adulthood. Now many of them are living into their 40s, thanks in part to the many years of effort invested by Ramsey and her mentor, Dr. Arnie Smith.

Ramsey, who worked closely with Smith to develop the first inhaled antibiotic for CF patients, understands the life-changing potential of working with a more experienced researcher. As the director of the Center for Clinical and Translational Research (CCTR), Ramsey is creating opportunities for other young researchers to develop meaningful collaborations with experienced colleagues through the Mentored Scholars Program.

Translational research, explains Ramsey, is focused on turning laboratory research breakthroughs into treatments that help patients. It takes researchers many years of unrelenting effort to achieve breakthroughs; the CCTR fosters collaboration and provides critical research services to support them along the way.

"It's absolutely critical to develop the next generation of scientists," says Ramsey. "It's a very long, arduous process to get funding through the National Institutes of Health, and researchers need the support of mentors to succeed."

In addition to linking junior and senior faculty members, the Mentored Scholars Program provides the younger scientists with protected lab time and support services to develop research projects. The goal is to give the younger researchers the tools they need to successfully secure independent research funding.

The Mentored Scholars Program is one way Children's facilitates the work of scientists racing to find cures for diseases.

> "[Mentoring] is absolutely critical to develop the next generation of scientists."
>
> — Dr. Bonnie Ramsey

Community Programs and Services

Children's is a trusted community partner, dedicated to nurturing healthy children, healthy families and healthy communities throughout the Pacific Northwest. Caring for our region's children and families means going out into the community to find and address the root causes of issues that affect children's health. It's our job to give a voice to families who sometimes are not heard, to make it easier for parents to keep their children healthy and safe, to advocate for the care of children with chronic conditions close to home and to be a good neighbor.

Providing a Healing Environment

Getting closer to families

Seattle Children's Bellevue Clinic and Surgery Center was built for families, bringing expanded pediatric services, outpatient surgery, and an after-hours urgent care center to the eastern shore of Lake Washington.

The Bellevue Clinic and Surgery Center brings compassionate, high-tech, high-touch care to children on the east side — regardless of a family's financial circumstances or their ability to pay.

The colorful, inviting interior art — inspired by the mutually beneficial relationship of patients and their caregivers — helps create a comfortable, engaging and positive setting in which to give and receive care.

The sustainable, green strategies integrated into the building's design are expected to save Seattle Children's $117,000 per year in energy costs. Every dollar saved goes directly into patient care.

OBCC providers and staff serve a continuously evolving community and, along with partners, bring innovative outreach programs to families.

Earning the trust of a neighborhood

For 40 years, Odessa Brown Children's Clinic (OBCC) has helped keep children in central and southeast Seattle healthy and their families and community strong. OBCC provides medical, dental and mental healthcare for babies, children and teens, with services and programs that continuously evolve to meet the needs of families in one of Seattle's most diverse communities. OBCC received the 2010 Race Conference Racial Justice Award for its work to eliminate economic and racial inequities in healthcare.

Every year OBCC hosts 30,000 patient visits, each one "an opportunity to spend time with a family and to find out how we can support them," says Dr. Ben Danielson, the clinic's medical director. Outreach is an important facet of OBCC services. The clinic partners with schools, community organizations, medical groups and government agencies to reach kids and families. OBCC, in partnership with the American Academy of Pediatric Dentistry and Head Start programs, provides oral health services to approximately 700 local Head Start preschool students. In addition, OBCC outreach to American Indian/Alaskan Native children serves nearly more than 4,700 preschool children in Washington, Alaska, Montana and Idaho.

30,000

patient visits to OBCC are logged each year.

$10.3 million

invested in community programs and services in 2010.

Stepping in with legal help

Many families face complex legal issues — such as housing security, access to public assistance, immigration status and educational inclusion — that can affect the health of a child. Our Medical-Legal Partnership for Children (MLPC) provides legal services to families of patients, trains healthcare providers to be advocates for families, and supports public policy changes that improve children's health. MLPC is a partnership between Children's, Harborview Medical Center, the Northwest Justice Project and the law firm of Davis Wright Tremaine LLP. It is the first partnership of its kind in the Pacific Northwest, although this program model has been implemented in over 30 states and 160 hospitals and clinics.

In one case, the program helped a family whose child had severe asthma and struggled to breathe in their mold-infested apartment. For months their landlord ignored the parents' pleas to fix the problem or allow them to switch apartments. After the MLPC lawyer informed the landlord of his legal responsibilities, the family moved into a mold-free apartment within a week.

In 2010, MLPC provided similar direct legal services to 78 families and consulted privately with 67 healthcare providers. It also conducted 19 sessions that trained 260 clinical staff how to help families access services and programs for meeting their basic needs.

Addressing Public Health Issues

Keeping kids with food allergies safe

More than two million children in the United States are affected by food allergies, and the incidence has doubled in the last 10 years. Until there is a cure, education about managing food allergies and preventing severe reactions helps keep children safe. Children's, in partnership with the Food Allergy Initiative Northwest, established the Food Allergy Community Health Education Program to create tools for schools, camps and other organizations to manage food allergies and assure safety. In the past two years the program has conducted more than 160 food allergy and safety seminars at schools and community centers, training more than 3,500 teachers, parents, playground supervisors, bus drivers and others. Half the participants reported that the seminar was their introduction to managing food allergies, and 96% reported that the seminar gave them the tools they need to help keep children safe.

