

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

**D** Employer identification number: 91-0848698

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 PO Box 46420

**E** Telephone number: (206) 933-7189

City or town, state or province, country, and ZIP or foreign postal code  
 Seattle, WA 981460420

**G** Gross receipts \$ 61,704,109

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	761
<b>6</b> Total number of volunteers (estimate if necessary)	6	108
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,420,820	1,385,466
<b>9</b> Program service revenue (Part VIII, line 2g)	60,638,810	60,212,127
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,625,257	-10,651
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,764	26,318
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,680,123	61,613,260

	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,395,337	41,821,097
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 489,585		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,703,232	22,424,068
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,098,569	64,245,165
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,581,554	-2,631,905

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	70,253,526	77,198,430
<b>21</b> Total liabilities (Part X, line 26)	41,522,904	44,184,620
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	28,730,622	33,013,810

## 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: 2020-11-16  
 TIM HOLMES BHN CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01517527  
 Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ 221 E 4TH STREET SUITE 2900 Phone no. (512) 612-1400  
 CINCINNATI, OH 45202

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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 \$ 19,718,364 including grants of \$ ) (Revenue \$ 20,859,367 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 11,804,642 including grants of \$ ) (Revenue \$ 13,421,843 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 14,876,648 including grants of \$ ) (Revenue \$ 15,848,267 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 8,198,413 including grants of \$ ) (Revenue \$ 10,082,650 )

**4e Total program service expenses** ▶ 54,598,067

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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 (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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:

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeff Korcz Psychiatrist	40.0 0.1					X		342,817	0	16,502
(2) DAVID JOHNSON CEO	40.0 0.5			X				0	337,192	14,120
(3) MARYLOUISE JONES CCO (THRU 6/19)	40.0 0.5			X				295,790	0	4,421
(4) BRIAN COLEMAN PSYCHIATRIST	30.0 10.0					X		279,817	0	13,577
(5) GEORGE PETZINGER MED. DIR. CHILDREN'S SRVCS	30.0 10.0					X		272,088	0	6,174
(6) Diane McCleave Registered Nurse	40.0 0.5					X		246,735	0	8,718
(7) Pamela Abramowicz ADVANCE RN PRACTITIONER	40.0 0.0					X		202,794	0	13,702
(8) LAREL KELSO OP-CHIEF CLINICAL OFFICER	40.0 0.5			X				126,389	0	7,297
(9) MAURICE LEE CCO (FROM 11/19)	40.0 0.5			X				42,879	0	427
(10) Patti Neuberger SECRETARY	0.5 0.5	X		X				0	0	0
(11) Don Gillmore President	0.5 0.5	X		X				0	0	0
(12) Rebeca Dawn DIRECTOR	0.5 0.5	X						0	0	0
(13) Jean Ellsworth Member Emerita	0.5 0.5	X						0	0	0
(14) Charles Hoffman Director	0.5 0.5	X						0	0	0
(15) Carrie Holmes DIRECTOR	0.5 0.5	X						0	0	0
(16) Brian Abeel VICE PRESIDENT/TREASURER	0.5 0.5	X		X				0	0	0
(17) Mike Sweeney 2ND VICE PRESIDENT	0.5 0.5	X		X				0	0	0





