

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
Navos
% Rebecca Pevey
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO Box 46420
City or town, state or province, country, and ZIP or foreign postal code
Seattle, WA 981460420

D Employer identification number
91-0848698
E Telephone number
(206) 933-7189
G Gross receipts \$ 87,221,399

F Name and address of principal officer
David Johnson
PO Box 46420
Seattle, WA 981460420

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ Navos.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1963

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMMUNITY SUPPORT - THERAPY, INPATIENT, DAY TREATMENT, MEDICATION AND CASE MANAGEMENT SERVICES TO THE SEVERELY, PERSISTENTLY MENTALLY ILL

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

| | |
|--|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 12 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 768 |
| 6 Total number of volunteers (estimate if necessary) | 108 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,335,564 | 1,420,820 |
| 9 Program service revenue (Part VIII, line 2g) | 62,754,459 | 60,638,810 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 685,537 | 6,625,257 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 34,044 | -4,764 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 64,809,604 | 68,680,123 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 40,440,923 | 40,395,337 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 39,884 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,430 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 27,125,015 | 25,703,232 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 67,605,822 | 66,098,569 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -2,796,218 | 2,581,554 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 89,831,742 | 70,253,526 |
| 21 Total liabilities (Part X, line 26) | 65,600,289 | 41,522,904 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 24,231,453 | 28,730,622 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-11-15
DAVID JOHNSON CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG US LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01254678
Firm's EIN: [EIN]
Firm's address: 18101 VON KARMAN AVE SUITE 1700
Phone no: (949) 794-2300
IRVINE, CA 92612

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

COMMUNITY SUPPORT - THERAPY, INPATIENT, DAY TREATMENT, MEDICATION AND CASE MANAGEMENT SERVICES TO THE SEVERELY, PERSISTENTLY MENTALLY ILL

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

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

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

If "Yes," describe these changes on Schedule O

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

| | | | | | | | |
|-----------|---------------------|--------------|------------|------------------------|---|-------------|--------------|
| 4a | (Code) | (Expenses \$ | 18,846,872 | including grants of \$ | 0 | (Revenue \$ | 20,336,993) |
| | See Additional Data | | | | | | |

| | | | | | | | |
|-----------|---------------------|--------------|------------|------------------------|---|-------------|--------------|
| 4b | (Code) | (Expenses \$ | 14,171,969 | including grants of \$ | 0 | (Revenue \$ | 13,997,425) |
| | See Additional Data | | | | | | |

| | | | | | | | |
|-----------|---------------------|--------------|------------|------------------------|---|-------------|--------------|
| 4c | (Code) | (Expenses \$ | 13,913,456 | including grants of \$ | 0 | (Revenue \$ | 12,672,090) |
| | See Additional Data | | | | | | |

4d Other program services (Describe in Schedule O)
 (Expenses \$ 8,329,075 including grants of \$ 0) (Revenue \$ 13,632,302)

4e Total program service expenses ▶ 55,261,372

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | Yes | |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| 28a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| 35b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | | | | | |
|---|--|------------|-----|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 768 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | | No |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records; Rebecca Pevey 2600 SW Holden Street Seattle, WA 98126 (206) 933-7189

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Patti Neuberger 2ND VICE PRESIDENT | 0.5 | X | | X | | | | 0 | 0 | 0 |
| (2) Don Gillmore President | 0.5 | X | | X | | | | 0 | 0 | 0 |
| (3) Bobbie Bridge Member Emerita | 0.5 | X | | | | | | 0 | 0 | 0 |
| (4) Rebeca Dawn DIRECTOR | 0.5 | X | | | | | | 0 | 0 | 0 |
| (5) Jean Ellsworth Member Emerita | 0.5 | X | | | | | | 0 | 0 | 0 |
| (6) Charles Hoffman Director | 0.5 | X | | | | | | 0 | 0 | 0 |
| (7) Carrie Holmes DIRECTOR | 0.5 | X | | | | | | 0 | 0 | 0 |
| (8) Brian Abeel 1st VICE PRESIDENT | 0.5 | X | | X | | | | 0 | 0 | 0 |
| (9) Mike Sweeney TREASURER/SECRETARY | 0.5 | X | | X | | | | 0 | 0 | 0 |
| (10) LISA DRECHSLER DIRECTOR | 0.5 | X | | | | | | 0 | 0 | 0 |
| (11) CHARLES PURCELL DIRECTOR | 0.5 1.0 | X | | | | | | 0 | 0 | 0 |
| (12) SANDY ROSENKRANZ DIRECTOR | 0.5 1.0 | X | | | | | | 0 | 0 | 0 |
| (13) Cassandra Undlin COO | 40.0 0.5 | | | X | | | | 245,199 | 0 | 12,356 |
| (14) MEGAN KELLY CCO (JAN-APRIL) | 40.0 0.5 | | | X | | | | 66,442 | 0 | 2,266 |
| (15) MARYLOUISE JONES CCO (JULY-DEC) | 40.0 0.5 | | | X | | | | 77,943 | 0 | 2,914 |
| (16) DAVID JOHNSON CEO | 40.0 0.5 | | | X | | | | 0 | 234,000 | 0 |
| (17) Brian Coleman Psychiatrist | 40.0 0.1 | | | | | X | | 232,761 | 0 | 10,235 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Diane McCleave Registered Nurse | 40 0 0 1 | | | | | X | | 228,097 | 0 | 8,207 |
| (19) Jeff Korcz Psychiatrist | 40 0 0 1 | | | | | X | | 284,280 | 0 | 15,288 |
| (20) CHRISTOPHER GROSS PSYCHIATRIST | 40 0 0 1 | | | | | X | | 241,995 | 0 | 12,419 |
| (21) CATHERINE WEBB ANRP | 40 0 0 0 | | | | | X | | 200,791 | 0 | 9,297 |
| 1b Sub-Total ▶ | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) ▶ | | | | | | | | | | |
| | | | | | | | 1,577,508 | 234,000 | 72,982 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 44

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| NEXUS, 186 F St SE AUBURN, WA 98002 | SOCIAL SERVICES | 1,904,841 |
| YOUTH EASTSIDE SERVICES, 999 164TH AVE NE BELLEVUE, WA 98008 | SOCIAL SERVICES | 1,381,189 |
| LUTHERAN SOCIAL SERVICES, 433 MINOR AVE N SEATTLE, WA 98109 | SOCIAL SERVICES | 1,156,538 |
| CENTER FOR HUMAN SERVICES, 14803 15TH AVE NE SHORELINE, WA 98155 | SOCIAL SERVICES | 1,003,745 |
| RENTON AREA YOUTH, 1025 S 3RD ST RENTON, WA 98057 | SOCIAL SERVICES | 792,105 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 28

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f (Program Service Revenue) and 2g (Total).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11 (Other Revenue) and 12 (Total revenue).

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 0 | 0 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | 0 | | |
| 4 Benefits paid to or for members. | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 407,120 | 155,422 | 251,698 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 33,218,044 | 27,694,014 | 5,524,030 | 0 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 508,688 | 486,515 | 22,173 | 0 |
| 9 Other employee benefits | 3,310,789 | 2,724,199 | 586,590 | 0 |
| 10 Payroll taxes | 2,950,696 | 2,438,481 | 512,215 | 0 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 1,333,420 | 712,696 | 620,724 | 0 |
| b Legal | 101,043 | 24,144 | 76,899 | 0 |
| c Accounting | 120,444 | 0 | 120,444 | 0 |
| d Lobbying | 30,000 | 0 | 30,000 | 0 |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 345,285 | 158,225 | 148,390 | 38,670 |
| 12 Advertising and promotion | 74,639 | 24,916 | 49,723 | 0 |
| 13 Office expenses | 837,727 | 546,974 | 280,741 | 10,012 |
| 14 Information technology | 1,265,442 | 245,834 | 1,019,608 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 2,436,293 | 2,249,901 | 148,468 | 37,924 |
| 17 Travel | 0 | 0 | 0 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 168,006 | 50,926 | 117,080 | 0 |
| 20 Interest | 1,090,008 | 953,371 | 136,637 | 0 |
| 21 Payments to affiliates | 0 | | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 1,877,831 | 1,281,556 | 596,275 | 0 |
| 23 Insurance | 545,180 | 286,025 | 259,155 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BEHAVIORAL HEALTH SERVICES | 12,551,260 | 12,546,126 | 5,134 | 0 |
| b FOOD EXPENSE | 693,105 | 674,777 | 18,222 | 106 |
| c SUPPLIES EXPENSE | 330,242 | 330,231 | 11 | 0 |
| d PHARMACY EXPENSES | 313,353 | 313,353 | 0 | 0 |
| e All other expenses | 1,589,954 | 1,363,686 | 219,550 | 6,718 |
| 25 Total functional expenses. Add lines 1 through 24e | 66,098,569 | 55,261,372 | 10,743,767 | 93,430 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|-----------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 11,800 |
| | 2 Savings and temporary cash investments | 1,822,971 | 2 | 2,502,331 |
| | 3 Pledges and grants receivable, net | 14,171 | 3 | 14,171 |
| | 4 Accounts receivable, net | 9,837,964 | 4 | 6,641,348 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 17,205,791 | 7 | 0 |
| | 8 Inventories for sale or use | 111,203 | 8 | 125,274 |
| | 9 Prepaid expenses and deferred charges | 720,595 | 9 | 714,395 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 68,749,759 | | |
| | b Less accumulated depreciation | 10b 15,384,993 | 52,653,094 | 10c 53,364,766 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 2,861,905 | 14 | 2,654,764 |
| | 15 Other assets See Part IV, line 11 | 4,604,048 | 15 | 4,224,677 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 89,831,742 | 16 | 70,253,526 | |
| Liabilities | 17 Accounts payable and accrued expenses | 9,049,675 | 17 | 5,881,534 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 1,893,495 | 19 | 63,331 |
| | 20 Tax-exempt bond liabilities | 8,363,263 | 20 | 7,965,198 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 46,227,562 | 23 | 25,176,416 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 66,294 | 25 | 2,436,425 |
| | 26 Total liabilities. Add lines 17 through 25 | 65,600,289 | 26 | 41,522,904 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 19,566,705 | 27 | 24,065,874 |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 Permanently restricted net assets | 4,664,748 | 29 | 4,664,748 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 24,231,453 | 33 | 28,730,622 | |
| 34 Total liabilities and net assets/fund balances | 89,831,742 | 34 | 70,253,526 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 68,680,123 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 66,098,569 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,581,554 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,231,453 |
| 5 | Net unrealized gains (losses) on investments | 5 | -379,372 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 2,296,987 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 28,730,622 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 91-0848698