Seattle Children's and its partners work from different angles to prevent tooth decay.

Curbing tooth decay epidemic through prevention

Nearly 60% of elementary school children in Washington suffer from preventable dental decay, and more than one in five have cavities in seven or more teeth. Seattle Children's works to lower the barriers to preventive dental care for all children in the state. The Dental Clinic at Odessa Brown Children's Clinic is a training site for the state's Access to Baby and Child Dentistry (ABCD) program, which works to increase the number of dental offices prepared and willing to care for low-income patients under age 6. The SmileMobile (a three-chair mobile dental office that Children's operates in partnership with Washington Dental Service and Washington Dental Service Foundation) served nearly 2,000 children across the state in 2010. The Center for Pediatric Dentistry (a partnership of Children's and the University of Washington School of Dentistry) engaged 171 community volunteers to help inform more than 22,000 families about the importance of early childhood oral health through various initiatives.

Reaching Out to Underserved Communities

Fighting kidney disease

African-Americans, who make up just 12% of the U.S. population, account for 32% of people who experience kidney failure. A healthy, low-sodium diet helps prevent high blood pressure, a major cause of kidney disease among African-Americans. In 2010 the Seattle Children's Health and Safety Van supported by Kohl's traveled to the Northwest Kidney Center's eighth annual Kidney Health Fest for African American Families. It brought physicians, medical assistants, nurses and a dietician to talk with young people and their parents about preventing kidney disease through nutrition. The experts offered free blood pressure and blood glucose screening for 23 teens and distributed information on healthy eating and low sodium foods to 323 people at the event.

Boosting car safety for kids

Car seats help keep babies and children safe. In Washington, 45% of children and teens who die in motor vehicle crashes are unrestrained by a child safety seat or seat belt. Children who live in low-income neighborhoods face an increased risk of injury or death from motor vehicle accidents because their families often lack access to affordable safety devices.

In 2010, Seattle Children's — in partnership with State Farm Insurance, Kohl's department stores, Schuck's (now O'Reilly) Auto Parts and PEMCO Insurance — helped fill this need by distributing 480 free and low-cost booster seats and car seats and teaching parents how to use them correctly. Children's is an active advocate for car seat use, co-sponsoring a Latino booster seat campaign, holding regular car seat checks at the hospital that are free and open to the public, providing classes for new parents, partnering with community organizations on child passenger safety and providing information and updates for the Washington State Booster Seat Coalition's website, boosterseat.org.

Volunteers and staff fitted free bike helmets at State Farm Safety Day, one of the 25 events visited by the Seattle Children's Health and Safety Van in 2010.

Staying safe on two wheels

Bicycle injuries are the second leading cause of injury hospitalization for Washington children ages 5 to 14, and head injury is the most common cause of death and serious disability from bicycle crashes. Bicycle helmets reduce the risk of head injury by nearly 85%. Seattle Children's, in partnership with Kohl's department stores, fitted and distributed 2,550 bicycle helmets in 2010.

The Seattle Children's Health and Safety Van supported by Kohl's visited 24 health fairs and community events in 2010, distributing helmets and safety information to children and families in places like Yakima, the Muckleshoot Indian Reservation, Seattle's Rainier Valley and Central District, and at Hopelink, a community service agency in Bellevue. Children's also held fittings and distributed helmets to American Indian families at the Seattle Indian Health Board Halloween Fair, and to low-income refugee and immigrant families at south Seattle's Denise Louie Education Center.

Leading the first-ever statewide childhood obesity summit

Childhood obesity is one of our nation's leading health threats; it puts children at risk for chronic diseases not typically seen until adulthood, including heart disease and diabetes. Children's and the American Heart Association hosted the first-ever Washington State Childhood Obesity Summit, bringing together the many organizations working to reverse this trend, which threatens to make this generation the first to live shorter lives than their parents. Some 142 participants — advocates, public health officials and policy makers — came to the summit at Children's. They shared best practices in obesity education and prevention and laid the groundwork for shaping legislation to improve access to healthy foods and activities. For more on Children's obesity prevention and early intervention activities, see page 9.

Being a Good Neighbor

Improving transportation around us

Seattle Children's is mindful of the vital link between the built environment and health as we begin a major expansion to meet our region's growing need for pediatric specialty care. The work of researchers like Dr. Brian Saelens highlights how land use, transportation systems, and urban design can influence health outcomes such as obesity, asthma and injury. As part of our expansion, Children's is investing $4 million in transportation improvements in northeast Seattle. Our Livable Streets Initiative will alleviate traffic impacts and help make streets healthier for everyone. The initiative kicked off in 2010 with a celebratory community workshop where citizens presented ideas to make neighborhood streets safer and greener. Children's will move ahead with the best ideas in partnership with Seattle's Department of Transportation, designing improvements in 2011 and completing them in 2012.