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	307,510				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	513,418				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	564,538				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	37,518				
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,385,466			
<b>Program Service Revenue</b>	<b>2a</b> KING COUNTY - BEHAV HEALT	Business Code	26,055,809	26,055,809	0	0	
	<b>b</b> KING COUNTY - OTHER SERVI	624100	5,481,219	5,481,219	0	0	
	<b>c</b> MEDICARE/MEDICAID NET	624100	17,113,980	17,113,980	0	0	
	<b>d</b> STATE DSH, CTED AND OTHER	624100	7,725,127	7,725,127	0	0	
	<b>e</b> 3RD PARTY INS & SELF PAY	624100	3,835,992	3,835,992	0	0	
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .		60,212,127				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		285			285	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	106,231				
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)	106,231	0			
	<b>d</b> Net rental income or (loss) . . . . .		106,231			106,231	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		0			
		<b>b</b> Less: cost or other basis and sales expenses			10,936		
		<b>7c</b> Gain or (loss)			-10,936		
	<b>d</b> Net gain or (loss) . . . . .		-10,936			-10,936	
	<b>8a</b> Gross income from fundraising events (not including \$ 307,510 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>		0			
<b>8b</b> Less: direct expenses . . . . .			79,913				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-79,913			-79,913		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>		0				
	<b>9b</b> Less: direct expenses . . . . .		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .		0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>		0				
	<b>10b</b> Less: cost of goods sold . . . . .		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0					
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			61,613,260	60,212,127	0	15,667	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	466,800	132,222	334,578	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	33,695,433	29,046,179	4,379,405	269,849
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	577,684	518,353	54,878	4,453
<b>9</b> Other employee benefits . . . . .	4,044,058	3,443,763	578,270	22,025
<b>10</b> Payroll taxes . . . . .	3,037,122	2,622,686	390,862	23,574
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	774,376	407,746	366,630	0
<b>b</b> Legal . . . . .	70,522	13,965	56,557	0
<b>c</b> Accounting . . . . .	120,000	0	120,000	0
<b>d</b> Lobbying . . . . .	3,452	0	3,452	0
<b>e</b> Professional fundraising services. See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	581,810	350,479	205,227	26,104
<b>12</b> Advertising and promotion . . . . .	56,591	300	1,581	54,710
<b>13</b> Office expenses . . . . .	758,385	480,315	253,321	24,749
<b>14</b> Information technology . . . . .	1,266,303	310,081	954,032	2,190
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	2,744,305	2,520,527	190,069	33,709
<b>17</b> Travel . . . . .	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	122,451	59,610	60,400	2,441
<b>20</b> Interest . . . . .	819,468	693,779	125,689	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,185,737	1,400,047	781,124	4,566
<b>23</b> Insurance . . . . .	528,110	331,870	196,240	0
<b>24</b> 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.)				
<b>a</b> BEHAVIORAL HEALTH SERVICE	10,441,886	10,437,643	4,243	0
<b>b</b> FOOD EXPENSE	621,162	615,501	5,526	135
<b>c</b> SUPPLIES EXPENSE	562,343	479,421	65,219	17,703
<b>d</b> PHARMACY & LAB EXPENSE	356,420	334,545	21,625	250
<b>e</b> All other expenses	410,747	399,035	8,585	3,127
<b>25</b> Total functional expenses. Add lines 1 through 24e	64,245,165	54,598,067	9,157,513	489,585
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,800	<b>1</b>	10,500
	<b>2</b> Savings and temporary cash investments . . . . .	2,502,331	<b>2</b>	4,536,755
	<b>3</b> Pledges and grants receivable, net . . . . .	14,171	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,641,348	<b>4</b>	9,135,907
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	125,274	<b>8</b>	142,713
	<b>9</b> Prepaid expenses and deferred charges . . . . .	714,395	<b>9</b>	880,616
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 65,966,340		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,733,968	53,364,766	<b>10c</b> 55,232,372
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	2,654,764	<b>14</b>	2,447,624
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,224,677	<b>15</b>	4,811,943
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	70,253,526	<b>16</b>	77,198,430	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,881,534	<b>17</b>	6,232,387
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	63,331	<b>19</b>	155,224
	<b>20</b> Tax-exempt bond liabilities . . . . .	7,965,198	<b>20</b>	5,549,967
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	25,176,416	<b>23</b>	22,790,284
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	2,436,425	<b>25</b>	9,456,758
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	41,522,904	<b>26</b>	44,184,620
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	24,065,874	<b>27</b>	28,141,168
	<b>28</b> Net assets with donor restrictions . . . . .	4,664,748	<b>28</b>	4,872,642
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	28,730,622	<b>32</b>	33,013,810	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	70,253,526	<b>33</b>	77,198,430	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	61,613,260
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	64,245,165
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,631,905
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	28,730,622
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	587,266
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,327,827
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	33,013,810

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0848698

**Name:** Navos

Form 990 (2019)

---

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 1**  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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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-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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	0
<b>d</b> Mailings to members, legislators, or the public? .....		No	0
<b>e</b> Publications, or published or broadcast statements? .....		No	0
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	0
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	0
<b>i</b> Other activities? .....	Yes		3,452
<b>j</b> Total. Add lines 1c through 1i .....			3,452
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 \$3,452 ARE INCURRED AS PART OF MEMBERSHIP DUES PAID TO WASHINGTON HOSPITAL ASSOCIATION WHICH PARTICIPATES IN LOBBYING ACTIVITIES.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		13,804,850		13,804,850
<b>b</b> Buildings . . . . .		42,200,509	5,816,173	36,384,336
<b>c</b> Leasehold improvements			0	
<b>d</b> Equipment . . . . .		7,199,324	4,575,222	2,624,102
<b>e</b> Other . . . . .		2,761,657	342,573	2,419,084
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				55,232,372

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	3,685,219
(2) EGTVEDT TRUST-BENEFICIAL INT	1,126,724
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,811,943

**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
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,456,758

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.

