

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

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

C Name of organization: INOVA HEALTH SYSTEM FOUNDATION. Doing business as: INOVA HEALTH SYSTEM. Address: 8095 INNOVATION PARK DRIVE FINANCE, FAIRFAX, VA 22031.

D Employer identification number: 54-1071867. E Telephone number: (571) 472-8123. G Gross receipts \$ 893,472,832.

F Name and address of principal officer: J STEPHEN JONES MD, 8095 INNOVATION PARK DRIVE FINANCE, FAIRFAX, VA 22031.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No.

I Tax-exempt status: 501(c)(3)

J Website: HTTPS://FOUNDATION.INOVA.ORG

K Form of organization: Corporation

L Year of formation: 1977. M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: INOVA HEALTH SYSTEM FOUNDATION, THE PARENT COMPANY OF INOVA HEALTH SYSTEM, OVERSEES AND COORDINATES THE ACTIVITIES OF INOVA HEALTH SYSTEM TO ENSURE THAT THEY FURTHER FOUNDATION'S AND SYSTEM'S TAX-EXEMPT PURPOSES AND SERVES AS A CHARITABLE FOUNDATION TO SUPPORT INOVA'S TAX-EXEMPT ENTITIES.

Table with 3 columns: Line number, Description, Amount. Rows 2-7b.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22.

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 RICARDO TALENTO CFO, Date 2025-11-10. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN P01268401, Firm's name ERNST & YOUNG US LLP, Firm's EIN 34-6565596, Firm's address 221 E 4TH ST SUITE 2900 CINCINNATI, OH 45202. May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [ ] No. For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INOVA HEALTH SYSTEM FOUNDATION IS THE PARENT OF INOVA HEALTH SYSTEM (IHS). IHS PROVIDES HEALTHCARE AND RELATED SERVICES THROUGHOUT NORTHERN VIRGINIA AND THE GREATER METROPOLITAN WASHINGTON, D.C. AREA, INCLUDING CERTAIN CONTIGUOUS COUNTIES OF VIRGINIA AND MARYLAND.

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 [X] 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 [X] 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 \$ 33,463,796 including grants of \$ 26,107,043 ) (Revenue \$ 12,254,585 )