Harnessing pedal power

The Puget Sound region is one of the most bicycle-friendly areas of the country, and Seattle Children's is a regional leader in developing solutions to the challenges commuters face. We nurture a thriving bicycle-commuting culture to help relieve area traffic, reduce the carbon footprint of our workforce and promote employee health. CEO Dr. Tom Hansen is among the more than 10% of Children's 3,000 employees who bike to work regularly. The hospital offers employees free annual bike tune-ups, two-hour bicycle commuting classes, and a bike-sharing program for employees who need local transportation during the workday.

Recycling, renewing and reusing

We are committed to reducing the hospital's impact on the environment. Our recycling program diverts more than 460 tons of waste from landfills each year. When we removed our kitchen garbage disposals three years ago, Children's relieved pressure on the city's sewer system and kicked off a composting program that generates six tons of compost material every month. Sustainable practices are also an important feature of site preparation for the hospital's expansion; more than 95% of materials removed from the former housing units on the construction site — including ductwork, rebar and the concrete foundations — will be reused. Some trees removed from the site will be moved, and others will be sent to a local sustainable furniture company to reclaim the wood for future use.

Educating Community Members

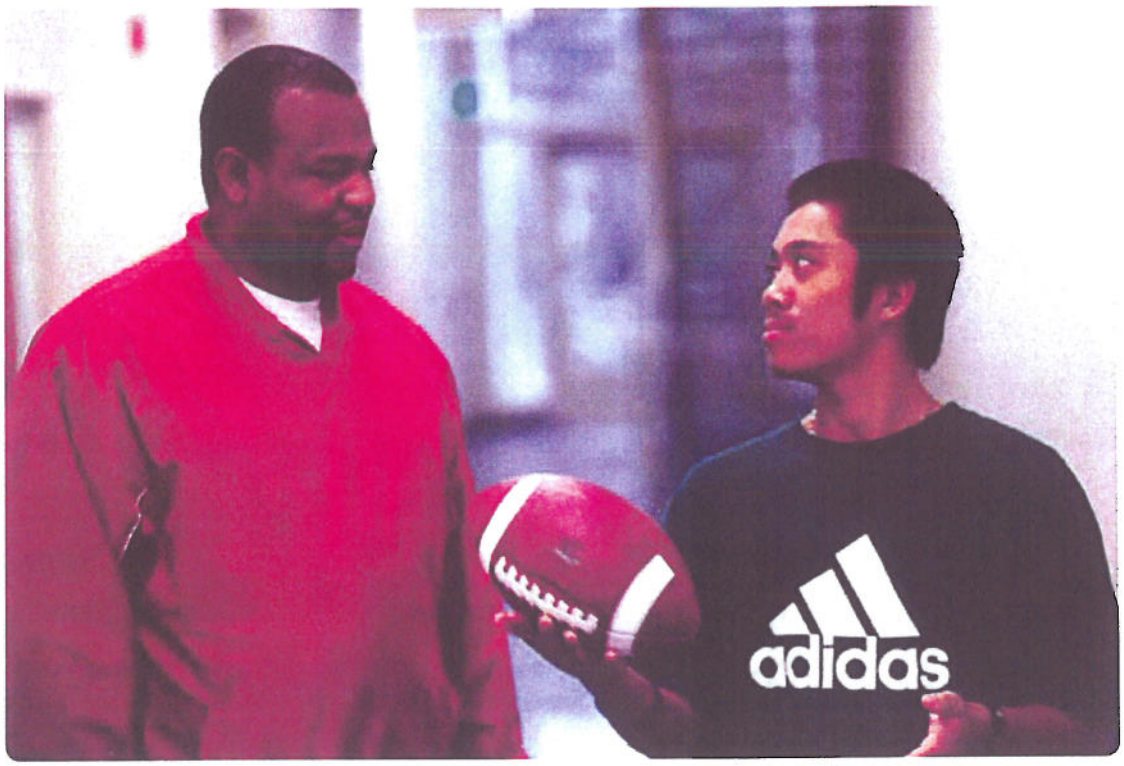
Reaching out to grieving parents

Each year, Seattle Children's Journey Program helps more than 200 families cope with the unbearable feelings of loss that follow the death of a child. The program is one of only a few in the nation with a mental health — rather than a spiritual — focus. It is also unusual because grieving fathers participate at the same rate as grieving mothers. Many of the program's volunteer support-group leaders are parents who once were participants in the program.

"The work we do is free and available to any family in the region for as long as they need support," says Jackie Kite, a stress and trauma expert who has managed the program for 18 years.

The program is available to every family who loses a child, whether or not the child was a patient at Children's.

Tami and Bruce Echigoshima joined the Journey program after they lost their twin sons nine years ago. When their 5-year-old daughter Lauren visits the hospital, she finds her brothers' names engraved on the memorial wall — a place where families come to remember those who have died.



Coach Kelvin Goliday and player Clinton Parrilla benefit from Children's athletic training program at Cleveland High School.