Name: Navos

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Navos

Employer identification number
91-0848698

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 91-0848698

Name: Navos

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|-----------------------------------|--|
| Name of the organization Navos | Employer identification number 91-0848698 |
|-----------------------------------|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| (a) Filing organization's totals | (b) Affiliated group totals |
|----------------------------------|-----------------------------|
|----------------------------------|-----------------------------|

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| | |
|--|--|
| | |
| | |
| | |

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | 0 |
| d Mailings to members, legislators, or the public? | | No | 0 |
| e Publications, or published or broadcast statements? | | No | 0 |
| f Grants to other organizations for lobbying purposes? | | No | 0 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | 0 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | 0 |
| i Other activities? | Yes | | 33,321 |
| j Total Add lines 1c through 1i | | | 33,321 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE C, PART II-B, LINE 1 | LOBBYING EXPENSES OF \$3,321 ARE INCURRED AS PART OF MEMBERSHIP DUES PAID TO WASHINGTON HOSPITAL ASSOCIATION WHICH PARTICIPATES IN LOBBYING ACTIVITIES A LOBBYIST WAS CONTRACTED TO LOBBY AT THE STATE LEVEL FOR FUNDING FOR THE CHILDREN'S CAMPUS, WHICH IS STATE-FUNDED, IN THE AMOUNT OF \$30,000 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Navos
Employer identification number
91-0848698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 13,804,850 | | 13,804,850 |
| b Buildings | | 31,703,148 | 5,547,642 | 26,155,506 |
| c Leasehold improvements | | 13,852,594 | 4,219,463 | 9,633,131 |
| d Equipment | | 7,944,795 | 5,311,651 | 2,633,144 |
| e Other | | 1,444,372 | 306,237 | 1,138,135 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 53,364,766 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) STUART TRUST-BENEFICIAL INT | 3,241,342 |
| (2) EGTVEDT TRUST-BENEFICIAL INT | 983,335 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 4,224,677 |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| TENANT DEPOSITS | 71,983 |
| DUE TO MULTICARE HEALTH SYSTEM | 2,364,442 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 2,436,425 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 91-0848698

Name: Navos

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART X, LINE 2 | ASC 740 (FIN 48) FOOTNOTE NAVOS IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MULTICARE HEALTH SYSTEM (MHS) THE FOOTNOTE ON THE CONSOLIDATED FINANCIAL STATEMENTS READS "FINANCIAL ACCOUNTING STANDARD BOARD (FASB) ASC TOPIC 740-10, INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN MHS'S CONSOLIDATED FINANCIAL STATEMENTS ASC TOPIC 740-10 ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION IN ADDITION, ASC TOPIC 740-10 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION ASC TOPIC 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS, DID NOT HAVE A SIGNIFICANT IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF MHS OTHER THAN MEDIS INC , A TAXABLE CORPORATION, ALL OF THE OTHER ENTITIES HAVE OBTAINED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME " |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Navos

Employer identification number
91-0848698

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Margaret Masar | GRANT WRITER | | No | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|---------------------------------------|--------------|----------------------------|---|
| | | COMM. LUNCHEON (event type) | (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 338,019 | | | 338,019 |
| | 2 Less Contributions | 338,019 | | | 338,019 |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 28,443 | | | 28,443 |
| | 7 Food and beverages | 9,587 | | | 9,587 |
| | 8 Entertainment | 15,000 | | | 15,000 |
| | 9 Other direct expenses | 40,400 | | | 40,400 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 93,430 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -93,430 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Navos

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number
 91-0848698

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|---|-----------|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 % | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 % | 3b | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | | No |
| b If "Yes," did the organization make it available to the public? | 6b | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 16,744,540 | 7,433,979 | 9,310,561 | 14.090 % |
| b Medicaid (from Worksheet 3, column a) | | | 13,570,744 | 8,965,670 | 4,605,074 | 6.970 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 29,727,305 | 30,633,724 | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 60,042,589 | 47,033,373 | 13,915,635 | 21.060 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,455,815 | 709,999 | 745,816 | 1.130 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | 3,956,562 | 3,321,758 | 634,804 | 0.960 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 5,090 | 0 | 5,090 | 0.010 % |
| j Total. Other Benefits | | | 5,417,467 | 4,031,757 | 1,385,710 | 2.100 % |
| k Total. Add lines 7d and 7j | | | 65,460,056 | 51,065,130 | 15,301,345 | 23.160 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|--|----------|-----------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 1,793,598 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 1,782,336 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 11,262 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|--|-----------|-----|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | Yes | |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 NAVOS PSYCHIATRIC HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NAVOS PSYCHIATRIC HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | | No |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

NAVOS PSYCHIATRIC HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | | No |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| | a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| | b <input type="checkbox"/> Selling an individual's debt to another party | | |
| | c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| | d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| | e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| | f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | No |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| | a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| | b <input type="checkbox"/> Selling an individual's debt to another party | | |
| | c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| | d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| | e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| | a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | |
| | b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| | c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| | d <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | |
| | e <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| | f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|-----------|---|--|-----|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | | Yes |
| | If "No," indicate why | | |
| | a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| | b <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| | c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| | d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