INOVA HEALTH SYSTEM FOUNDATION (IHSF), THE PARENT COMPANY OF INOVA HEALTH SYSTEM, IS A NON-STOCK, NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INOVA HEALTH SYSTEM (INOVA) PROVIDES HEALTHCARE AND RELATED SERVICES THROUGHOUT NORTHERN VIRGINIA AND THE GREATER METROPOLITAN WASHINGTON, D.C. AREA, INCLUDING CERTAIN CONTIGUOUS COUNTIES OF VIRGINIA AND MARYLAND. SINCE ITS INITIATION BY CITIZEN-VOLUNTEERS IN 1956, INOVA AND ITS AFFILIATES HAVE GROWN TO MEET THE CHANGING NEEDS OF A DIVERSE AND GROWING POPULATION. AS A NOT-FOR-PROFIT ORGANIZATION, INOVA DOES NOT HAVE SHAREHOLDERS. IT IS GOVERNED BY THE PEOPLE IT SERVES: MEMBERS OF THE COMMUNITY. THIS MODEL OF GOVERNANCE HELPS TO ENSURE THAT INOVA MEETS THE UNIQUE HEALTHCARE NEEDS OF THE COMMUNITY. IN KEEPING WITH INOVA'S COMMUNITY SERVICE MISSION, INOVA AND ITS AFFILIATES PROVIDE A WIDE RANGE OF PROGRAMS AND SERVICES WHICH DIRECTLY BENEFIT THE COMMUNITY THEY SERVE. THESE INCLUDE: PROVIDING THE HIGHEST QUALITY MEDICAL CARE TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. PROVIDING FREE AND BELOW COST HEALTH SERVICES TO MEET THE IDENTIFIED NEEDS OF COMMUNITY GROUPS, SUCH AS: THE INDIGENT AND ELDERLY; VICTIMS OF CANCER, HEART DISEASE, AND STROKE; PERSONS AFFECTED BY SUBSTANCE ABUSE; HIV-POSITIVE INDIVIDUALS; AND OTHERS. PROVIDING UNCOMPENSATED CARE IN ACCORDANCE WITH INOVA POLICIES WHICH ENSURE ACCESS TO MEDICALLY NECESSARY CARE FOR ALL INDIVIDUALS. CHARITY CARE IS DEFINED AS FREE OR DISCOUNTED HEALTHCARE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY. INOVA HEALTH SYSTEM IS ONE OF THE LARGEST PROVIDERS OF UNCOMPENSATED CARE IN VIRGINIA. PROVIDING HEALTH EDUCATION AND A VARIETY OF OTHER SERVICES TO THE COMMUNITY. TRAINING HEALTH PROFESSIONALS AND PARTICIPATING IN MEDICAL RESEARCH ACTIVITIES. INOVA HEALTH SYSTEM IS COMPRISED OF: INOVA HEALTH SYSTEM FOUNDATION (FOUNDATION), A PARENT COMPANY, WHICH ALSO SERVES AS A CHARITABLE FOUNDATION, RAISING FUNDS TO SUPPORT INOVA'S TAX-EXEMPT ENTITIES. THE FOUNDATION OPERATES IN ACCORDANCE WITH INOVA'S ARTICLES OF INCORPORATION, WHICH PROVIDE THAT ALL FUNDS RAISED, EXCEPT FOR THOSE REQUIRED FOR THE OPERATIONS OF THE FOUNDATION, BE DISTRIBUTED OR HELD IN SUPPORT OF THE CHARITABLE OBJECTIVES AND MISSION OF INOVA AND ITS TAX-EXEMPT SUBSIDIARIES. FUNDS RAISED ARE CHANNLED TO THE COMMUNITY IN THE FORM OF EXPANDED MEDICAL AND OTHER COMMUNITY SERVICES. DURING 2024, FOUNDATION FUNDS WERE USED TO ELEVATE OUR PHILANTHROPIC PRIORITIES OF SUPPORTING INOVA'S WORLD-CLASS CANCER, CARDIOVASCULAR, AND BEHAVIORAL HEALTH CARE PROGRAMS AND OTHER AREAS, INCLUDING THOSE THAT RELY HEAVILY ON PHILANTHROPIC SUPPORT SUCH AS INOVA PETERSON LIFE WITH CANCER, ARTS AND HEALING, INOVA CARES CLINICS, AND THE INOVA KELLAR CENTER. INOVA HEALTH CARE SERVICES (IHCS) IS A TAX-EXEMPT, NON-STOCK CORPORATION THAT SERVES THE HEALTH CARE NEEDS OF THE COMMUNITY BY ESTABLISHING, MAINTAINING AND OPERATING HOSPITAL AND HEALTH CARE FACILITIES, PROGRAMS, AND OTHER SHARED AND INTEGRATED HEALTH CARE DELIVERY ARRANGEMENTS. IHCS OPERATES THE FOLLOWING FACILITIES, AMONG OTHERS: INOVA FAIRFAX HOSPITAL ("FAIRFAX"), INOVA MOUNT VERNON HOSPITAL ("MOUNT VERNON"), INOVA FAIR OAKS HOSPITAL ("FAIR OAKS"), INOVA LOUDOUN HOSPITAL ("LOUDOUN") AND INOVA ALEXANDRIA HOSPITAL ("ALEXANDRIA"). IHCS ALSO PROVIDES AND MANAGES THE CLINICAL, NON-HOSPITAL FACILITIES AND PROGRAMS WHOSE SERVICES INCLUDE SENIOR SERVICES, ASSISTED LIVING FACILITIES, ADDICTION TREATMENT SERVICES FOR ADULTS AND ADOLESCENTS, OUTPATIENT REHABILITATION SERVICES, URGENT CARE AND OTHER OUTPATIENT HEALTH CARE SERVICES. IHCS ALSO MAINTAINS A GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS OPERATED BY ITS RESPECTIVE SERVICE LINE DIVISIONS AND JOINTLY MANAGED BY IHCS' PHYSICIAN SERVICES DIVISION. INOVA HAS A JOINT VENTURE WITH ALTERNATE SOLUTIONS HEALTH NETWORK WHICH RESTRUCTURED THE MANAGEMENT OF THE INOVA VNA SERVICES. INOVA MAINTAINS 51% OWNERSHIP OF THE COMPANY, AND THE JOINT VENTURE CHANGED ITS NAME ON JUNE 1, 2024. ALTERNATE SOLUTIONS HOME HEALTH COMPLETED 72,420 HOME HEALTH VISITS IN 2024. INOVA HOLDINGS, INC. (IHI) IS THE PARENT HOLDING COMPANY FOR VARIOUS TAXABLE ENTITIES WITHIN INOVA INCLUDING TECHNICAL DYNAMICS INC., A BIOMEDICAL EQUIPMENT MAINTENANCE AND ENGINEERING COMPANY. IHI AND ITS SUBSIDIARIES OPERATE FACILITIES PROVIDING A VARIETY OF HEALTH CARE AND SUPPORT SERVICES TO PATIENTS AND TO AFFILIATED HEALTH CARE PROVIDERS. PHILANTHROPY IS CRITICAL TO INOVA'S MISSION. THERE ARE OVER 500 PHILANTHROPIC FUNDS IN INOVA'S FOUNDATION. THIS BROAD RANGE OF PHILANTHROPY HELPS INOVA STAY ON THE FOREFRONT OF MEDICAL ADVANCES, DEVELOP NEW PROGRAMS TO MEET CHANGING NEEDS, AND PROVIDE AFFORDABLE HEALTHCARE TO ALL WHO NEED IT. PROGRAMS SUPPORTED INCLUDE PARTNERSHIP FOR HEALTHIER COMMUNITIES (PHC), SERVING 47,362 CHILDREN AND FAMILIES IN 2024; THE INOVA JUNIPER PROGRAM SERVING 1,827 PERSONS LIVING WITH HIV; AND THE LIFE WITH CANCER PROGRAM WITH 31,470 PARTICIPANTS. FOUNDATION FUNDS ALSO SUPPORT MANY OTHER INOVA PROGRAMS INCLUDING INOVA CARES FOR WOMEN, CHILDREN AND FAMILIES AND THE INOVA KELLAR CENTER'S BEHAVIORAL SERVICES PROGRAM. TOTAL SUPPORT PROVIDED IN 2024 TO THE COMMUNITY AND INOVA PROGRAMS WAS APPROXIMATELY \$26 MILLION.