Preventing traumatic brain injury on the playing field

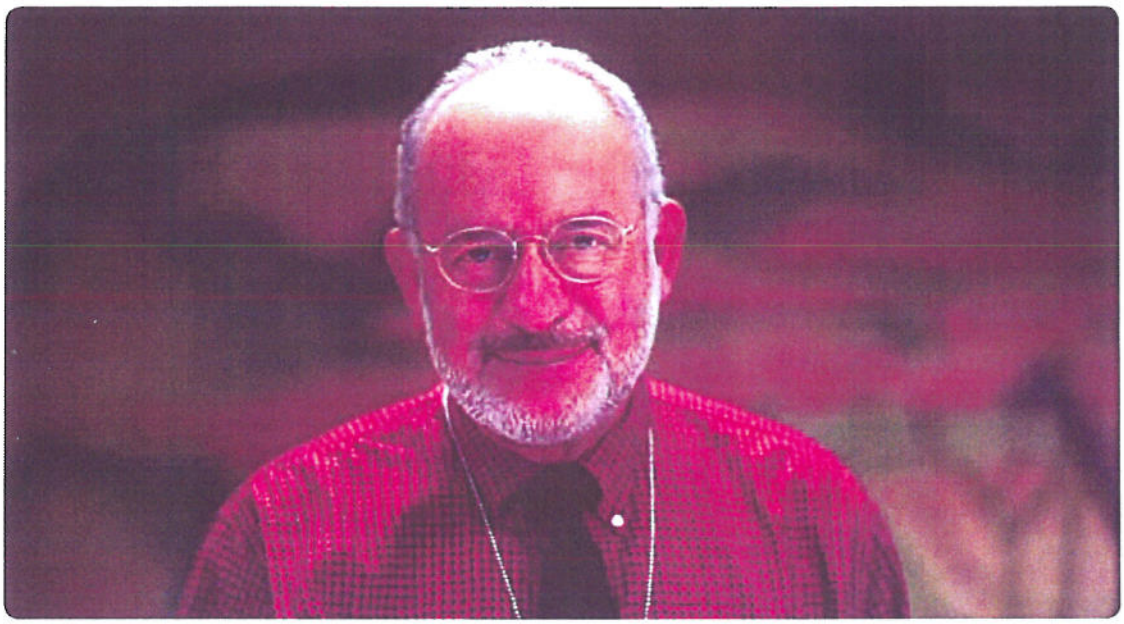
Emergency departments in the United States treat about 135,000 sports- and recreation-related traumatic brain injuries each year, including concussions. At Children's, there were 422 clinic visits of patients with concussions last year. If a young athlete returns to play before the brain heals from a concussion, an additional blow can cause potentially catastrophic damage. Seattle Children's teaches coaches, parents, athletic trainers, school nurses and student athletes how to recognize and prevent concussions.

Children's, in partnership with UW Medicine and Harborview Medical Center, runs the Seattle Concussion Program to evaluate, treat and provide medical clearance for student athletes to return to their sports. In 2010 the program served nearly 3,500 students. The program helps athletes and schools comply with Washington's 2009 Zackery Lystedt Law, which requires student athletes who show signs of a concussion to get written approval from a licensed healthcare provider before returning to play. In 2010, Children's worked with both Safe Kids Seattle and Safe Kids Washington on training 25 coaches through Seattle Youth Soccer Association.

Partnering to save young athletes

When a young athlete dies on the playing field, the cause is usually an undetected heart condition. Seattle Children's works with the Nick of Time Foundation to reduce sudden cardiac death in athletes through early detection and medical intervention. Volunteer physicians and cardiac technicians from Children's conduct free cardiovascular screening of student athletes at Seattle-area high schools. The screenings, which are mandatory for football players, take place every two months during the school year. Of the 400 tests administered by the program, four found abnormalities and two uncovered potentially fatal problems.

People Making a Difference: Dr. Ed Marcuse



Dr. Ed Marcuse has always been a strong advocate of getting vaccines to children — from working as a pediatrician at OBCC early on in his career to leading local, statewide and national vaccine policy initiatives.

When the recent budget crisis threatened to destroy the program that buys vaccine for all kids in Washington, Dr. Ed Marcuse was among the child health advocates who fought hard to save it.

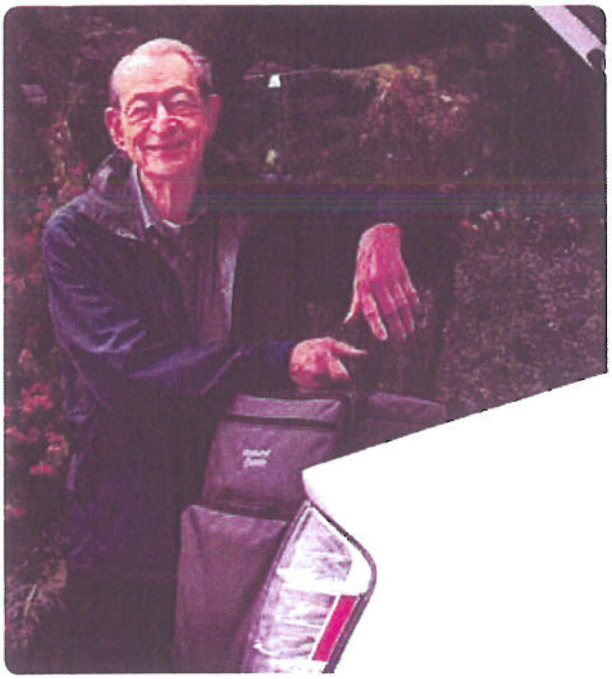
Marcuse joined forces with the Washington chapter of the American Academy of Pediatrics (AAP), healthcare insurers, public health officials and legislators to create a bold, innovative solution — the Washington Vaccine Association, a new public-private partnership, lifts the state's financial burden and keeps free vaccine flowing to healthcare providers.