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

**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.

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

**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

# 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**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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 10 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			
<b>Total</b>						

**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) Total events
		<u>Minds Luncheon</u> (event type)	(event type)	<u>0</u> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	307,510			307,510
<b>2</b>	Less: Contributions . . . . .	307,510			307,510
<b>3</b>	Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	25,282			25,282
	<b>7</b> Food and beverages . . . . .	8,427			8,427
	<b>8</b> Entertainment . . . . .	19,374			19,374
	<b>9</b> Other direct expenses . . . . .	26,830			26,830
	<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-79,913

**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))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
91-0848698

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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 <u>300 %</u>	Yes	
<b>b</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 <u>500 %</u>	Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		No
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			16,097,341		16,097,341	25.050 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			10,416,579	8,179,399	2,237,179	3.480 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			31,133,474	33,705,592		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			57,647,394	41,884,991	18,334,520	28.530 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			959,741	490,751	468,990	0.730 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			0	0	0	0 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			2,159,171	3,092,759		
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			11,141		11,141	0.020 %
<b>j Total.</b> Other Benefits . . . . .			3,130,053	3,583,510	480,131	0.750 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			60,777,447	45,468,501	18,814,651	29.280 %

**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						
<b>10 Total</b>						

**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	200
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	300
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-100
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**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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

**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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b>	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	
<b>6 a</b>	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>b</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 . . . . .	Yes	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	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	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 500. _____%		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .		No
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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? . . . . .	17	Yes
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
-----------	---	----	-----

**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
<b>23</b>		No
<b>24</b>		No



**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	<p>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 HELTH SERVICES - LINE 7G- AND 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. 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. 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.</p>
SCHEDULE H, PART III, LINE 8	<p>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 FUNDINGSOURCE AND SEGMENTS LISTED.</p>

**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.
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
SCHEDULE H, PART VI, LINE 5	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.
SCHEDULE H, PART VI, LINE 6	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 AND GREATER LAKES MENTAL HEALTH, 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



## 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**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	NAVOS PSYCHIATRIC HOSPITAL 2600 SW Holden Street Seattle, WA 98126 WWW.NAVOS.ORG LICENSE: 601-009-3	X								Psychiatric Hospital	