**4b** (Code: ) (Expenses \$ **6,715,582** including grants of \$ ) (Revenue \$ )  
 INVESTMENT MANAGEMENT EXPENSE OF \$6.7 MILLION IS RELATED TO INVESTMENTS THAT INOVA HEALTH SYSTEM FOUNDATION UTILIZES TO PROVIDE HEALTHCARE AND RELATED SERVICES THROUGHOUT NORTHERN VIRGINIA AND THE GREATER WASHINGTON, D.C., METROPOLITAN AREA. THE FEES ARE CALCULATED BASED ON THE MARKET VALUE OF THE INVESTMENTS TIMES BASIS POINTS ESTABLISHED IN EACH CONTRACT. THE RATES ON THESE CONTRACTS APPLY UNTIL A NEW RATE IS NEGOTIATED.

**4c** (Code: ) (Expenses \$ **2,209,233** including grants of \$ ) (Revenue \$ **3,080,964** )  
 THE FOUNDATION MAINTAINS AUXILIARY SERVICES AT THE HOSPITALS FOR THE PURPOSE OF OPERATING GIFT AND THRIFT SHOPS THAT PROVIDE SUPPORT TO THE HOSPITALS WITHIN THE SYSTEM. THE AUXILIARIES RECEIVE COMMISSIONS FROM VARIOUS FUNDRAISING ACTIVITIES. THE COST ASSOCIATED WITH THE AUXILIARIES WAS \$2.2 MILLION IN 2024.

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

**4e Total program service expenses** **42,388,611**

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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)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<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>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	Yes	
<b>c</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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 2, more than \$5,000 of grants or other assistance to or for any		

<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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		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? <i>If "Yes," complete Schedule G, Part I. See instructions.</i> . . . . .		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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	

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Part IV Checklist of Required Schedules (continued)

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

<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	59		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		Yes	
<b>b</b>	BR, CA, CO, EZ, DA, FR, GM, GR, JA, MY, HK, BE, If "Yes," enter the name of the foreign country: KS, TU, MX, EI, NL, PE, UK				
<b>5a</b>	Was instructions for filing requirements filed to GEN ED on the 14 Report of Foreign Bank and Financial Accounts (FBAR). . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				

<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

Form 990 (2024)

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			

CONTRACTS?		<b>12b</b>	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	<b>12c</b>	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes	

**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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 INOVA HEALTH SYSTEM FOUNDATION 8095 INNOVATION DRIVE FINANCE FAIRFAX, VA 22031 (571) 472-8123