"Vaccines are available to all children in Washington," says Marcuse. "And that's pretty close to a miracle."

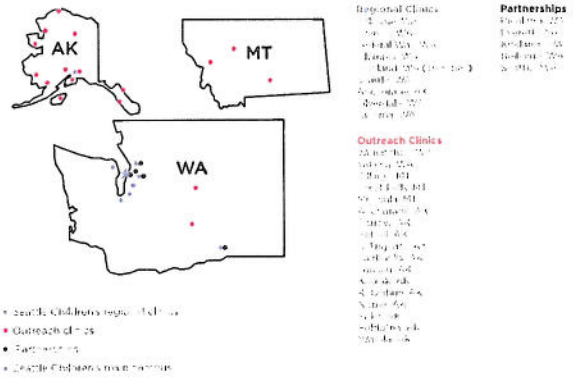
If so, it's just the latest miracle Marcuse has orchestrated to get vaccines to children during his distinguished career. He first raised his voice to protect children from preventable diseases and safeguard public health as a young pediatrician at Odessa Brown Children's Clinic in the 1970s. Since then he has led many local, statewide and national vaccine policy initiatives, including chairing the Department of Health and Human Service's National Vaccine Advisory Committee and editing the AAP Red Book on infectious disease, which sets vaccine standards for the nation's physicians.

Marcuse has witnessed a revolution in scientists' understanding of the immune system and a surge in new vaccines to protect children against once-common devastating diseases. However, the success of vaccines has given rise to a new threat: today many parents, more concerned about harm from vaccines than from the now-rare diseases they prevent, are delaying or refusing immunizations for their children. Marcuse is on the leading edge of reframing the issue for this new generation — fostering dialogue, listening and learning about families' concerns, and generating new messages and clinical tools for doctors to help parents make informed decisions about immunization.

> "Vaccines are available to all children in Washington. And that's pretty close to a miracle."
>
> — Dr. Ed Marcuse



Seattle Children's Regional and Outreach Clinics and Healthcare Partnerships



Dr. Stanley Stamm spearheaded what is now a multilayered regional clinical outreach program that serves families where they live. It includes seven regional clinics, a primary care clinic, clinical partnerships and outreach visits from doctors and nurses to locations in Washington, Alaska and Montana.

Making Specialty Care More Accessible

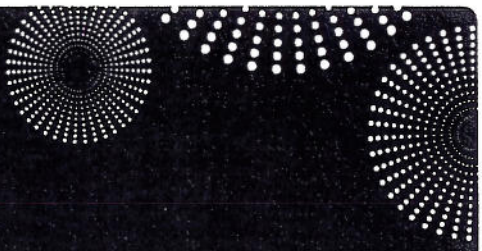
Children's brings expert care close to home.

Dr. Stanley Stamm missed making house calls. So in 1964 — two years after the cardiologist started working at Children's — he began motoring to the Olympic Peninsula town of Port Angeles, Wash., to visit patients who needed heart care. Within a few years, Stamm and his team were traveling to pediatric clinics in Bellingham and Yakima, and to the Indian Health Services in Toppenish, Wash. Before long, they started flying to Alaska.

By the time Stamm retired in 2010, his traveling band of specialists had developed into a sophisticated regional outreach program serving children and families in smaller and rural communities throughout the Pacific Northwest and Alaska. Today, outreach to smaller communities takes multiple forms:

- More than 40 pediatric specialists work together at the Heart Center in Seattle and regional sites in Washington, Alaska and Montana to treat every childhood heart issue.
- Doctors and nurses from Children's travel to partner hospitals and health centers in small and rural communities in Washington, Alaska and Montana for regular patient visits.
- Children's Telemedicine Program uses videoconferencing and a secure network to share medical records and images in real time, allowing specialists in Seattle to collaborate with partners at small hospitals and medical centers anywhere.
- Children's is working with Alaska's two largest hospitals to develop a residency program there that will help mitigate that state's severe shortage of pediatric subspecialists.

Pediatric subspecialists are often concentrated in urban areas, but children whose lives depend on them live everywhere. Through its outreach programs, Children's gives families in small communities access to the best care closer to home.