NAVOS PSYCHIATRIC HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

| Name and address | Type of Facility (describe) |
|-----------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|------------------------------|---|
| SCHEDULE H, PART I, LINE 3C | IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS SCHEDULE H, PART I, LINE 7 THE COSTING METHOD USED FOR MOST OF SCHEDULE H, PART I, LINE 7 IS THE COST TO CHARGE RATIO FOR COSTS OF OTHER MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) AND SUBSIDIZED HEALTH SERVICES (LINE 7G) AN ESTIMATE OF COST TO REVENUE RATIO WAS USED THE USE OF A DIFFERENT METHOD IS DUE TO THE REVENUE FOR THESE PROGRAMS AND SERVICES BEING BASED ON METRICS OTHER THAN GROSS CHARGES AS SUCH THE COST TO CHARGE RATIO DOES NOT ACCURATELY REFLECT THE COSTS ASSOCIATED WITH THESE PROGRAMS AND SERVICES THIS IS A CHANGE IN COSTING METHODOLOGY FOR LINES 7C AND 7G FROM WHAT HAS BEEN USED IN YEARS PRIOR TO 2015 PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 294,349 |
| SCHEDULE H, PART III, LINE 2 | BAD DEBT EXPENSE IS ESTIMATED BASED ON ACTUAL HISTORICAL BAD DEBT TO TOTAL GROSS REVENUE DISCOUNTS AND PAYMENT ON PATIENT ACCOUNTS ARE NOT INCLUDED IN BAD DEBT EXPENSE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|------------------------------|--|
| SCHEDULE H, PART III, LINE 3 | THE ORGANIZATION DOES NOT USUALLY HAVE REVENUE WRITTEN OFF AS BAD DEBTS AS 97% OF PATIENTS ARE CONSIDERED MEDICALLY INDIGENT PERSONS AMOUNTS THAT ARE WRITTEN OFF ARE MORE OFTEN THAN NOT CONSIDERED CHARITY CARE AS THE PERSONS FALL UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY |
| SCHEDULE H, PART III, LINE 8 | THE ORGANIZATION'S COSTS ARE SEPARATED BY COST CENTERS AND NON REIMBURSABLE COST CENTERS ARE ELIMINATED FROM THE MEDICARE COST REPORT THE REMAINING COSTS ARE DETERMINED FIRST BY DIRECT RELATIONSHIP TO THE ALLOWABLE CENTERS THEN BY UTILIZING CENSUS TO DETERMINE THE NON DIRECT ALLOWABLE COSTS ALLOCATED TO ALLOWABLE CENTERS THE COSTS ARE STEPPED DOWN ACCORDING TO THE RULES OF THE MEDICARE COST REPORT INSTRUCTIONS THE PHARMACY AND LAB CHARGES ARE BASED ON A COST TO CHARGE RATIO AND UTILIZES SEGMENTS WITHIN THE CENTER TO DETERMINE THE APPROPRIATE CLASSIFICATIONS FOR THE COSTS INPATIENT PSYCHIATRIC SERVICES UTILIZES THE SEPARATION OF EACH FUNDING SOURCES TO DETERMINE APPROPRIATE RELATIONSHIP TO THE FUNDING SOURCE AND SEGMENTS LISTED |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------------|---|
| SCHEDULE H, PART III, LINE 9B | PENDING FINAL ELIGIBILITY DETERMINATION (FOR CHARITY CARE), THE HOSPITAL WILL NOT INITIATE COLLECTION EFFORTS OR REQUEST DEPOSITS, PROVIDED THAT THE RESPONSIBLE PARTY IS COOPERATIVE WITH THE HOSPITAL'S EFFORTS TO REACH A FINAL DETERMINATION OF SPONSORSHIP STATUS. THE RESPONSIBLE PARTY'S FINANCIAL OBLIGATION, WHICH REMAINS AFTER THE APPLICATION OF ANY SLIDING FEE SCHEDULE SHALL BE PAYABLE IN MONTHLY INSTALLMENTS OVER A REASONABLE PERIOD OF TIME, WITHOUT INTEREST OR LATE FEES, AS NEGOTIATED BETWEEN THE HOSPITAL AND THE RESPONSIBLE PARTY. THE RESPONSIBLE PARTY'S ACCOUNT SHALL NOT BE TURNED OVER TO A COLLECTION AGENCY UNLESS PAYMENTS ARE MISSED OR THERE IS SOME PERIOD OF INACTIVITY ON THE ACCOUNT, AND THERE IS NO SATISFACTORY CONTACT WITH THE PATIENT. IF THE PATIENT HAS PAID SOME OR THE ENTIRE BILL FOR MEDICAL SERVICES AND IS LATER FOUND TO HAVE BEEN ELIGIBLE FOR CHARITY CARE AT THE TIME SERVICES WERE PROVIDED, HE/SHE SHALL BE REIMBURSED WITHIN THIRTY (30) DAYS OF RECEIVING THE CHARITY CARE DESIGNATION. HOSPITAL AND THE RESPONSIBLE PARTY. THE RESPONSIBLE PARTY'S ACCOUNT SHALL NOT BE TURNED OVER TO A COLLECTION AGENCY UNLESS PAYMENTS ARE MISSED OR THERE IS SOME PERIOD OF INACTIVITY ON THE ACCOUNT, AND THERE IS NO SATISFACTORY CONTACT WITH THE PATIENT. IF THE PATIENT HAS PAID SOME OR THE ENTIRE BILL FOR MEDICAL SERVICES AND IS LATER FOUND TO HAVE BEEN ELIGIBLE FOR CHARITY CARE AT THE TIME SERVICES WERE PROVIDED, HE/SHE SHALL BE REIMBURSED WITHIN THIRTY (30) DAYS OF RECEIVING THE CHARITY CARE DESIGNATION. |
| SCHEDULE H, PART VI, LINE 2 | NAVOS PARTICIPATES IN A VARIETY OF FORUMS AND ADVISORY GROUPS AT BOTH THE STATE AND LOCAL LEVEL REGARDING MENTAL HEALTH NEEDS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 3 | NAVOS HAS A STRUCTURED INTAKE PROCEDURE, WRITTEN POLICIES REQUIRING FINANCIAL COUNSELING, AND PROCEDURES FOR ENSURING COVERAGE BY ASSISTANCE PROGRAMS FOR BOTH INPATIENT AND OUTPATIENT POPULATIONS PATIENTS ARE NOTIFIED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING THE INTAKE PROCESS AS WELL AS ON THEIR BILLING STATEMENTS |
| SCHEDULE H, PART VI, LINE 4 | NAVOS TARGETS THE POPULATION OF KING COUNTY RESIDENTS WITH SEVERE MENTAL ILLNESS THERE ARE 6 MENTAL HEALTH FACILITIES IN KING COUNTY THIS POPULATION HAS SUBSTANTIALLY HIGHER RATES OF WOMEN THAN THE GENERAL KING COUNTY POPULATION ALTHOUGH NAVOS PROVIDES ABOUT HALF THE SERVICES TO CHILDREN AND FAMILIES DELIVERED UNDER THE COUNTY MENTAL HEALTH PROGRAM THROUGH A CONSORTIUM OF SPECIALTY AGENCIES, MOST OF THE CLIENTS SERVED DIRECTLY BY NAVOS ARE ADULTS AND OLDER ADULTS IT IS NOTABLE THAT THE RATE OF PERSONS OVER AGE 65 RECEIVING CARE AT NAVOS IS DISPROPORTIONATELY HIGH AT 29%, COMPARED WITH THE GENERAL POPULATION RATE OF 11% WE PROVIDE SPECIALIZED SERVICES FOR OLDER CLIENTS THE NAVOS CLIENT POPULATION IS MORE ETHNICALLY DIVERSE THAN THE COUNTY POPULATION, WITH 1/3 OF OUR PATIENTS DESIGNATED AS AFRICAN AMERICANS/AFRICANS, ASIAN/PACIFIC ISLANDERS, ALASKA NATIVE/AMERICAN INDIANS, MULTI-RACIAL, OR SOME OTHER RACE 5% OF NAVOS CLIENTS HAVE SELF-REPORTED VETERAN STATUS IT IS LIKELY THAT THIS RATE IS ACTUALLY SOMEWHAT HIGHER FINALLY, OUR CLIENTS WITH SERIOUS MENTAL ILLNESS ARE OF VERY LOW INCOME, WITH 97% HAVING INCOMES AT OR BELOW 200% OF POVERTY 87% OF OUR OUTPATIENT CLIENTS HAVE INCOMES LESS THAN 100% OF POVERTY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|------------------------------------|---|
| <p>SCHEDULE H, PART VI, LINE 5</p> | <p>NAVOS PROMOTES WELLNESS AND RECOVERY IN BOTH INPATIENT AND OUTPATIENT SETTINGS THROUGH GROUP SESSIONS AND INDIVIDUAL TREATMENT PLANS NAVOS SPONSORS CONSUMER-OPERATED ADVOCACY AND RECOVERY ORGANIZATIONS AND IT PARTICIPATES IN REGIONAL AND LOCAL PLANNING EFFORTS RELATED TO HEALTH PROMOTION AND EMERGENCY PREPAREDNESS NAVOS IS A LEADER IN THE INTEGRATION OF PRIMARY CARE AND TREATMENT OF MENTAL ILLNESS NAVOS BOARD MEMBERS RESIDE IN THE KING COUNTY REGION SERVED BY NAVOS MEDICAL STAFF PRIVILEGES ARE EXTENDED TO QUALIFIED PHYSICIANS IN THE COMMUNITY AT NAVOS WHEN EMERGENCY SITUATIONS ARISE AS DEFINED IN THE ORGANIZED MEDICAL STAFF BYLAWS</p> |
| <p>SCHEDULE H, PART VI, LINE 6</p> | <p>AFFILIATED HEALTH CARE SYSTEM NAVOS IS A WASHINGTON NOT-FOR-PROFIT CORPORATION, AND IS ORGANIZED AS A TAX-EXEMPT ENTITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 NAVOS IS PART OF THE MULTICARE HEALTH SYSTEM ("MULTICARE") MULTICARE HAS FIVE AFFILIATED FOUNDATIONS MARY BRIDGE CHILDREN'S FOUNDATION, MULTICARE HEALTH FOUNDATION, GOOD SAMARITAN FOUNDATION, SOUTH KING HEALTH FOUNDATION, AND INLAND NORTHWEST FOUNDATION, ALL WASHINGTON NONPROFIT CORPORATIONS MULTICARE HEALTH SYSTEM HAS 18,000 TEAM MEMBERS, INCLUDING EMPLOYEES, PROVIDERS AND VOLUNTEERS WE'VE BEEN CARING FOR OUR COMMUNITY FOR WELL OVER A CENTURY, SINCE THE FOUNDING OF TACOMA'S FIRST HOSPITAL AND TODAY, WE ARE THE LARGEST COMMUNITY-BASED, LOCALLY GOVERNED HEALTH SYSTEM IN THE STATE OF WASHINGTON OUR COMPREHENSIVE SYSTEM OF HEALTH INCLUDES NUMEROUS PRIMARY CARE, URGENT CARE AND SPECIALTY SERVICES - INCLUDING IMMEDIATE CLINIC, MULTICARE INDIGO URGENT CARE, PULSE HEART INSTITUTE AND MULTICARE ROCKWOOD CLINIC, THE LARGEST MULTISPECIALTY CLINIC IN THE INLAND NORTHWEST REGION SPECIALTY SERVICES INCLUDE LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, LEVEL IV NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY LEVEL I TRAUMA REHABILITATION CENTER AND AN INTERNATIONALLY RENOWNED THERAPY UNIT FOR CHILDREN WITH SPECIAL NEEDS THROUGH OUR AFFILIATION WITH NAVOS (EFFECTIVE MAY 1, 2017) AND GREATER LAKES MENTAL HEALTH (EFFECTIVE JULY 1, 2018) WE ARE THE LARGEST BEHAVIORAL HEALTH PROVIDER IN WASHINGTON STATE OUR NETWORK OF CARE INCLUDES NINE HOSPITALS MULTICARE ALLENMORE HOSPITAL, TACOMA MULTICARE AUBURN MEDICAL CENTER, AUBURN MULTICARE COVINGTON MEDICAL CENTER, COVINGTON MULTICARE DEACONESS HOSPITAL, SPOKANE MULTICARE GOOD SAMARITAN HOSPITAL, PUYALLUP MARY BRIDGE CHILDREN'S HOSPITAL, TACOMA MULTICARE TACOMA GENERAL HOSPITAL, TACOMA MULTICARE VALLEY HOSPITAL, SPOKANE VALLEY NAVOS, SEATTLE</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 7 | LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT WA |