Form **990** (2024)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JEAN STACK ..... TRUSTEE	3.00 ..... 0.00	X						0	0	0
(2) PAUL SAVILLE ..... TREASURER	3.00 ..... 0.00	X		X				0	0	0
(3) RENEE DESILVA .....	3.00 .....	X		X				0	0	0

SECRETARY	0.00											
(4) ALAN DABBIERE ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(5) TERRI MCCLEMENTS ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(6) JEFFREY MCKAY ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(7) MARK MOORE ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(8) NAZZIC KEENE ..... CHAIRMAN	3.00 ..... 0.00	X		X						0	0	0
(9) CHARLES BEARD ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(10) PAUL MISENER ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(11) LESLEY KALAN ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(12) J STEPHEN JONES ..... CEO, PRESIDENT	13.00 ..... 37.00	X		X						0	6,505,968	73,485
(13) MADELINE ERARIO MD ..... TRUSTEE	40.00 ..... 0.00	X								0	476,627	123,214
(14) JILL DUNCAN ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(15) KATHRYN FALK ..... TRUSTEE	3.00 ..... 0.00	X								0	0	0
(16) RICARDO TALENTO ..... ASST TREASURER/CFO BEG 1/1/24	13.00 ..... 37.00			X						0	702,376	174,348
(17) JOHN GAUL ..... ASST SEC/CHIEF LEGAL OFFICER	12.00 ..... 38.00			X						0	1,679,638	108,811

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALICE POPE ..... ASST TREASURER/CFO ENDING 1/1/24	13.00 ..... 37.00			X				0	1,125,575	73,326
(19) STEVEN NORRIS ..... PRESIDENT SVP IHS FOUNDATION	40.00 ..... 0.00				X			671,603	0	74,918
(20) AMY RICHARDS ..... AVP PHILANTHROPY PROGRAM LEADER	40.00 ..... 0.00					X		265,199	0	80,266
(21) LAURA MOSES	40.00									

AVP FOUNDATION OPS AND FINANCE	0.00					X		308,348	0	66,163
(22) SUZANNE QUINN	40.00					X		273,605	0	62,926
AVP PHILANTHROPY PROGRAM L	0.00									
(23) JANET FILIP	40.00					X		226,133	0	86,316
EXEC DIR PHILANTHROPY	0.00									
(24) SHANNON HISKEY	40.00					X		240,729	0	60,808
EXEC DIR PHILANTHROPY	0.00									
(25) SAGE BOLTE	40.00						X	0	831,073	152,264
FORMER PPRESIDENT IHS FOUNDATION	0.00						X	0	458,253	104,808
(26) CHRISTOPHER SMITH	40.00									
FORMER VP FINANCE IAH	0.00									
(27) TERRI FEELY	10.00						X	0	1,682,483	142,904
FORMER CHIEF PEOPLE OFFICER IHS	40.00									
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,985,617	13,461,993	1,384,557

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 31

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARTISAN 875 E WISCONSIN AVE SUITE 800 MILWAUKEE, WI 53202	INVESTMENT FEES	1,861,742
NORTHERN TRUST 50 S LASALLE STREET CHICAGO, IL 60603	INVESTMENT FEES	1,184,441
MARKETEAM LLC 1200 ABERNATHY ROAD NE SUITE 400 ATLANTA, GA 30328	MARKETING	995,766
AETNA LIFE INSURANCE 151 FARMINGTON AVE HARTFORD, CT 06156	INSURANCE FEES	845,258
KOAN HEALTH LLC 5100 N OCONNER BLVD SUITE 325 IRVING, TX 75039	INSURANCE FEES	694,261

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

Part VIII <b>Statement of Revenue</b>				
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>				
(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	

<b>1a</b> Federated campaigns . . . . .	<b>1a</b>
<b>1b</b> Contributions, gifts, grants, and membership dues . . . . .	<b>1b</b>
<b>1c</b> Other fundraising events . . . . .	<b>1c</b>
1,881,782	
<b>1d</b> Related organizations . . . . .	<b>1d</b>
155,938	
<b>1e</b> Government grants (contributions) . . . . .	<b>1e</b>
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>
42,287,174	
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>
2,147,461	
<b>h Total.</b> Add lines 1a-1f . . . . .	<b>44,324,894</b>