**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 PRIORITIZING. - 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 FOR PURPOSES OF THE 2018/2019 CHNA, THE COMMITTEE UTILIZED INTERVIEWS OF STAKEHOLDERS, CONSULTING OF RECENT COMMUNITY REPORTS, AS WELL AS OTHER HOSPITAL CHNAs. AFTER COMPILING A LIST OF INDICATORS, DATA FROM LOCAL, STATE, AND NATIONAL SOURCES, WAS UTILIZED FOR STATISTICAL ANALYSIS. FOR THE PREVIOUS 2015/2016 KING COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, A COMMITTEE OF REPRESENTATIVES FROM HOSPITALS FOR A HEALTHIER COMMUNITY (HHC), FACILITATED BY PUBLIC HEALTH-SEATTLE &amp; KING COUNTY (PHSKC) STAFF, USED A COMMUNITY HEALTH FRAMEWORK AND POPULATION-BASED APPROACH FOR THE REPORT TO IDENTIFY HEALTH NEEDS AND DEVELOP CRITERIA FOR INDICATORS USED TO MEASURE HEALTH NEEDS. THE GROUP FINALIZED THE SELECTION OF INDICATORS WITH FEEDBACK FROM PUBLIC HEALTH AND HOSPITAL STAFF. COMMITTEE MEMBERS PLANNED A SUCCINCT REPORT FOCUSED ON KEY INDICATORS THAT RELATE TO THE HOSPITALS/COMMUNITIES' ASSETS AND RESOURCES AND INFORM FUTURE COLLECTIVE STRATEGIES. THESE INDICATORS WERE TO BE FOCUSED ON POPULATION-BASED PREVENTIVE STRATEGIES AND PROMOTE POLICY/SYSTEMS/ENVIRONMENTAL CHANGE FOR MAXIMUM POPULATION HEALTH IMPACT. IT WAS ALSO RECOGNIZED THAT PARTNERSHIPS BETWEEN HOSPITALS, COMMUNITY ORGANIZATIONS, AND COMMUNITIES ARE KEY TO SUCCESSFUL STRATEGIES TO ADDRESS COMMON HEALTH NEEDS. COMMITTEE MEMBERS FROM HHC AND OTHER REPRESENTATIVES SERVED AS SUBJECT MATTER EXPERTS AND HELPED IDENTIFY POPULATION-LEVEL HEALTH NEEDS. TO IDENTIFY COMMUNITY CONCERNS AND ASSETS, THEY INTERVIEWED STAKEHOLDERS, CONSULTED RECENT COMMUNITY-BASED REPORTS, AND PULLED INFORMATION FROM PREVIOUS HOSPITAL CHNAs. THE GROUP REACHED CONSENSUS TO FOCUS PARTICULARLY ON ACCESS TO CARE, PREVENTABLE CAUSES OF DEATH, MATERNAL AND CHILD HEALTH, BEHAVIORAL HEALTH, AND VIOLENCE &amp; INJURY PREVENTION. WHILE HOSPITALS AND HEALTH SYSTEMS REACHED CONSENSUS ON A CORE SET OF TOPIC AREAS, EACH HOSPITAL MAY ALSO GATHER ADDITIONAL INFORMATION SPECIFIC TO ITS SERVICE AREA. RECOGNIZING THAT THE CHNA IS NOT INTENDED TO PROVIDE COMPREHENSIVE DATA FOR EACH SPECIALIZED TOPIC, INDICATORS WERE SELECTED ACCORDING TO THE FOLLOWING CRITERIA: 1. AVAILABILITY OF HIGH-QUALITY DATA THAT ARE POPULATION-BASED (WHERE POSSIBLE), MEASURABLE, ACCURATE, RELIABLE, AND REGULARLY UPDATED. DATA SHOULD FOCUS ON RATES RATHER THAN COUNTS. 2. ABILITY TO MAKE VALID COMPARISONS TO A BASELINE OR BENCHMARK. 3. PREVENTION ORIENTATION WITH CLEAR SENSE OF DIRECTION FOR ACTION BY HOSPITALS FOR INDIVIDUAL, COMMUNITY, SYSTEM, HEALTH SERVICE, OR POLICY INTERVENTIONS THAT WILL LEAD TO COMMUNITY HEALTH IMPROVEMENT. 4. ABILITY TO MEASURE PROGRESS OF A CONDITION OR PROCESS THAT CAN BE IMPROVED BY INTERVENTION/ POLICY/SYSTEM CHANGE, AND THERE EXIST</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 3e	<p>STS A CAPACITY TO AFFECT CHANGE. 5. ABILITY TO ADDRESS HEALTH EQUITY, PARTICULARLY BY AGE, GENDER, RACE/ETHNICITY, GEOGRAPHY, SOCIOECONOMIC STATUS, ALTHOUGH NOT ALL DEMOGRAPHIC BREAKDOWNS MAY BE AVAILABLE FOR ALL INDICATORS. 6. ALIGNMENT WITH LOCAL AND NATIONAL HEALTH CARE REFORM EFFORTS INCLUDING THE TRIPLE AIM. FOR THE PURPOSE OF THE 2018/2019 KING COUNTY CHNA, A COMMITTEE OF HHC REPRESENTATIVES, FACILITATED BY PHSKC STAFF, REVISITED THE ORIGINAL LIST OF INDICATORS AND OPTED TO REMOVE A SHORT LIST OF 12 INDICATORS FOR WHICH TIMELY AND/OR ACTIONABLE DATA ARE NOT CURRENTLY AVAILABLE IN KING COUNTY. A FEW ADDITIONAL INDICATORS WERE ADDED TO THE CHNA TO REFLECT EMERGING OR MORE WIDELY ACCEPTED COMMUNITY HEALTH NEEDS, SUCH AS THE OPIOID EPIDEMIC. ALL REMOVAL AND ADDITION OF INDICATORS WAS CONDUCTED IN A MANNER CONSISTENT WITH THE AFOREMENTIONED SELECTION CRITERIA. THE FINAL SET OF INDICATORS WERE ANALYZED, USING APPROPRIATE STATISTICAL METHODS, BY PUBLIC HEALTH SEATTLE &amp; KING COUNTY. DATA WERE COMPILED FROM LOCAL, STATE, AND NATIONAL SOURCES SUCH AS THE U.S. CENSUS BUREAU, U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, WASHINGTON STATE DEPARTMENT OF HEALTH, AND KING COUNTY.</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 CHI FRANCISCAN HEALTH - ST. ELIZABETH HOSPITAL, ST. FRANCIS HOSPITAL, HIGHLINE MEDICAL CENTER, REGIONAL HOSPITAL KAISER PERMANENTE MULTICARE HEALTH SYSTEM - AUBURN MEDICAL CENTER, COVINGTON MEDICAL CENTER OVERLAKE MEDICAL CENTER SEATTLE CANCER CARE ALLIANCE SEATTLE CHILDREN'S SWEDISH MEDICAL CENTER - BALLARD CAMPUS, CHERRY HILL CAMPUS, FIRST HILL CAMPUS, ISSAQUAH CAMPUS UW MEDICINE - HARBORVIEW MEDICAL CENTER, NORTHWEST HOSPITAL & MEDICAL CENTER, UW MEDICAL CENTER, VALLEY MEDICAL CENTER VIRGINIA MASON SCHEDULE H, PART V, SECTION B, LINE 6B PUBLIC HEALTH DEPARTMENTS OF SEATTLE AND KING COUNTY