Additional Data

Software ID:

Software Version:

EIN: 91-0848698

Name: Navos

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|----------------------|--------------------------|
| 1 | NAVOS PSYCHIATRIC HOSPITAL 2600 SW Holden Street Seattle, WA 98126 WWW NAVOS ORG LICENSE 601-009-3 | X | | | | | | | | Psychiatric Hospital | 1 |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| <p>SCHEDULE H, PART V, SECTION B, LINE 3e</p> | <p>THE CHNA IDENTIFIED THESE OPPORTUNITIES IN THE BEHAVIORAL HEALTH SECTION WITHOUT PRIORITIZATION - USE OF STANDARDIZED REFERRAL PROTOCOLS - COORDINATION OF DISCHARGE PLANNING ACROSS THE HEALTHCARE SYSTEM - INCREASED CAPACITY FOR INTEGRATED BEHAVIORAL HEALTHCARE - INCREASED INPATIENT CAPACITY SCHEDULE H, PART V, SECTION B, LINE 5 WE INVITED COMMUNITY COALITIONS AND ORGANIZATIONS TO TELL US ABOUT THE ASSETS AND RESOURCES THAT HELP THEIR COMMUNITIES THRIVE THE ASSETS MOST FREQUENTLY MENTIONED WERE EXISTING PARTNERSHIPS AND COALITIONS, COMMUNITY HEALTH CENTERS, FAITH COMMUNITIES, AND FOOD PROGRAMS WE ALSO ASKED COMMUNITY REPRESENTATIVES TO IDENTIFY CONCERNS ABOUT HEALTH NEEDS IN THEIR COMMUNITIES WE CONSULTED WITH - AGING & DISABILITY SERVICES - AIRLIFT NORTHWEST - AMR AMBULANCE - ASIAN COUNSELING AND REFERRAL SERVICES - BEHAVIORAL HEALTH PARTNERSHIP GROUP - BRAIN INJURY ALLIANCE - BURien POLICE DEPARTMENT - CARSAFE KIDS - CATHOLIC COMMUNITY SERVICES - CEDAR RIVER GROUP - CENTER FOR HUMAN SERVICES - CENTER FOR MULTICULTURAL HEALTH - CENTRAL REGION EMS & TRAUMA CARE COUNCIL - CHILDHOOD OBESITY PREVENTION COALITION - CHILDREN'S ALLIANCE - CITY OF BELLEVUE - CITY OF KIRKLAND - CITY OF LAKE FOREST PARK - CITY OF REDMOND - CITY OF SHORELINE HUMAN SERVICES - COMMUNITY HEALTH NETWORK OF WASHINGTON - COMMUNITY HOUSE MENTAL HEALTH - COMMUNITY PSYCHIATRIC CLINIC - CONSEJO COUNSELING - COUNTRY DOCTOR COMMUNITY HEALTH CENTER - D ESC - DUVALL FIRE DEPARTMENT - EASTSIDE AID COMMUNITY - EASTSIDE HUMAN SERVICES FORUM - EQUAL START COMMUNITY COALITION - EVERGREENHEALTH EMERGENCY DEPARTMENT - FALCK NORTHWEST EMERGENCY MEDICAL SERVICES - FEET FIRST PEDESTRIAN SAFETY COALITION - FOREFRONT - FRIENDS OF YOUTH - GROUP HEALTH EMERGENCY DEPARTMENT - HARBORVIEW MEDICAL CENTER - EMERGENCY DEPARTMENT - HARBORVIEW MENTAL HEALTH - HARBORVIEW SPINE CENTER AND CONCUSSION PROGRAM - HEALTH COALITION FOR CHILDREN AND YOUTH - HIGHLINE MEDICAL CENTER EMERGENCY DEPARTMENT - HOPELINK - ISSAQUAH HUMAN SERVICES COMMISSION - ISSAQUAH POLICE DEPARTMENT - ISSAQUAH SAMMAMISH INTERFAITH COALITION - KENT POLICE DEPARTMENT - KING COUNTY COUNCIL - KING COUNTY MENTAL HEALTH CHEMICAL ABUSE AND DEPENDENCY SERVICES - KING COUNTY TRAFFIC SAFETY TASK FORCE - KIRKLAND CITY COUNCIL - KIRKLAND POLICE DEPARTMENT - LOCAL HAZARDOUS WASTE MANAGEMENT - MAPLE VALLEY POLICE DEPARTMENT - MOLINA HEALTHCARE - MULTICARE AUBURN EMERGENCY DEPARTMENT - NATIVE AMERICAN WOMEN'S DIALOGUE ON INFANT MORTALITY - NEIGHBORHOOD HOUSE - NEWCASTLE POLICE DEPARTMENT - NICK OF TIME FOUNDATION - NORTH URBAN HUMAN SERVICES ALLIANCE - NORTHSHORE/SHORELINE COMMUNITY NETWORK - NORTHWEST HEALTH LAW ADVOCATES - NORTHWEST HOSPITAL EMERGENCY DEPARTMENT - ODESSA BROWN CHILDREN'S CLINIC - OLYMPIC PHYSICAL THERAPY - OPEN ARMS PERINATAL SERVICES - OVERLAKE MEDICAL CENTER - OVERLAKE MEDICAL CENTER EMERGENCY DEPARTMENT - PARTNERS FOR OUR CHILDREN - PROJECT ACCESS NORTHWEST - PUBLIC HEALTH - SEATTLE & KING COUNTY EMERGENCY MEDICAL SERVICES - RED</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>SCHEDULE H, PART V, SECTION B, LINE 3e</p> | <p>MOND CITY COUNCIL - REDMOND POLICE DEPARTMENT - RENTON POLICE DEPARTMENT - SAFE KIDS EASTS IDE - SAFE KIDS SEATTLE/SOUTH KING COUNTY - SEAMAR COMMUNITY HEALTH CENTER - SEATAC POLICE DEPARTMENT - SEATTLE CHILDREN'S HOSPITAL - SEATTLE CHILDREN'S HOSPITAL EMERGENCY DEPARTME NT - SEATTLE COUNSELING SERVICE - SEATTLE HUMAN SERVICES COALITION - SERVICE EMPLOYEES INT ERNATIONAL - UNION HEALTHCARE 1199NW - SHORELINE COMMUNITY COLLEGE - SNOQUALMIE VALLEY HOS PITAL - EMERGENCY DEPARTMENT - SOUND MENTAL HEALTH - SOUTH KING COUNCIL OF HUMAN SERVICES - ST ELIZABETH HOSPITAL EMERGENCY DEPARTMENT - ST FRANCIS EMERGENCY DEPARTMENT - THE ARC OF KING COUNTY - TRI-MED AMBULANCE - VALLEY CITIES COUNSELING - VALLEY MEDICAL CENTER EME RGENCY DEPARTMENT - WASHINGTON AMBULANCE ASSOCIATION - WASHINGTON CHAPTER, AMERICAN ACADEM Y OF PEDIATRICS - WASHINGTON DENTAL SERVICE FOUNDATION - WASHINGTON STATE DEPARTMENT OF HE ALTH - WASHINGTON STATE HOSPITAL ASSOCIATION - WITHINREACH - YMCA - YOUTH EASTSIDE SERVICE S - YWCA SEATTLE-KING-SNOHOMISH FOCUS GROUPS, STAKEHOLDER INTERVIEWS, AND COMMUNITY CONVER SATIONS WERE CONDUCTED STARTING IN THE FALL OF 2015 THROUGH 2016 TO COLLECT INPUT FROM THE BROAD COMMUNITY REGARDING THE PROGRAMS, INVESTMENTS, AND RESOURCES IN KING COUNTY THAT IM PACT AS WELL AS CONTRIBUTE TO COMMUNITY HEALTH COMMUNITY CONVERSATIONS WERE LEVERAGED FRO M A VARIETY OF PROGRAMS INCLUDING BEST STARTS FOR KIDS WHICH ALIGNED WITH THE COMMUNITY HE ALTH NEEDS ASSESSMENT'S GOAL TO GATHER COMPREHENSIVE DATA ON COMMUNITY INPUT IN ORDER TO D ETERMINE COMMUNITY IDENTIFIED PRIORITIES DETAILED AND COMPREHENSIVE COMMUNITY INPUT WAS G ATHERED FROM OVER 10 COMMUNITY CONVERSATIONS WITH POPULATIONS ACROSS KING COUNTY INCLUDING IN SOUTH KING COUNTY, BELLEVUE, SHORELINE, SOUTH SEATTLE, NORTHGATE, AUBURN, RENTON, AND ALSO INCLUDED STAKEHOLDER INTERVIEWS WITH YOUTH, FAMILIES, AND REPRESENTATIVES FROM COMMUN ITY-BASED PROVIDERS, SCHOOLS, AS WELL AS HEALTH AND SOCIAL SERVICE ORGANIZATIONS IN ADDIT ION TO THE COMMUNITY CONVERSATIONS AND STAKEHOLDER INTERVIEWS THAT WERE CONDUCTED THROUGH THESE OUTREACH AND ENGAGEMENT EFFORTS, ADDITIONAL FOCUS GROUPS AND SURVEYS COLLECTED COMMU NITY PRIORITIES FROM LGBTQ POPULATIONS, OLDER ADULTS, AND ADDITIONAL INPUT FROM COMMUNITY MEMBERS REPRESENTING VARIOUS RACIAL/ETHNIC GROUPS WHICH FURTHER INFORMED COMMUNITY PRIORIT IES FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT THESE COMPREHENSIVE CONVERSATIONS