<b>Program Service Revenue</b>	<b>2a</b> LORTON LLC PARTNERSHIP LOSS	Business Code			
		621400	-1,777,973	-1,777,973	
	<b>f</b> All other program service revenue.				
	<b>9 Total.</b> Add lines 2a-2f. . . . .			-1,777,973	

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		127,968,683		-2,213,245	130,181,928
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>6b</b> Less: rental expenses					
	<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>7b</b> Less: cost or other basis and sales expenses			0	5,765,086	
	<b>7c</b> Gain or (loss)			704,787,512	-5,765,086	
	<b>d</b> Net gain or (loss) . . . . .			699,022,426		699,022,426
	<b>a</b> Gross income from fundraising events (not including \$ 1,881,782 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			184,575	
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>			930,092	
	<b>c</b> Net income or (loss) from fundraising events . . . . .				-745,517	-745,517
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				

<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	17,985,141			
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	871,619			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			17,113,522	17,113,522	
<b>11a</b>	Business Code				
<b>b</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b> See instructions . . . . .			885,906,035	15,335,549	-2,213,245
					828,458,837

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<b>Part IX Statement of Functional Expenses</b>				
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 <input checked="" type="checkbox"/>				
<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 . . . . .	26,107,043	26,107,043		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	671,603	671,603		
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	8,456,109	1,752,270	454,152	6,249,687
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	348,711	104,265	19,536	224,910
<b>9</b> Other employee benefits . . . . .	963,548	321,862	60,306	581,380
<b>10</b> Payroll taxes . . . . .	598,693	171,958	32,219	394,516
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	870,372	733,027	137,345	
<b>b</b> Legal . . . . .	142	120	22	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	6,715,582	6,715,582		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,289,035	4,639,735	869,331	2,779,969
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	311,005	128,486	24,074	158,445
<b>14</b> Information technology . . . . .	154,775	112,800	21,135	20,840
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	661,792	557,055	104,373	364

<b>17</b> Travel . . . . .	89,299	4,275	801	84,223
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	22,115	1,933	362	19,820
<b>20</b> Interest . . . . .	20	17	3	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	370,560	228,842	42,877	98,841
<b>23</b> Insurance . . . . .	3,984	3,355	629	
<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> INCOME TAX	253,913			253,913
<b>b</b> FOOD	68,518	480	90	67,948
<b>c</b> TAXES AND LICENSES	66,171	54,802	10,268	1,101
<b>d</b> MISCELLANEOUS FEES	63,508	57,191	4,809	1,508
<b>e</b> All other expenses	26,251	21,910	4,105	236
<b>25 Total functional expenses.</b> Add lines 1 through 24e	55,112,749	42,388,611	1,786,437	10,937,701
<b>26 Joint costs.</b> 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).				

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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 . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	3,391,952	<b>2</b>	1,622,685
	<b>3</b> Pledges and grants receivable, net . . . . .	85,811,346	<b>3</b>	85,992,681
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,316,265	<b>9</b>	411,069
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,542,644		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,870,548	3,571,490	<b>10c</b> 4,672,096
	<b>11</b> Investments—publicly traded securities . . . . .	2,645,508,808	<b>11</b>	3,350,052,012
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	5,026,971,230	<b>12</b>	5,484,635,644
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	93,975,608	<b>15</b>	242,353,152
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	7,860,546,699	<b>16</b>	9,169,739,339	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,651,846	<b>17</b>	1,001,313
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	

<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .	415,545	<b>24</b>	220,869
<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	2,678,292,245	<b>25</b>	3,001,492,137
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,681,359,636	<b>26</b>	3,002,714,319
<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 . . . . .	4,881,229,736	<b>27</b>	5,840,936,778
	<b>28</b> Net assets with donor restrictions . . . . .	297,957,327	<b>28</b>	326,088,242
	<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 . . . . .	5,179,187,063	<b>32</b>	6,167,025,020	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,860,546,699	<b>33</b>	9,169,739,339	

Form **990** (2024)

**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>	885,906,035
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	55,112,749
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	830,793,286
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	5,179,187,063
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-1,290,781
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	7,336,212
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	150,999,240
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,167,025,020

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>b</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.		

Form **990** (2024)

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2024 Open to Public Inspection

Table with 2 columns: Name of the organization (INOVA HEALTH SYSTEM FOUNDATION) and Employer identification number (54-1071867)

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.)