**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: <a href="https://www.navos.org/wp-content/uploads/2018-2019-Joint-CHNA-Report.pdf">https://www.navos.org/wp-content/uploads/2018-2019-Joint-CHNA-Report.pdf</a> OTHER WEBSITE: <a href="https://www.kingcounty.gov/depts/health/data/community-health-indicators/~ /media/depts/health/data/documents/2018-2019-joint-chna-report.ashx">HTTPS://WWW.KINGCOUNTY.GOV/DEPTS/HEALTH/DATA/COMMUNITY-HEALTH-INDICATORS/~ /MEDIA/DEPTS/HEALTH/DATA/DOCUMENTS/2018-2019-JOINT-CHNA-REPORT.ASHX</a> SCHEDULE H, PART V, SECTION B, LINE 8 THOUGH NAVOS COMPLETED A NEW CHNA IN 2019, THE HOSPITAL FACILITY WAS NOT ABLE TO ADOPT THE ASSOCIATED IMPLEMENTATION STRATEGY. NAVOS IS ELIGIBLE FOR AND IS RELYING ON THE RELIEF PROVIDED IN IRS NOTICE 2020-56 AND SHOULD NOT BE TREATED AS FAILING TO MEET THE REQUIREMENTS OF SECTION 501(R)(3). NAVOS BOARD WILL ADOPT THE IMPLEMENTATION STRATEGY PRIOR TO DECEMBER 31, 2020. SCHEDULE H, PART V, SECTION B, LINE 9 NAVOS IS ELIGIBLE FOR AND IS RELYING ON THE RELIEF PROVIDED IN IRS NOTICE 2020-56 AND SHOULD NOT BE TREATED AS FAILING TO MEET THE REQUIREMENTS OF SECTION 501(R)(3). NAVOS BOARD WILL ADOPT THE IMPLEMENTATION STRATEGY RELATED TO THE 2019 CHNA PRIOR TO DECEMBER 31, 2020.