AND ENGAG EMENT WERE ANALYZED FOR THEMES IN ORDER TO DETERMINE THE COMMUNITY IDENTIFIED AREAS HIGHLI GHTED IN THE CHNA REPORT</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 6A | - EVERGREENHEALTH - ST ELIZABETH HOSPITAL - ST FRANCIS HOSPITAL - HIGHLINE MEDICAL CENTER - REGIONAL HOSPITAL - GROUP HEALTH COOPERATIVE - AUBURN MEDICAL CENTER - OVERLAKE MEDICAL CENTER - SEATTLE CANCER CARE ALLIANCE - SEATTLE CHILDREN'S HOSPITAL - SNOQUALMIE VALLEY HOSPITAL DISTRICT - SWEDISH MEDICAL CENTER - HARBORVIEW MEDICAL CENTER - NORTHWEST HOSPITAL & MEDICAL CENTER - UW MEDICAL CENTER - VALLEY MEDICAL CENTER |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A | FILING ORGANIZATION HTTPS //WWW NAVOS ORG/WP-CONTENT/UPLOADS/2015-2016-JOINT-CHNA-REPORT PDF OTHER WEBSITE HTTPS //WWW KINGCOUNTY GOV/DEPTS/HEALTH/DATA/COMMUNITY-HEALTHINDICATORS/~/ MEDIA/DEPTS/HEALTH/DATA/DOCUMENTS/2015-2016-JOINT-CHNA-REPORT-SUMMARY ASHX |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| <p>SCHEDULE H, PART V, SECTION B, LINE 11</p> | <p>2015/2016 OPPORTUNITIES IDENTIFIED FOR BEHAVIORAL HEALTH BY THE CHNA INCLUDE 1 USE OF STANDARDIZED REFERRAL PROTOCOLS, COORDINATION OF DISCHARGE PLANNING ACROSS THE HEALTHCARE SYSTEM, INCREASED CAPACITY FOR INTEGRATED BEHAVIORAL HEALTHCARE, AND INCREASED INPATIENT CAPACITY FOR BEHAVIORAL HEALTH ADDED 2 ADDITIONAL BEDS AND ALREADY PROVIDE INTEGRATED HEALTH CARE WITH OUR PATIENTS VIA OUR MEDICAL TEAM, BEHAVIORAL HEALTHCARE TEAM, ADJUNCTIVE THERAPIES, PSYCHIATRIC PROVIDERS AND SOCIAL SERVICES 2 SOME HEALTHCARE SYSTEMS, PUBLIC HEALTH, AND UNIVERSITIES PROVIDE NALOXONE, AN OPIATE OVERDOSE ANTIDOTE, TO INDIVIDUALS IN HIGH-RISK POPULATIONS THE DRUG HAS BEEN SHOWN TO REDUCE FATALITIES FROM OPIATE USE WE HAVE NALOXONE AVAILABLE AT ALL OUR SITES AND ALSO HAVE PRESCRIBERS PRESCRIBING TO PATIENTS SO THAT THEY HAVE THIS AT HOME AND ON THEIR PERSON 3 COORDINATION RELATED TO DISCHARGE PLANNING (INCLUDING NOTIFICATION OF BEHAVIORAL HEALTHCARE PROVIDERS AND COMMUNICATION OF PRESCRIPTIONS TO ALL RELEVANT PROVIDERS) COULD CREATE EFFICIENCIES AND REDUCE UNNECESSARY EMERGENCY DEPARTMENT USE AT THE TIME OF DISCHARGE THE PATIENT RECEIVES A LIST OF DISCHARGE MEDICATIONS AND THE LIST ALONG WITH CLINICAL INFORMATION IS FAXED TO THE OUTPATIENT PROVIDER AN ADDITIONAL DISCHARGE PLANNER WAS HIRED TO DECREASE CASELOAD AND IMPROVE COORDINATION OF SERVICES BETWEEN INPATIENT AND OUTPATIENT THE PEER BRIDGERS ESCORT PATIENTS TO THE PHARMACY TO ASSIST IN FILLING DISCHARGE MEDICATIONS, FOLLOW UP PHONES CALL AND PROVIDE TRANSPORTATION TO FOLLOW UP APPOINTMENTS 4 CLINICIANS IN PRIMARY CARE AND EMERGENCY DEPARTMENTS CAN USE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) TO IDENTIFY INDIVIDUALS AT RISK FOR SUBSTANCE ABUSE DISORDERS IN 2016 ADDED A CHEMICAL DEPENDENCY PROFESSIONAL IN TRAINING (CDPT) TO THE SOCIAL SERVICES DEPARTMENT TO ADMINISTER THE SBIRT ON ALL NEW ADMISSIONS 5 MANY HEALTHCARE ORGANIZATIONS ARE INCREASING THEIR CAPACITY FOR INTEGRATED BEHAVIORAL HEALTHCARE WE OPERATE AN INTEGRATED HEALTHCARE CLINIC IN PARTNERSHIP WITH KING COUNTY PUBLIC HEALTH 6 CONTINUED ADVOCACY FOR IMPROVED COORDINATION BETWEEN MENTAL AND PHYSICAL HEALTH SERVICES CAN HIGHLIGHT THE IMPORTANCE OF THIS ISSUE WE HAVE AN INTEGRATED HEALTHCARE MONTHLY MEETING TO ENSURE ALL OUR CLINICAL PROGRAMS ARE EDUCATING CLIENTS ON THE IMPACT OF PHYSICAL HEALTH CONDITIONS ON THEIR MENTAL HEALTH AND THE IMPACT OF MENTAL HEALTH DIFFICULTIES ON PHYSICAL HEALTH WE ARE DEVELOPING AN INTEGRATED HEALTHCARE ACADEMY FOR ALL CLINICIANS 7 SOME HOSPITALS ARE PLANNING TO OPEN ADDITIONAL PSYCHIATRIC TREATMENT BEDS, INCLUDING BEDS FOR ADOLESCENTS MEDICAID WILL COVER PSYCHIATRIC SERVICES WITHIN FREE STANDING PSYCHIATRIC HOSPITALS FOR THE NEXT TWO YEARS ADDED 2 ADDITIONAL BEDS TO EASE WAITING IN THE COUNTY AND WE ARE INCREASING OUR ADOLESCENT BEDS FROM 15 TO 30 8 THE EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS PROGRAM (EDIPPP) EDUCATES FAMILIES AND THOSE WHO ROUTINELY IN</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>SCHEDULE H, PART V, SECTION B, LINE 11</p> | <p>TERACT WITH YOUTH TEACHERS, MENTAL HEALTH PROFESSIONALS, AND DOCTORS ABOUT KEY SIGNS TO LO OK FOR IN YOUNG PEOPLE TO IDENTIFY AND PREVENT PSYCHOSIS WE ARE WORKING CLOSELY WITH COMM UNITY PROVIDERS WHO ARE UTILIZING THE NEW JOURNEYS PROGRAM FOR EDIPP THIS IS ALSO ENVELOP ED INTO OUR CLINICAL TRAINING PROGRAM FOR ALL PROVIDERS 9 APPLYING TRAUMA INFORMED CARE PRINCIPLES WITHIN HEALTHCARE FACILITIES CAN REDUCE UNNECESSARY TRAUMA FOR PEOPLE LIVING WI TH A MENTAL ILLNESS OR TRAUMA IMPACTS IMPLEMENTED TRAUMA INFORMED PRINCIPLES COMPLETED IN ITIAL TRAINING OF ALL STAFF ALONG WITH YEARLY REFRESHERS WE HAVE A TRAUMA INFORMED CARE P OLICY AND ADDED THE TENETS TO OUR EMPLOYEE PERFORMANCE PLANS WE HAVE INCREASED OUR USE OF PEERS TO ENSURE CLINET VOICE AND CHOICE IN THEIR TREATMENT ALL STAFF UNDERSTAND THE NEUR OBIOLGY OF TRAUMA 10 DISPARITIES IN ADVERSE BIRTH OUTCOMES PERSIST, AND THE PERCENTAGE OF BIRTHS IN WHICH MOTHERS OBTAINED EARLY AND ADEQUATE PRENATAL CARE IS TO LOW COMMUNITY- BASED ORGANIZATIONS STRESS THE IMPORTANCE OF BABY-FRIENDLY HOSPITALS, QUALITY PRENATAL CAR E, AND ONGOING SOCIAL SUPPORT, AS OFFERED BY HOME VISITING PROGRAMS 11 DEATHS DUE TO FAL LS AND SUICIDE ARE BOTH RISING, AND DISTRACTED/IMPAIRED DRIVING CONCERNS BOTH COMMUNITY ME MBERS AND LAW-ENFORCEMENT OFFICIALS OPPORTUNITIES INCLUDE REGIONAL COORDINATION AND STAND ARD IMPLEMENTATION OF BEST PRACTICE IN VIOLENCE INJURY AND PREVENTION (INCLUDING PREVENTIO N-RELATED PRIMARY CARE ASSESSMENT/SCREENING) OUR AGENCY CONTINUES TO REFINE OUTCOME CLINI CAL MEASURES AND WILL BE INCLUDING OUTCOME MEASURES IN NEW EMR, EPIC, WHEN IMPLEMENTED TO ACHIEVE IMPACT GOALS, THE INTEGRATED HEALTH CARE PROGRAM WILL - PROVIDE INTEGRATED HEALT H CARE IN THE NAVOS/PUBLIC HEALTH PRIMARY CARE CLINIC TO ADULTS WITH SERIOUS MENTAL ILLNES S - PROVIDE WELLNESS SUPPORT THROUGH WELLNESS CLASSES, DROP-IN WELLNESS EDUCATION SESSIONS , COOKING CLASSES, SUPPORT GROUPS, AND NUTRITIONAL COUNSELING - CONTINUE TO DEVELOP CLINIC AL PATHWAYS TO IDENTIFY AND TREAT COMMON HEALTH CONDITIONS AFFECTING LOW-INCOME ADULTS WIT H SERIOUS MENTAL ILLNESS INCLUDING METABOLIC SYNDROME, DIABETES AND HYPERTENSION - CONTINU E TO DEVELOP AN INTEGRATED CARE ACADEMY TO BUILD SKILLS AMONG BEHAVIORAL HEALTH PROVIDERS IN IDENTIFYING AND ADDRESSING PHYSICAL HEALTH ISSUES, AND TO HELP MEDICAL CLINIC STAFF TO IDENTIFY AND ADDRESS BEHAVIORAL HEALTH ISSUES - CREATE A NAVOS CONSUMER ADVISORY BOARD TO INCLUDE MEMBERS PARTICIPATING IN TREATMENT AND SUPPORT SERVICES THROUGHOUT NAVOS, INCLUDIN G IDEALLY A PATIENT IN THE INTEGRATED CARE CLINIC ON JUNE 1, 2018, A PARTNERSHIP CONTRACT BETWEEN NORTHWEST KIDNEY FOUNDATION (NKF) AND NAVOS WAS RENEWED FOR TWO YEARS, WITH THE TE RMS BEING IDENTICAL WITH ONE EXCEPTION AN INCREASE IN THE RATE NAVOS RECEIVES FOR PROVIDI NG CLINICAL EDUCATION AND CONSULTATION SERVICES NAVOS WAS GIVEN A 40% RAISE BY NKC SPECIF ICALLY, THE HOURLY COMPENSATION RATE INCREASED FROM \$125/HOUR TO \$175/HOUR THE CLINICAL E DUCATION AND CONSULTATION SERV</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 11 | ICES CONTINUE PER THE PREVIOUS AGREEMENT (JUNE 2016-JUNE 2018) NAVOS'S CLINICAL EDUCATOR PROVIDES A VARIETY OF TRAUMA-INFORMED EDUCATION AND CONSULTATION SERVICES CONSISTENT WITH NKC STRATEGIC GOALS NAVOS PROVIDED GENERAL TRAININGS, SITE-SPECIFIC IN-SERVICES, AND SENT INEL EVENT DEBRIEFING AND OTHER RELEVANT CONSULTATION SERVICES MEDICAL SPECIALISTS/PRIMAR Y-CARE TEAM INVOLVEMENT STARTS AT SCREENING FOR ADMISSION (REVIEWING MEDICAL STATUS OF REF ERRALS AND IF WE ARE EQUIPPED TO DEAL WITH THEM) THEN UPON ADMISSION, ALL PATIENTS GET AN ADMISSION 'HISTORY AND PHYSICAL' BY THE PRIMARY CARE TEAM AND MEDICAL ISSUES ARE FOLLOWED UP AS NEEDED THROUGH THEIR ADMISSION THEY ARE ACTIVELY INVOLVED IN TRANSFERS TO ER/DISCH ARGE OF MEDICAL ADMISSION ELSEWHERE IF A PATIENTS MEDICAL STATUS TAKES A DOWNTURN AND NEED A HIGHER LEVEL OF CARE AS NAVOS HOSPITAL TREATS ONLY PATIENTS IN URGENT PSYCHIATRIC DIST RESS, MATERNAL AND CHILD VIOLENCE WILL NOT BE ADDRESSED OTHER ORGANIZATIONS IN OUR COMMUN ITY ARE BETTER SUITED TO ADDRESS THOSE ISSUES |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 13H | KING COUNTY POLICY AND PROCEDURE MANUAL AND EXTENUATING CIRCUMSTANCES |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| SCHEDULE H, PART V, SECTION B, LINES 16A-16C | HTTPS //WWW NAVOS ORG/PUBLICATIONS-DOCUMENTATION/ |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| SCHEDULE H, PART V, SECTION B, LINE 17 | THERE IS NO SEPARATE BILLING AND COLLECTIONS POLICY A POLICY IS UNDER DEVELOPMENT AND WILL BE POSTED IN ENGLISH AND ALL LEP LANGUAGES |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 20A | FOR INPATIENT SERVICES, NO EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) ARE EVER TAKEN AS THE PATIENTS ARE ADMITTED DUE TO A COURT ORDER AND DO NOT HAVE THE FINANCIAL ABILITY TO PAY |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 20E | FOR OUTPATIENT SERVICES, PEER BRIDGERS AND PATIENT FINANCIAL NAVIGATORS ARE AVAILABLE TO ASSIST WITH MEDICAID APPLICATIONS |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|--|--------------------------------|
| 1 New Burien Campus 1210 SW 136th Street Burien, WA 98166 | Outpatient Treatment |
| 1 Lake Burien Campus 1033 SW 152nd Street Burien, WA 98166 | RES Treatment |
| 2 Barda Bulding 2600 SW Holden Street Seattle, WA 98126 | Outpatient Treatment |
| 3 Independence Bridge 15245 10th Ave SW Burien, WA 98146 | Housing |
| 4 Highline Village 2604 - 2614 SW Holden Street Seattle, WA 98126 | Housing |
| 5 PACT Burien Heights Apartments 1115 SW 134th Street Burien, WA 98146 | Housing |
| 6 Hillcrest Park Apartments 12227 Des Moines Memorial Drive Seattle, WA 98168 | Housing |
| 7 Conbela Apartments 8424 Delridge Way SW Seattle, WA 98106 | Housing |
| 8 Cedarstone 13213 Ambaum Blvd SW Burien, WA 98146 | Housing |
| 9 Highest Residency 15035 8th Ave S Seattle, WA 98148 | Older Adult Behavioral Housing |
| 10 Lake Apartments 1020 SW 156th Burien, WA 98146 | Housing |
| 11 Lakewood Apartments 1500 SW 112th Street Seattle, WA 98146 | Housing |
| 12 PACT Club Palisades 2211 S Star Lake Road Federal Way, WA 98003 | Housing |
| 13 Weather Vane Apartments - Burien 1123 SW 134th Street Burien, WA 98146 | Housing |
| 14 PACT Creekwood Apartments 2200 South 234th Street Des Moines, WA 98198 | Housing |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|--|--------------------------------|
| 16 Valleywood Apartments 801 I Street NE Auburn, WA 98002 | Housing |
| 1 Evergreen House 818 S 231 Street Des Moines, WA 98198 | Housing |
| 2 Graduate House 13432 4th Ave SW Seattle, WA 98146 | Housing |
| 3 Kent 24904 36th Ave S Kent, WA 98032 | Older Adult Behavioral Housing |
| 4 Occidental 13620 Occidental S Seattle, WA 98168 | Housing |
| 5 PALS 14611 5th Ave S Seattle, WA 98168 | Housing |
| 6 Fairway House 1728 S 104th Seattle, WA 98168 | Housing |
| 7 Nike M-1 23948 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 8 Nike M-18 23942 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 9 Nike M-2 23956 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 10 Nike M-4 23959 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 11 Nike M-5 23957 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 12 Nike M-6 23951 35th Place S Kent, WA 98032 | Older Adult Behavioral Housing |
| 13 PACT Bryson Square 24006 108th Place SE Kent, WA 98030 | Housing |
| 14 Brick House 1127 SW 134th Street Burien, WA 98134 | Housing |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|---|--------------------------------|
| 31 Endeavor House 14835 42nd Ave S Tukwila, WA 98168 | Housing |
| 1 NikeMidway Office 23960 35th Pl S Seattle, WA 98032 | Older Adult Behavioral Housing |
| 2 Geoduck Building 2602 SW Holden Street Seattle, WA 98126 | Outpatient Treatment |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Navos