- 1-12. Reason for public charity status options including church, school, hospital, research organization, governmental unit, etc. Line 12 is checked.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes row for INOVA HEALTH CARE SERVICES and a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 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 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2024.</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 33 1/3% support test—2023.</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 10%-facts-and-circumstances test—2024.</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 10%-facts-and-circumstances test—2023.</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 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"/>		

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 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>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a 33 1/3% support tests-2024.** 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-2023.** 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 . . . .

Schedule A (Form 990) 2024

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		No
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

<b>3c</b>		
<b>4a</b>		No
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		No
<b>5b</b>		
<b>5c</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9a</b>		No
<b>9b</b>		No
<b>9c</b>		No
<b>10a</b>		No
<b>10b</b>		

Schedule A (Form 990) 2024

**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 on lines 11b and 11c below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described on 11a above?		No
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		No

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the officers, 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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

**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)? 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).

<b>1</b>		<b>No</b>
----------	--	-----------

**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>1</b>			
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>			
<b>3</b>	By reason of the relationship described in line 2 above, 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>			

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

**a**  The organization satisfied the Activities Test. Complete **line 2** below.

**b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.

**c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

**Schedule A (Form 990) 2024**

**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>	Discount claimed for blockage or other factors		

<b>1</b> Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<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 0.015 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 0.035	<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)		

Schedule A (Form 990) 2024

**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>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2024</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			

<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

Schedule A (Form 990) (2024)

Schedule A (Form 990) 2024

**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

Return Reference	Explanation
PART IV, SECTION C, LINE 1	DURING THE TAX YEAR, THE CEO AND PRINCIPAL OFFICER OF THE FOUNDATION (STEPHEN JONES), ITS CFO (RICARDO TALENTO) AND ITS ASSISTANT SECRETARY AND SENIOR VICE PRESIDENT (JOHN GAUL) WERE THE SOLE DIRECTORS OF ITS SUPPORTED ORGANIZATION, INOVA HEALTH CARE SERVICES (IHCS), AND SERVED IN IDENTICAL OR SUBSTANTIALLY IDENTICAL OFFICER ROLES FOR IHCS. THUS, THE CONTROL AND MANAGEMENT OF THE FOUNDATION WAS VESTED IN THE SAME PERSONS WHO CONTROLLED AND MANAGED IHCS.

Schedule A (Form 990) 2024

Additional Data

Return to Form

Software ID:  
Software Version:

**Schedule B**  
(Form 990)  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
INOVA HEALTH SYSTEM FOUNDATION

**Employer identification number**  
54-1071867

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization  
INOVA HEALTH SYSTEM FOUNDATION

**Employer identification number**  
54-1071867

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			<input type="checkbox"/> Person

		\$ RESTRICTED	<input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Name of organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

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**Additional Data**

[Return to Form](#)

Software ID:  
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Table with 2 columns: Name of the organization (INOVA HEALTH SYSTEM FOUNDATION) and Employer identification number (54-1071867)

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

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

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 10.000 %, b Permanent endowment 69.000 %, c Term endowment 21.000 %

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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e, Total.

Schedule D (Form 990) (Rev. 1-2025)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other, with a total row showing a book value of 5,484,635,644.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9) and a total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9) and a total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1 for Federal income taxes.

Part VIII Federal income taxes

DUE TO SUBSIDIARIES AND AFFILIATES	2,998,865,664
LEASE LIABILITY	2,626,473
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>3,001,492,137</b>

**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

Schedule D (Form 990) (Rev. 1-2025)

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 <b>1</b> :			
<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 <b>1</b> :			
<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
PART V, LINE 4:	THE INOVA HEALTH SYSTEM FOUNDATION MANAGES OVER 100 INDIVIDUAL ENDOWMENT FUNDS. THE ENDOWED FUNDS PROVIDE STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND INITIATIVES IN PERPETUITY, PLAYING A CRITICAL ROLE IN ENABLING INOVA TO ACHIEVE ITS MISSION. PROGRAMS AND INITIATIVES SUPPORTED BY ENDOWED FUNDS INCLUDE SCHOLARSHIPS FOR CLINICAL STAFF, PROFESSIONAL EDUCATION, PATIENT EDUCATION, RESEARCH, COMMUNITY OUTREACH PROGRAMS, AND OPERATIONAL AND CAPITAL NEEDS SUPPORT.
PART X, LINE 2:	FROM INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE INOVA HEALTH SYSTEM FOUNDATION. THE FOUNDATION AND IHCS ARE NOT-FOR-PROFIT CORPORATIONS