**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	<p>NAVOS IS ELIGIBLE FOR AND IS RELYING ON THE RELIEF PROVIDED IN IRS NOTICE 2020-56 AND WILL ADOPT AN IMPLEMENTATION STRATEGY RELATED TO THE 2019 CHNA BY DECEMBER 31, 2020. THE FOLLO WING IS THE DISCLOSURE RELATED TO THE 2016 CHNA AND INCLUDES THE NEEDS IDENTIFIED THAT NAV OS HAS BEEN ADDRESSING: 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. INTEGRATED HEALTHCARE IS PROVIDED TO OUR PATIENTS VIA OUR MEDICAL TEAM, BEHAVIORAL HEALTHCARE TEAM, ADJUNCTIVE THERAPIES, PSYCHIATRIC PROVIDERS AND SOCIAL SERVICES INCLUDING PARTNERSHIP WITH KING COUNTY PUBLIC MENTAL HEALTH AND WELLNESS 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. TO TREAT PATIENTS, NAVOS PRESCRIBES NALOXONE, AS APPROPRIATE, TO PATIENTS SO THAT THEY MAY 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. Discharge planners are employed to DECREASE CASELOAD AND IMPROVE COORDINATION OF SERVICES BETWEEN INPATIENT AND OUTPATIENT. PEER BRIDGERS OFFERS SUPPORT TO PATIENTS INCLUDING ASSISTANCE WITH OBTAINING MEDICATIONS, ARRANGING FOLLOW UP CARE, AND ASSISTANCE WITH 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. NAVOS' SOCIAL SERVICES DEPARTMENT HAS A SUBSTANCE USE DISORDER PROFESSIONAL (SUDP) ON STAFF 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. 7. SOME HOSPITALS ARE PLANNING TO OPEN ADDITIONAL PSYCHIATRIC TREATMENT BEDS, INCLUDING BEDS FOR ADOLESCENTS. MEDICAID WILL COVER PSYCHIATRIC SERVICES WITHIN FREESTANDING PSYCHIATRIC HOSPITALS. 8. APPLYING TRAUMA INFORMED CARE PRINCIPLES WITHIN HEALTHCARE FACILITIES CAN REDUCE UNNECESSARY TRAUMA</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>FOR PEOPLE LIVING WITH A MENTAL ILLNESS OR TRAUMA IMPACTS. IMPLEMENTED TRAUMA INFORMED PRINCIPLES COMPLETED INITIAL TRAINING OF ALL STAFF ALONG WITH YEARLY REFRESHERS AS WELL AS TRAINING FOR NEWLY HIRED PROFESSIONALS. WE HAVE A TRAUMA INFORMED CARE POLICY AND ADDED THE TENETS TO OUR EMPLOYEE PERFORMANCE PLANS. WE HAVE INCREASED OUR USE OF PEERS TO ENSURE CLIENT VOICE AND CHOICE IN THEIR TREATMENT. ALL STAFF ARE EDUCATED ON THE NEUROBIOLOGY OF TRAUMA. ADDITIONAL CARE IS TAKEN TO CONSIDER TRAUMA WHEN DESIGNING THE ENVIRONMENT OF THE FACILITIES INCLUDING THE PICTURES ON THE WALLS, MAGAZINES IN THE LOBBIES, AND COLOR SCHEMES. 9. DISPARITIES IN ADVERSE BIRTH OUTCOMES PERSIST, AND THE PERCENTAGE OF BIRTHS IN WHICH MOTHERS OBTAINED EARLY AND ADEQUATE PRENATAL CARE IS TOO LOW. COMMUNITY-BASED ORGANIZATIONS STRESS THE IMPORTANCE OF BABY-FRIENDLY HOSPITALS, QUALITY PRENATAL CARE, AND ONGOING SOCIAL SUPPORT, AS OFFERED BY HOME VISITING PROGRAMS. 10. DEATHS DUE TO FALLS AND SUICIDE ARE BOTH RISING; AND DISTRACTED/IMPAIRED DRIVING CONCERNS BOTH COMMUNITY MEMBERS AND LAW-ENFORCEMENT OFFICIALS. OPPORTUNITIES INCLUDE REGIONAL COORDINATION AND STANDARD IMPLEMENTATION OF BEST PRACTICE IN VIOLENCE INJURY AND PREVENTION (INCLUDING PREVENTION-RELATED PRIMARY CARE ASSESSMENT/SCREENING). OUR AGENCY CONTINUES TO REFINE OUTCOME CLINICAL 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 HEALTH CARE IN THE NAVOS/ PUBLIC HEALTH PRIMARY CARE CLINIC TO ADULTS WITH SERIOUS MENTAL ILLNESS - PROVIDE WELLNESS SUPPORT THROUGH WELLNESS CLASSES, DROP-IN WELLNESS EDUCATION SESSIONS, COOKING CLASSES, SUPPORT GROUPS, AND NUTRITIONAL COUNSELING WITH THE INTENTION TO FOSTER SELF-SUFFICIENCY THROUGH EDUCATION - CONTINUE TO DEVELOP CLINICAL PATHWAYS TO IDENTIFY AND TREAT COMMON HEALTH CONDITIONS AFFECTING LOW-INCOME ADULTS WITH SERIOUS MENTAL ILLNESS INCLUDING METABOLIC SYNDROME, DIABETES AND HYPERTENSION - CREATE A NAVOS CONSUMER ADVISORY BOARD TO INCLUDE MEMBERS PARTICIPATING IN TREATMENT AND SUPPORT SERVICES THROUGHOUT NAVOS, INCLUDING 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 TERMS BEING IDENTICAL WITH ONE EXCEPTION: AN INCREASE IN THE RATE NAVOS RECEIVES FOR PROVIDING CLINICAL EDUCATION AND CONSULTATION SERVICES NAVOS WAS GIVEN A 40% RAISE BY NKC. SPECIFICALLY, THE HOURLY COMPENSATION RATE INCREASED FROM \$125/HOUR TO \$175/HOUR. THE CLINICAL EDUCATION AND CONSULTATION SERVICES CONTINUE PER THE PREVIOUS AGREEMENT (JUNE 2016-JUNE 2018). NAVOS' 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 SENTINEL EVENT DEBRIEFING AND OTHER RELEVANT CONSULTATION SERVICES. MEDICAL SPECIALISTS/PRIMARY-CARE TEAM</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	M INVOLVEMENT STARTS AT SCREENING FOR ADMISSION (REVIEWING MEDICAL STATUS OF REFERRALS 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/DISCHARGE OF MEDICAL ADMISSION ELSEWHERE IF A PATIENT'S MEDICAL STATUS TAKES A DOWNTURN AND NEED A HIGHER LEVEL OF CARE. AS NAVOS HOSPITAL TREATS ONLY PATIENTS IN URGENT PSYCHIATRIC DISTRESS, MATERNAL AND CHILD VIOLENCE WILL NOT BE ADDRESSED. OTHER ORGANIZATIONS IN OUR COMMUNITY 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	<a href="https://www.navos.org/patient-financial-services/">HTTPS://WWW.NAVOS.ORG/PATIENT-FINANCIAL-SERVICES/</a>