Employer identification number

91-0848698

Part I Questions Regarding Compensation

| | Yes | No | | |
|---|--|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | No | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> | | | | |
| <p>a The organization?</p> | 5a | No | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> | | | | |
| <p>a The organization?</p> | 6a | No | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Cassandra Undlin COO | (i) | 245,199 | 0 | 0 | 4,927 | 7,429 | 257,555 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Brian Coleman Psychiatrist | (i) | 232,761 | 0 | 0 | 4,732 | 5,503 | 242,996 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Diane McCleave Registered Nurse | (i) | 228,097 | 0 | 0 | 0 | 8,207 | 236,304 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Jeff Korcz Psychiatrist | (i) | 284,280 | 0 | 0 | 5,831 | 9,457 | 299,568 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 CHRISTOPHER GROSS PSYCHIATRIST | (i) | 241,995 | 0 | 0 | 4,648 | 7,771 | 254,414 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 DAVID JOHNSON CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 234,000 | 0 | 0 | 0 | 0 | 234,000 | 0 |
| 7 CATHERINE WEBB ANRP | (i) | 200,791 | 0 | 0 | 2,702 | 6,595 | 210,088 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE J, PART I, LINE 3 | THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY A RELATED TAX EXEMPT ORGANIZATION, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY MULTICARE HEALTH SYSTEM. |



Schedule J (Form 990) 2018

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Navos

Employer identification number
91-0848698

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | WASHINGTON HEALTH CARE FACILITIES AUTHORITY | 91-1108929 | 000000000 | 04-14-2010 | 7,500,000 | PURCHASE FACILITIES | | X | | X | | X |
| B | WASHINGTON HEALTH CARE FACILITIES AUTHORITY | 91-1108929 | 000000000 | 10-21-2004 | 3,800,000 | SEE PART VI | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|--|------|-----------|------|-----------|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | 0 | | 0 | | | | |
| 2 Amount of bonds legally defeased | | 0 | | 0 | | | | |
| 3 Total proceeds of issue | | 7,500,000 | | 3,800,000 | | | | |
| 4 Gross proceeds in reserve funds | | 0 | | 0 | | | | |
| 5 Capitalized interest from proceeds | | 0 | | 0 | | | | |
| 6 Proceeds in refunding escrows | | 0 | | 0 | | | | |
| 7 Issuance costs from proceeds | | 0 | | 34,000 | | | | |
| 8 Credit enhancement from proceeds | | 104,911 | | 0 | | | | |
| 9 Working capital expenditures from proceeds | | 0 | | 0 | | | | |
| 10 Capital expenditures from proceeds | | 7,395,089 | | 699,640 | | | | |
| 11 Other spent proceeds | | 0 | | 3,066,360 | | | | |
| 12 Other unspent proceeds | | 0 | | 0 | | | | |
| 13 Year of substantial completion | 2011 | | 2004 | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | X | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 0 % | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | X | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | X | | X | | | | | |
| c No rebate due? | | X | | X | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | X | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | 0 | | 0 | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | 0 | | 0 | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | X | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--|---|
| SCHEDULE K, PART I, LINE B, COLUMN (F) | 1) REFUND BONDS ISSUED ON JANUARY 10, 1996 2) PURCHASE FACILITIES |

Additional Data

Software ID:

Software Version:

EIN: 91-0848698

Name: Navos

| Return Reference | Explanation |
|--|---|
| SCHEDULE K, PART I, LINE B, COLUMN (F) | 1) REFUND BONDS ISSUED ON JANUARY 10, 1996 2) PURCHASE FACILITIES |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Navos

Employer identification number
91-0848698

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 4,878 | COST/SELLING PRICE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (Toys) | X | 250 | 4,878 | Fair Market Value |
| 26 Other ▶ (Furniture/Electronics) | X | 76 | 2,672 | Fair Market Value |
| 27 Other ▶ (Activity Supplies) | X | 500 | 23,471 | Fair Market Value |
| 28 Other ▶ (Tickets/Passes) | X | 175 | 19,611 | FACE VALUE |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------------------|--|
| SCHEDULE M, PART I, COLUMN (B) | CONTRIBUTIONS REPORTED THE NUMBER OF ITEMS CONTRIBUTED IS BEING REPORTED IN COLUMN B |
| SCHEDULE M, PART I, LINE 32B | SEATTLE SEAHAWKS TICKETS ARE DONATED TO A SPORT TICKET SALES COMPANY TO SELL |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Navos