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

4800 Sand Point Way NE
Seattle, WA 98105
TEL 206-987-2000
TTY 206-987-2280

www.seattlechildrens.org

VI. Hospital, Foundation & Research Overview Fliers

Seattle Children's Hospital

Hospital Fast Facts (FY11)

- 254 beds
- 14,118 admissions
- 15,004 surgeries
- 323,292 patient visits
- 36,200 emergency visits
- 1,241 medical staff members
- 4,958 employees

Most Common Patient Admissions

- Asthma
- Chemotherapy
- Bronchiolitis
- Seizure
- Acute Gastroenteritis
- Acute Appendicitis
- Bacterial Pneumonia
- Cleft lip/palate
- Cellulitis
- Diabetic Complications

More than 70% of Children's patients have a chronic, lifelong condition or illness.

Hospital and Clinic Locations

- Seattle
- Bellevue
- Everett
- Federal Way
- Olympia
- Tri-Cities

Learn More:
www.seattlechildrens.org

Our Children Deserve the Best

Founded in 1907, Seattle Children's Hospital provides exceptional patient care, conducts ground-breaking research and serves as an important educational resource for parents and healthcare professionals. As the pediatric referral center for Washington, Alaska, Montana and Idaho, we specialize in meeting the unique physical, emotional and developmental needs of children from infancy through young adulthood.

Partnering with Families

When a child is hospitalized, the whole family is affected. It's our goal to provide care in a way that promotes healing, ensures dignity and instills trust, and we encourage parents to be active partners in their child's healthcare. Because we consider family support services a priority, we provide:

- A Family Resource Center
- Interpreter Services
- Skilled counselors
- Support groups
- Respectful spiritual care

Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105
TEL 206-987-2000

Seattle Children's
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Hospital Leadership

Thomas Hansen, MD
Chief Executive Officer

Patrick Hagan
Chief Operating Officer

Jim Ladd
Chair, Board of Trustees

Our Philosophy

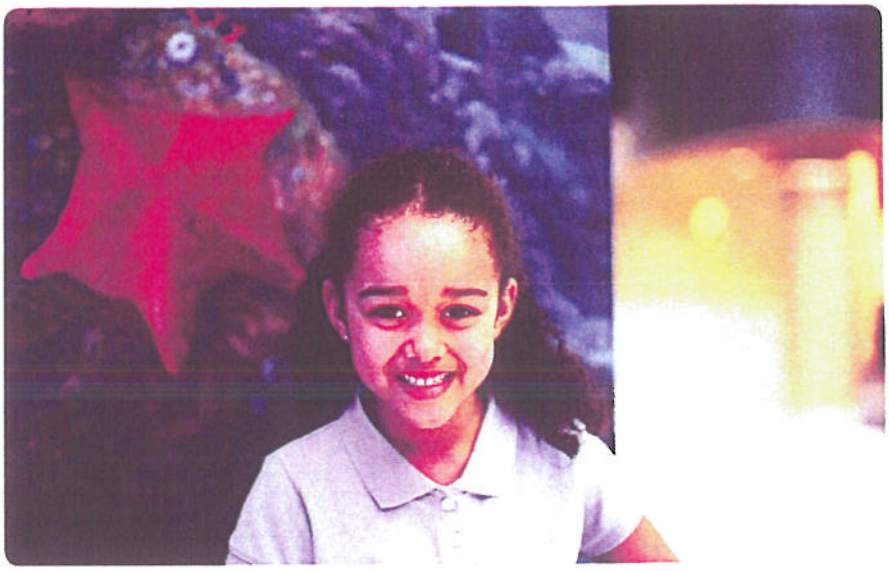
We use Continuous Performance Improvement (CPI) to evaluate healthcare from the patient and family point of view and to improve:

- Quality of care and service
- Cost-effectiveness and financial strength
- Access to specialists
- Environmental safety
- Staff engagement

ANCC MAGNET RECOGNITION

Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.



Advocacy Improves Pediatric Health

In addition to meeting patient and family needs before and after a hospital stay, we focus on promoting safety, encouraging healthy child development and meeting the healthcare needs of children with chronic conditions. Together with our partner organizations we've helped:

- Decrease hospitalizations for children on Medicaid
- Improve immunization rates
- Increase dental care for at-risk children in 12 Washington counties

Curing Pediatric Disease

Seattle Children's Research Institute is a worldwide leader in pediatric research, working to improve the health and well-being of people of all ages. Internationally recognized for advancing discoveries in cancer, genetics, immunology, infectious disease and injury prevention, our recent milestones include:

- Ranking fifth nationwide for National Institutes of Health (NIH) pediatric research funding in 2008-2009
- Being awarded $23.7 million by the NIH for gene-repair research — the largest grant in Children's 100-year history
- Launching the Seattle Children's Science Adventure Lab, a state-of-the-art mobile laboratory to inspire tomorrow's scientists and medical professionals

A Generous Community

Our dedicated donors have helped us become a regional referral center with an international reputation for patient care, research and training. Seattle Children's Hospital Foundation, Hospital Guild Association and Children's Retail are essential to raising awareness about our work in communities throughout the region:

- Contributions to the Foundation and Guild Association totaled $54.6 million in fiscal year 2011.
- The Guild Association is the largest all-volunteer fundraising network of any hospital in the nation, with 7,000 members.