**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. NAVOS DOES NOT BILL OR COLLECT FROM PATIENTS DIRECTLY, INSTEAD PATIENTS ARE ASSIGNED BY COURT ORDER AND NAVOS IS REIMBURSED VIA MEDICAID. AS SUCH, PATIENTS DO NOT RECEIVE BILLS AND COLLECTION ACTIONS ARE NOT TAKEN AGAINST PATIENTS.

**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)
<b>1</b> New Burien Campus 1210 SW 136th Street Burien, WA 98166	Outpatient Treatment
<b>1</b> Lake Burien Campus 1033 SW 152nd Street Burien, WA 98166	RES Treatment
<b>2</b> Barda Bulding 2600 SW Holden Street Seattle, WA 98126	Outpatient Treatment
<b>3</b> Independence Bridge 15245 10th Ave SW Burien, WA 98146	Housing
<b>4</b> Highline Village 2604 - 2614 SW Holden Street Seattle, WA 98126	Housing
<b>5</b> PACT Burien Heights Apartments 1115 SW 134th Street Burien, WA 98146	Housing
<b>6</b> Hillcrest Park Apartments 12227 Des Moines Memorial Drive Seattle, WA 98168	Housing
<b>7</b> Conbela Apartments 8424 Delridge Way SW Seattle, WA 98106	Housing
<b>8</b> Cedarstone 13213 Ambaum Blvd SW Burien, WA 98146	Housing
<b>9</b> Highest Residency 15035 8th Ave S Seattle, WA 98148	Older Adult Behavioral Housing
<b>10</b> Lake Apartments 1020 SW 156th Burien, WA 98146	Housing
<b>11</b> Lakewood Apartments 1500 SW 112th Street Seattle, WA 98146	Housing
<b>12</b> PACT Club Palisades 2211 S Star Lake Road Federal Way, WA 98003	Housing
<b>13</b> Weather Vane Apartments - Burien 1123 SW 134th Street Burien, WA 98146	Housing
<b>14</b> 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)
<b>16</b> Valleywood Apartments 801 I Street NE Auburn, WA 98002	Housing
<b>1</b> Evergreen House 818 S 231 Street Des Moines, WA 98198	Housing
<b>2</b> Graduate House 13432 4th Ave SW Seattle, WA 98146	Housing
<b>3</b> Kent 24904 36th Ave S Kent, WA 98032	Older Adult Behavioral Housing
<b>4</b> Occidental 13620 Occidental S Seattle, WA 98168	Housing
<b>5</b> PALS 14611 5th Ave S Seattle, WA 98168	Housing
<b>6</b> Fairway House 1728 S 104th Seattle, WA 98168	Housing
<b>7</b> Nike M-1 23948 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>8</b> Nike M-18 23942 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>9</b> Nike M-2 23956 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>10</b> Nike M-4 23959 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>11</b> Nike M-5 23957 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>12</b> Nike M-6 23951 35th Place S Kent, WA 98032	Older Adult Behavioral Housing
<b>13</b> PACT Bryson Square 24006 108th Place SE Kent, WA 98030	Housing
<b>14</b> 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)
<b>31</b> Endeavor House 14835 42nd Ave S Tukwila, WA 98168	Housing
<b>1</b> NikeMidway Office 23960 35th Pl S Seattle, WA 98032	Older Adult Behavioral Housing
<b>2</b> Geoduck Building 2602 SW Holden Street Seattle, WA 98126	Outpatient Treatment

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Navos

Employer identification number  
91-0848698

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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>	<b>1b</b>									
<p><b>2</b> 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 on Line 1a?</p>	<b>2</b>									
<p><b>3</b> 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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> 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>	<b>7</b>	No								
<p><b>8</b> 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>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									