AND HAVE BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, THESE ENTITIES WILL NOT INCUR ANY LIABILITY FOR FEDERAL INCOME TAX, EXCEPT FOR POSSIBLE UNRELATED BUSINESS INCOME. INOVA HOLDINGS, INC. ("IHI") AND ITS SUBSIDIARIES ARE TAXABLE ORGANIZATIONS. DEFERRED INCOME TAXES ARE PROVIDED FOR ALL SIGNIFICANT TIMING DIFFERENCES BETWEEN REVENUES AND EXPENSES REPORTED FOR FINANCIAL STATEMENT AND FOR TAX PURPOSES. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT REVIEWS ITS TAX POSITION ANNUALLY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2024 AND 2023, THERE ARE NO MATERIAL UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THAT THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2020.

Schedule D (Form 990) (Rev. 1-2025)

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE F (Form 990) (Rev. January 2025)

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Employer identification number 54-1071867

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Rows include CENTRAL AMERICA AND THE CARIBBEAN, EUROPE/Guernsey, EAST ASIA AND THE PACIFIC, and a Sub-total row.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-





SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Employer identification number 54-1071867

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... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>INOVA HONORS</b> (event type)	<b>LWC LOBSTER</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	543,500	1,081,317	441,540	2,066,357
	<b>2</b> Less: Contributions . . . . .	505,694	961,743	414,345	1,881,782
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	37,806	119,574	27,195	184,575
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	35,000	20,768		55,768
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .		156,380		156,380
	<b>8</b> Entertainment . . . . .		4,250		4,250
	<b>9</b> Other direct expenses . . . . .	418,887	232,949	61,858	713,694
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				930,092
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-745,517	

**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.

		(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 . . . . .			
<b>Direct Expenses</b>	<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** An outside facility . . . . . **13b** %

**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
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Schedule G (Form 990) (Rev. 1-2025)

**Additional Data**

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**Software ID:**  
**Software Version:**

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Employer identification number 54-1071867

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: INOVA HEALTH CARE SERVICES, 54-0620889, 501(C)(3), 26,107,043, 0, MULTIPLE GRANTS MADE TO FURTHER THE MISSION OF INOVA HEALTH CARE SERVICES OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Schedule I (Form 990) Rev. 1-2025

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Rows 1-7 are empty.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2 THE FOUNDATION DONATES FUNDS TO ITS 501(C) (3) SUPPORTED ORGANIZATION, INOVA HEALTH CARE SERVICES, IN FURTHERANCE OF THE MISSION TO IMPROVE THE HEALTH OF THE DIVERSE COMMUNITY IT SERVES THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION AND RESEARCH. EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY THE FOUNDATION'S LEADERSHIP AND BOARD.

Additional Data

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Software ID:
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Schedule J (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Employer identification number

54-1071867

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Contains questions 1a through 9 regarding compensation reporting, including travel, housing, and severance.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Lists individuals like Stephen Jones, Terri Feely, John Gaul, Alice Pope, and Sage Bolte.