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

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Seattle Children's Research Institute

Research Institute Fast Facts

- One of the nation's top five pediatric research centers
- $32 million in NIH funding (includes ARRA awards)
- $67 million total extramural funding
- Over 350 investigators
- 310,000 sq. ft. (expanding to 2 million) of clinical and laboratory space
- 16 fundraising guilds dedicated to research

Research Leadership

James B. Hendricks, PhD
President

F. Bruder Stapleton, MD
Chief Academic Officer

Our Locations

Building 1
1900 Ninth Avenue
Seattle, WA 98101
206-884-7300

West 8th
2001 Eighth Avenue, Suite 400
Seattle, WA 98121
206-884-7800

1100 Olive Lab Facility
1100 Olive Way
Seattle, WA 98101

Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105
206-987-2000

Learn More:
www.seattlechildrens.org/research

Innovation. Collaboration. Cure.

Internationally recognized for advancing discoveries in cancer, genetics, immunology, infectious disease and injury prevention, Seattle Children's Research Institute is ranked as one of the top five pediatric research institutions in the nation. Our state-of-the-art facilities are located at the heart of Seattle's biomedical community, bringing together the best minds in pediatric research. Seattle Children's Research Institute and University of Washington faculty are integral members of the Seattle research community.

In interdisciplinary centers encompassing areas central to pediatric health, we use an "open lab" format to foster a rich collaborative environment. Investigators draw from different departments, divisions and disciplines to more rapidly find new cures for childhood diseases. Our centers and their directors include:

- Child Health, Behavior and Development, Dimitri A. Christakis, MD, MPH
- Childhood Cancer Research, Michael C. Jensen, MD
- Childhood Infections and Prematurity Research, F. Bruder Stapleton, MD, acting director
- Clinical and Translational Research, Bonnie W. Ramsey, MD
- Developmental Therapeutics, Charles (Skip) Smith, PhD
- Genetics and Development, Michael J. Bamshad, MD
- Immunity and Immunotherapies, David J. Rawlings, MD
- Integrative Brain Research, Jan (Nino) Ramirez, PhD
- Tissue and Cell Sciences, Allison A. Eddy, MD
- Treuman Katz Center for Pediatric Bioethics, Benjamin S. Wilfond, MD

Seattle Children's Research Institute
1900 Ninth Avenue
Seattle, WA 98101
TEL 206-884-7300

Seattle Children's
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Our Partners

University of Washington
School of Medicine

Fred Hutchinson Cancer
Research Center

Our Programs

Northwest Genome
Engineering Consortium

Science Adventure Lab

The Passion That Leads to New Discoveries

"If you know what the problem is, you can cure it. We have ways to focus on very disease-specific treatments ... It never ends. There are always new genes to find."

– **Hans Ochs, MD,**
immunologist, Center for
Immunity and Immunotherapies

"To be successful it takes a team. Medical research is central to finding causes for disease and new treatments ... It's an exciting way to practice medicine."

– **Karen Murray, MD,**
gastroenterologist/hepatologist,
Center for Clinical and
Translational Research

Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

Our Vision

We will be a worldwide leader in pediatric research aimed to improve the health and well-being of people of all ages.

Leading Breakthrough Studies to Improve Lives

Our researchers find ways to help kids live better, healthier lives. These projects illustrate the scope of our diverse efforts:

- Microchip Resequencing Technology
  The Center for Developmental Therapeutics experts are developing microchip technology to improve mitochondrial diagnostic tests by sequencing entire nuclear and mitochondrial DNA genes to determine the mutations responsible for any mitochondrial disorders.
- Studying Neuron Function in "Sliced Tissue"
  Time is a major limitation in studying how neurons function in brain tissue, so researchers in the Center for Integrative Brain Research are pioneering an innovative new "sliced tissue" technique that allows more time to study the neurons.
- Better Cancer Care
  Physician-scientists in the Center for Clinical and Translational Research are creating and leading national clinical studies that test the effectiveness of new cancer treatments. Studies focus on limiting the use of radiation in very young children with brain tumors, using an advanced imaging technique instead of surgery to assess patients' response to treatment, looking at new treatments for high-risk neuroblastoma and leukemia and investigating whether chemotherapy can be customized based on a child's genetics.

Comprehensive Support Helps Researchers Excel

Our administrative staff provides operational, financial, managerial, human resources, compliance and training support to our nine research centers. We help investigators manage all phases of research from grant application and compliance through contract and budget management.