**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 Diane McCleave Registered Nurse	(i)	246,735	0	0	0	8,718	255,453	0
	(ii)	0	0	0	0	0	0	0
2 Jeff Korcz Psychiatrist	(i)	342,817	0	0	6,856	9,646	359,319	0
	(ii)	0	0	0	0	0	0	0
3 MARYLOUISE JONES CCO (THRU 6/19)	(i)	295,790	0	0	0	4,421	300,211	0
	(ii)	0	0	0	0	0	0	0
4 DAVID JOHNSON CEO	(i)	0	0	0	0	0	0	0
	(ii)	260,000	55,640	21,552	11,785	2,335	351,312	0
5 BRIAN COLEMAN PSYCHIATRIST	(i)	279,817	0	0	5,587	7,990	293,394	0
	(ii)	0	0	0	0	0	0	0
6 Pamela Abramowicz ADVANCE RN PRACTITIONER	(i)	202,794	0	0	4,056	9,646	216,496	0
	(ii)	0	0	0	0	0	0	0
7 GEORGE PETZINGER MED. DIR. CHILDREN'S SRVCS	(i)	272,088	0	0	0	6,174	278,262	0
	(ii)	0	0	0	0	0	0	0

**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.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 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
<b>A</b>	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		04-14-2010	7,500,000	PURCHASE FACILITIES		X		X		X
<b>B</b>	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		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
<b>1</b> Amount of bonds retired . . . . .		0		0				
<b>2</b> Amount of bonds legally defeased . . . . .		0		0				
<b>3</b> Total proceeds of issue . . . . .		7,500,000		3,800,000				
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0				
<b>5</b> Capitalized interest from proceeds . . . . .		0		0				
<b>6</b> Proceeds in refunding escrows . . . . .		0		0				
<b>7</b> Issuance costs from proceeds . . . . .		0		34,000				
<b>8</b> Credit enhancement from proceeds . . . . .		104,911		0				
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0				
<b>10</b> Capital expenditures from proceeds . . . . .		7,395,089		699,640				
<b>11</b> Other spent proceeds . . . . .		0		3,066,360				
<b>12</b> Other unspent proceeds . . . . .		0		0				
<b>13</b> Year of substantial completion . . . . .	2011		2004					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X					
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X			X				
<b>17</b> 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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b> 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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</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?				X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> 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?				X				
<b>4</b> 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 %				
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> 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
Description of Arrangement Related Organization Reporting	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  
**2019**  
**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

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		4,903	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 ▶ See Additional Data				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		No
31	Yes	
32a	Yes	

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't 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.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0848698

**Name:** Navos

### Part I, Lines 25-28

(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
Other ▶ ( FURNITURE )	18	3,769	FAIR MARKET VALUE
Other ▶ ( TICKETS/PASSES )	264	7,348	FAIR MARKET VALUE
Other ▶ ( TOYS/BOOKS )	1,011	8,416	FAIR MARKET VALUE
Other ▶ ( FUEL )	1	1,410	FAIR MARKET VALUE
Other ▶ ( GIFT CARDS )	284	7,969	FAIR MARKET VALUE
Other ▶ ( PROGRAM SUPPLIES )	117	1,169	FAIR MARKET VALUE
Other ▶ ( OFFICE SUPPLIES )	1,075	2,334	FAIR MARKET VALUE
Other ▶ ( FOOD )	1	200	FAIR MARKET VALUE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Navos

**Employer identification number**  
91-0848698

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<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 MASTER 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 13 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	<p>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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B	PROCESS USED BY THE MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C	<p>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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	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. 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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE ASSET TRANSFER FROM MULTICARE HEALTH SYSTEM \$6,327,827

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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	
<b>(1)</b> REDICLINIC OF WA LLC 9 E GREENWAY PLAZA STE 2950 HOUSTON, TX 77046 47-1808980	HEALTHCARE	TX	NA									
<b>(2)</b> OLYMPIC SPORTS & SPINE PLLC 6050 TACOMA MALL BLVD TACOMA, WA 98409 82-2950138	HEALTHCARE SV	WA	NA									
<b>(3)</b> AUBURN IMAGING PARTNERS PO BOX 26730 FEDERAL WAY, WA 98093 20-2539907	HEALTHCARE SV	WA	NA									
<b>(4)</b> VP SURGERY OF AUBURN 1002 15TH AVE SW STE 215 AUBURN, WA 98001 37-1668651	HEALTHCARE SV	WA	NA									

**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
<b>(1)</b> MEDIS CORPORATION 315 S K STREET TACOMA, WA 98405 91-1111928	MEDICAL BUILD	WA	NA	C CORP				Yes	

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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) MultiCare Foundation	C	594,216	ACCRUAL



**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

# 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
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	