Employer identification number

91-0848698

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART III, LINE 4A | <p>PROGRAM SERVICE ACCOMPLISHMENTS 70 BED INPATIENT FACILITY CARES FOR PERSONS WITH MENTAL ILLNESS WHO ARE EXPERIENCING AN ACUTE PSYCHIATRIC CRISIS REQUIRING STABILIZATION NAVOS SERVES THOSE WHO ARE INVOLUNTARILY COMMITTED BECAUSE THEY ARE DEEMED TO BE AN IMMINENT DANGER OR HARM TO THEMSELVES OR OTHERS NAVOS OFFERS A STRUCTURED ENVIRONMENT OF INDIVIDUAL PATIENT EVALUATION, TREATMENT AND DISCHARGE PLANNING TAKES PLACE WITH EVERY PATIENT ALONG WITH PSYCHIATRIC AND STABILIZATION SERVICES, NAVOS PROVIDES INPATIENT ADJUNCTIVE THERAPIES, INCLUDING THERAPEUTIC GROUPS, RECREATION AND ACTIVITIES, ART THERAPY, DANCE/MOVEMENT THERAPY, PSYCHODRAMA, POETRY THERAPY AND PSYCHO-SOCIAL EDUCATION FORM 990, PART III, LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS OUTPATIENT SERVICES - ADULT/CHILD/FAMILY QUALIFIED MASTERS LEVEL STAFF WORK WITH ADULTS/CHILDREN/TEAMS/FAMILIES TO HELP OVERCOME SITUATIONS THAT HARM OR DISRUPT EMOTIONAL GROWTH THERAPISTS ARE TRAINED TO WORK WITH CLIENTS FROM DIVERSE CULTURES AND ETHNICITIES NAVOS OFFERS A RANGE OF THERAPIES, INCLUDING PLAY THERAPY FOR YOUNG CHILDREN, INDIVIDUAL AND GROUP THERAPY NAVOS IS RECOGNIZED IN WASHINGTON STATE AS A PIONEERING AGENCY INCORPORATING RECOVERY CONCEPTS IN CLINICAL PROGRAMS TO EMPOWER CLIENTS AND PARTNER WITH THEM EVALUATION OF THE CLIENT'S NEED IS MADE INCLUDING ASPECTS OF PRESENT PROBLEMS, FAMILY HISTORY, MEDICAL/MENTAL HEALTH AND DESIRED OUTCOMES OF TREATMENT A SERVICE PLAN IS THEN DEVELOPED THE PLAN IDENTIFIES ANY ADVOCACY NEEDED AND IS PERIODICALLY REVIEWED AND UPDATED BY THE CLIENT AND CLINICAL STAFF NAVOS HAS DEVELOPED A SUCCESSFUL TRAINING PROGRAM TO DEVELOP PEER COUNSELORS AND RELIES ON THESE COUNSELORS TO HELP CLIENTS ACHIEVE THE GOALS THEY CHOOSE NAVOS ALSO PROVIDES SUPPORTED EMPLOYMENT AND CHEMICAL DEPENDENCY PROGRAMS FORM 990, PART III, LINE 4C PROGRAM SERVICE ACCOMPLISHMENTS RESIDENTIAL TREATMENT AND SUPPORTIVE HOUSING NAVOS HAS DEVELOPED AND OPERATES RESIDENTIAL PROGRAMS FOR CHILDREN, ADULTS AND OLDER ADULTS BECAUSE TREATMENT OF PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS IS INEFFECTIVE WITHOUT SAFE AND SECURE HOUSING NAVOS OWNS THE FACILITIES IN WHICH CERTAIN PROGRAMS ARE OPERATED, LEASES OTHER FACILITIES AND RENTS APARTMENTS FROM COMMERCIAL LANDLORDS WHERE APPROPRIATE COUNTY CONTRACTS PROVIDE THE PRINCIPAL SOURCE OF FUNDING FOR NAVOS'S RESIDENTIAL PROGRAMS INDIVIDUALS 60 AND OLDER ARE PROVIDED ASSISTANCE TO LIVE LIVES THAT ARE AS SATISFYING AND INDEPENDENT AS POSSIBLE, DESPITE THE CHALLENGES MENTAL ILLNESS POSES NAVOS SERVES POPULATIONS IN INDIVIDUAL HOMES, AS WELL AS NURSING HOMES, SUPPORTED HOUSING AND RESIDENTIAL TREATMENT PROGRAMS FORM 990, PART III, LINE 4D Description of Other Program Services NAVOS OPERATES A CONSORTIUM CONSISTING OF 22 SUBCONTRACTORS TO OFFER MEDICAID FUNDED MENTAL HEALTH SERVICES THROUGHOUT KING COUNTY ADDITIONALLY, THERE ARE PROGRAMS FOR EMPLOYMENT TRAINING FORM 990, PART VI, LINE 6 CLASSES OF MEMBERS THE SOLE CORPORATE MEMBER IS MULTICARE HEALTH</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, PART III, LINE 4A | LTH SYSTEM, A RELATED TAX-EXEMPT ORGANIZATION MULTICARE SHALL ACT THROUGH ITS CHIEF EXECUTIVE OFFICER OR DESIGNEE AS NAVOS'S SOLE CORPORATE MEMBER FORM 990, PART VI, LINE 7A CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THE CHIEF EXECUTIVE OFFICER OR DESIGNEE OF MULTICARE HEALTH SYSTEM, AS THE SOLE CORPORATE MEMBER, HAS THE POWER TO APPOINT OR REMOVE ANY ELECTED DIRECTOR ON THE BOARD OF DIRECTORS OF NAVOS FORM 990, PART VI, LINE 7B DECISIONS REQUIRING APPROVAL THE DECISIONS THAT REQUIRE THE SOLE CORPORATE MEMBER MULTICARE HEALTH SYSTEM APPROVAL ARE APPOINTMENT AND REMOVAL OF ELECTED DIRECTORS, ANNUAL CAPITAL AND OPERATING BUDGETS, INCLUDING COMPENSATION PLANS, STRATEGIC PLANS, SELECTION AND APPOINTMENT OF THE CEO OF NAVOS, INCURRENCE OF INDEBTEDNESS, SALE OR DISPOSITION OF REAL PROPERTY, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS, AND MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS ALL OTHER DECISIONS ARE MADE BY THE NAVOS DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART VI, LINE 11B | PROCESS USED BY THE MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY THE INTERNAL TAX STAFF AND IS REVIEWED BY AN OUTSIDE ACCOUNTING FIRM INITIAL REVIEWS WERE PERFORMED BY LEVELS OF MANAGEMENT IN VARIOUS DEPARTMENTS THROUGHOUT THE ORGANIZATION, THE CHIEF OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER A REVIEW WAS THEN PERFORMED BY THE AUDIT COMMITTEE OF THE MULTICARE HEALTH SYSTEM BOARD, AND INCLUDED A PRESENTATION BY THE OUTSIDE ACCOUNTING FIRM LASTLY, A COPY OF THE FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, WAS PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO ITS FILING WITH THE IRS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 12C | PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSONS A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, C) HAS AGREED TO COMPLY WITH THE POLICY AND D) UNDERSTANDS THAT THE CORPORATION IS A TAX EXEMPT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE BOARD IS RESPONSIBLE FOR MAKING SURE PERIODIC REVIEWS OF THE STATEMENTS ARE DONE AND MAY USE OUTSIDE ADVISORS IF A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON MAY PRESENT TO THE BOARD, BUT MUST LEAVE DURING THE DISCUSSION OF AND VOTE ON THE CONFLICT OF ISSUE TRANSACTION OR ARRANGEMENT A DISINTERESTED PERSON OR COMMITTEE IS APPOINTED TO INVESTIGATE ALTERNATIVES AND THE BOARD MUST EXERCISE DUE DILIGENCE TO DETERMINE IF THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT REGARDING COMPENSATION, A VOTING MEMBER OF THE BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON COMPENSATION MATTERS APPROPRIATE DISCIPLINARY AND CORRECTION ACTION MAY BE TAKEN AGAINST INTERESTED PERSONS WHO FAIL TO DISCLOSE A CONFLICT OF INTEREST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 15A | THE COMPENSATION OF NAVOS'S CEO IS ESTABLISHED AND APPROVED BY A COMPENSATION COMMITTEE OF INDEPENDENT BOARD MEMBERS. IN DETERMINING APPROPRIATE COMPENSATION, THE COMMITTEE ANNUALLY CONSIDERS COMPENSATION SURVEYS AND SALARY EXPENSE FOR COMPARABLE ORGANIZATIONS, AS REPORTED ON FORM 990. COMPENSATION IS DOCUMENTED USING A WRITTEN EMPLOYMENT CONTRACT WHICH IS UPDATED EVERY SIX MONTHS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY & FINANCIAL STATEMENTS NAVOS'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON NAVOS'S WEBSITE AND BY REQUEST NAVOS DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FORM 990, PART X, LINES 20 & 23 THE BEGINNING BALANCE OF SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES WAS UPDATED FROM \$54,590,825 IN THE PRIOR YEAR TO \$46,227,562 \$8,363,263 OF TAX-EXEMPT BOND LIABILITIES WERE INADVERTENTLY INCLUDED IN SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN FUND BALANCE ASSET TRANSFER FROM MULTICARE HEALTH SYSTEM \$2,296,984 ROUNDING \$3 ----- TOTAL \$2,296,987 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Navos

Employer identification number

91-0848698

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) REDICLINIC OF WA LLC 9 E GREENWAY PLAZA STE 2950 HOUSTON, TX 77046 47-1808980 | HEALTHCARE | TX | NA | N/A | | | | | | | | |
| (2) OLYMPIC SPORTS & SPINE PLLC 6050 TACOMA MALL BLVD TACOMA, WA 98409 82-2950138 | HEALTHCARE SVCS | WA | NA | N/A | | | | | | | | |
| (3) AUBURN IMAGING PARTNERS PO BOX 26730 FEDERAL WAY, WA 98093 20-2539907 | HEALTHCARE SVCS | WA | NA | N/A | | | | | | | | |
| (4) VP SURGERY OF AUBURN 1002 15TH AVE SW STE 215 AUBURN, WA 98001 37-1668651 | HEALTHCARE SVCS | WA | NA | N/A | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) MEDIS CORPORATION 315 S K STREET TACOMA, WA 98405 91-1111928 | MEDICAL BUILDING | WA | NA | C CORP | | | | Yes | |
| (2) ROCKWOOD CLINIC PS 800 WEST FIFTH AVENUE SPOKANE, WA 99204 91-1352993 | HEALTHCARE SVCS | WA | NA | C CORP | | | | Yes | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | Yes | No |
|--|-----------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes |
| o Sharing of paid employees with related organization(s) | 1o | Yes |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | Yes |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) NAVOS MULTI-TREATMENT CENTER | k | 187,702 | CASH |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|----------------------|---|
| SCHEDULE R, PART III | IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP REDICLINIC OF WA, LLC EIN 47-1808980 ADDRESS 9 E GREENWAY PLAZA, STE 2950, HOUSTON, TX 77046 OLYMPIC SPORTS & SPINE, PLLC EIN 82-2950138 ADDRESS 6050 TACOMA MALL BLVD, TACOMA, WA 98409 AUBURN IMAGING PARTNERS EIN 20-2539907 ADDRESS P O BOX 26730, FEDERAL WAY, WA 98093 VP SURGERY OF AUBURN EIN 37-1668651 ADDRESS 1002 15TH AVE SW, STE 215, AUBURN, WA 98001 |

Schedule Form 9020

Additional Data

Software ID:
Software Version:
EIN: 91-0848698
Name: Navos

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| PO BOX 46420 SEATTLE, WA 98146 45-4031562 | LEASING & RE | WA | 501(c)(3) | 12A - I | MHS | Yes | |
| 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 91-1352172 | HOSPITAL | WA | 501(C)(3) | 3 | NA | | No |
| 402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372 91-2004312 | CONTRIBUTIONS | WA | 501(C)(3) | 7 | MHS | Yes | |
| 409 S J STREET TACOMA, WA 98405 91-1514257 | CONTRIBUTIONS | WA | 501(C)(3) | 7 | MHS | Yes | |
| 737 FAWCETT AVE TACOMA, WA 98402 46-5636491 | CONTRIBUTIONS | WA | 501(C)(3) | 7 | MHS | Yes | |
| 9330 59TH AVE SW LAKEWOOD, WA 98499 91-6064184 | HOSPITAL | WA | 501(C)(3) | 3 | MHS | Yes | |
| 222 N J STREET TACOMA, WA 98403 47-5457904 | HOSPITAL | WA | 501(C)(3) | 3 | MHS | Yes | |
| 409 S J STREET TACOMA, WA 98405 94-3030039 | CONTRIBUTIONS | WA | 501(C)(3) | 7 | MHS | Yes | |
| 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 82-2949880 | CONTRIBUTIONS | WA | 501(C)(3) | 10 | MHS | Yes | |