Seattle Children's
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Seattle Children's Hospital Foundation

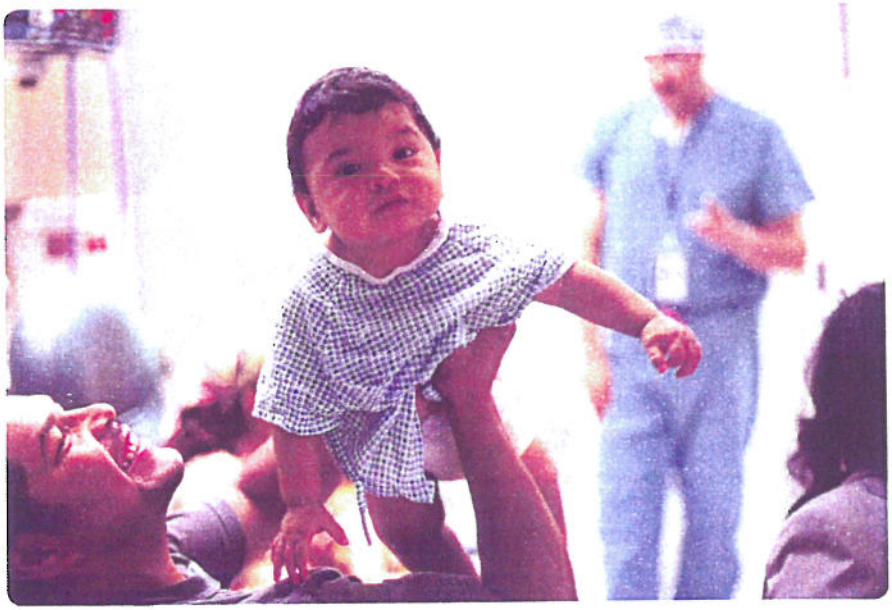
Hospital Fast Facts
(Fiscal year 2011)

- 254 beds
- 14,118 admissions
- 13,715 surgeries
- 323,292 patient visits
- 36,200 emergency visits
- 1,241 medical staff members
- 4,958 employees

Foundation and Guild Association Fast Facts
(Fiscal year 2010)

- Raised $54.65 million
- Provided $103 million in uncompensated care
- 7,000 members active in 500 guilds
- 135,812 volunteer hours contributed
- 27,078 donors

Contact us at:
askus@seattlechildrens.org



Working Together for Healthier Children

In addition to an expert and caring staff, our extraordinarily generous community is one of our greatest strengths. Ever since Anna Clise formed the first hospital guild in 1907, people like you have been a major force in improving the health and well-being of all kids. Each year we receive nearly 100,000 gifts, from lemonade stand proceeds to estate bequests. There are many ways to give:

- **Make a contribution**
- **Double your donation** by asking your employer to match your gift
- **Support local businesses** that sponsor Children's
- **Start a guild** by gathering friends to raise money for hospital programs
- **Donate stock, real estate or other personal property**
- **Make Children's part of your legacy** by adding the hospital to your estate plan
- **Join Children's Circle of Care** by contributing $10,000 or more during a calendar year
- **Volunteer,** give to our **thrift stores,** or share experiences through **Children's Story Project**

Learn More:
www.seattlechildrens.org/ways-to-help

Seattle Children's Hospital Foundation
4800 Sand Point Way NE
Seattle, WA 98105
TEL 206-987-2153
FAX 206-987-4345

Seattle Children's HOSPITAL • RESEARCH • FOUNDATION | Foundation

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Foundation Leadership

Douglas Picha, President,
Seattle Children's Hospital Foundation

Aileen Kelly, Executive Director,
Seattle Children's Hospital Guild Association

Scott Redman, Board Chair,
Seattle Children's Hospital Foundation

Barbara Mann, Board Chair,
Seattle Children's Hospital Guild Association

"We have an ambitious but noble goal, to be the best children's hospital. Why? Because it is what our children deserve. I hope you will join me and consider giving to Seattle Children's."

— Thomas N. Hansen, MD
CEO, Seattle Children's Hospital

Our Mission

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

Our Vision

We will be the best children's hospital.

How Your Gift Makes a Difference

As a Children's supporter, you help keep every aspect of the hospital running by ensuring that each child gets the best care possible. We recognize that all gifts are personal, and you can always direct your donation to a particular program. Our three top funding areas are:

Greatest Needs — Making an impact where it's needed most
Targeting Children's top priorities, these funds support patient care, research, equipment, facilities and advocacy. With the ultimate goal of providing the best care for all children, our leaders identify critical areas of need and initiate projects that help prevent, treat and eliminate pediatric disease.

Uncompensated Care — Helping every child get the best care
Uncompensated care provides *all* children in our region access to the best medical care, regardless of their insurance coverage or ability to pay. Last year, Children's provided more than $96.4 million to cover Medicaid payment shortfalls, help families without insurance, and fill the gap for those with private health insurance overwhelmed by hospital bills for a critically ill child.

Research — Investigating new treatments and finding cures
Seattle Children's Research Institute is ranked one of the top five pediatric research institutions in the nation. Donations help jump-start new investigations and support research to improve treatments for asthma, cancer, diabetes, epilepsy, heart disease and organ failure.

The Guild Association: Volunteering That Transforms Lives

As the largest all-volunteer fundraising network of any hospital in the nation, the Guild Association helps the hospital fulfill its promise to provide world-class health care through our fundraising, volunteering and advocacy. Guilds produce a wide range of events — from auctions and golf tournaments to craft fairs and garage sales — generating millions of dollars every year. Join us and become part of this community of giving.

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