6 RICARDO TALENTO  
ASST TREASURER/CFO BEG 1/1/24

(i)	0	0	0	0	0	0	0
(ii)	513,514	182,773	6,089	139,121	35,227	876,724	0

7 STEVEN NORRIS  
PRESIDENT SVP IHS FOUNDATION

(i)	400,081	167,044	104,478	50,109	24,809	746,521	101,511
(ii)	0	0	0	0	0	0	0

8 MADELINE ERARIO MD  
TRUSTEE

(i)	0	0	0	0	0	0	0
(ii)	326,733	142,686	7,208	119,492	3,722	599,841	0

9 CHRISTOPHER SMITH  
FORMER VP FINANCE IAH

(i)	0	0	0	0	0	0	0
(ii)	317,585	138,239	2,429	103,215	1,593	563,061	0

10 LAURA MOSES  
AVP FOUNDATION OPS AND FINANCE

(i)	217,061	64,593	26,694	41,650	24,513	374,511	0
(ii)	0	0	0	0	0	0	0

11 AMY RICHARDS  
AVP PHILANTHROPY PROGRAM LEADER

(i)	203,322	60,860	1,017	56,313	23,953	345,465	0
(ii)	0	0	0	0	0	0	0

12 SUZANNE QUINN  
AVP PHILANTHROPY PROGRAM L

(i)	209,735	60,860	3,010	61,864	1,062	336,531	0
(ii)	0	0	0	0	0	0	0

13 JANET FILIP  
EXEC DIR PHILANTHROPY

(i)	171,758	53,039	1,336	53,021	33,295	312,449	0
(ii)	0	0	0	0	0	0	0

14 SHANNON HISKEY  
EXEC DIR PHILANTHROPY

(i)	183,215	54,922	2,592	39,254	21,554	301,537	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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
PART I, LINE 4B	PART I, LINE 4B, SERP PLAN PAYMENTS: TERRI FEELY - \$303,251 JOHN GAUL - \$286,467 J. STEPHEN JONES - \$521,941 LAURA MOSES - \$21,933 STEVEN NORRIS - \$101,511 THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS A NONQUALIFIED RETIREMENT PLAN. EMPLOYEES ELIGIBLE TO PARTICIPATE ARE AT LEVEL OF ASSISTANT VICE PRESIDENT AND ABOVE. EACH YEAR, A CERTAIN PERCENTAGE OF EACH PARTICIPANT'S BASE SALARY IS CONTRIBUTED TO THE SERP RANGING FROM 10% TO 25%, DEPENDING ON THE POSITION. VESTING FOR EACH CONTRIBUTION WILL BE THREE YEARS FROM THE AWARD DATE, AND PARTICIPANTS ARE PAID OUT IMMEDIATELY UPON VESTING. AT AGE 62 AND LATER, PARTICIPANTS ARE 100% VESTED AT THE TIME OF EACH ANNUAL AWARD AND PAID OUT IMMEDIATELY UPON VESTING. ANY VESTED BALANCE IS PAID TO PARTICIPANTS AS A TAXABLE EVENT.

Schedule J (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:  
Software Version:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

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 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Employer identification number 54-1071867

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Clothing, Cars, Boats, Securities, Real estate, Collectibles, Food inventory, Drugs, etc.

Summary questions 29-33 regarding Form 8283, property holding periods, gift acceptance policies, and solicitation of contributions.

**Schedule M (Form 990) (2024)**

**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
PART I, COLUMN B	THE ORGANIZATION IS REPORTING A COMBINATION OF BOTH THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

**Schedule M (Form 990) (2024)**

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE O**  
**(Form 990)**  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**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 instructions and the latest information.**

**Open to Public Inspection**

Name of the organization  
INOVA HEALTH SYSTEM FOUNDATION

**Employer identification number**  
54-1071867

Return Reference	Explanation
FORM 990, PART V, LINES 1A AND 2A - NUMBER OF FORMS 1099 AND EMPLOYEES	THE ORGANIZATION FILES ITS FORMS 1099 UNDER A SUBSIDIARY ENTITY AND DOES NOT REPORT ANY EMPLOYEE COMPENSATION UNDER ITS OWN EIN. THE ORGANIZATION FALLS UNDER A MASTER PAY AGENT AND DOES NOT FILE ANY PAYROLL RETURNS UNDER ITS OWN EIN, HOWEVER ALL REQUIRED RETURNS HAVE BEEN FILED ON TIME.
FORM 990, PART VI, SECTION A, LINE 1A	WITH THE EXCEPTION OF THE DUTIES AND RESPONSIBILITIES THAT ARE RESERVED TO THE BOARD OF TRUSTEES AS REQUIRED BY LAW, THE EXECUTIVE COMMITTEE IS APPOINTED BY THE BOARD TO SUPPORT THE BOARD OF TRUSTEES IN THE PERFORMANCE OF ITS DUTIES AND RESPONSIBILITIES THAT ARE TIME-SENSITIVE AND MUST BE ADDRESSED BEFORE THE NEXT REGULARLY SCHEDULED MEETING OF THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED AND PROVIDED TO THE CORPORATE CONTROLLER AND EXTERNAL TAX CONSULTANTS FOR INITIAL REVIEW. AFTER THE REVIEW IT IS GIVEN TO THE CFO OF INOVA HEALTH SYSTEM FOR REVIEW AND COMMENT. THE FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. UPON COMPLETION OF THE EXECUTIVE COMMITTEE REVIEW, IT IS PROVIDED TO THE FULL BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE ORGANIZATION DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO ALL DIRECTORS, OFFICERS, TRUSTEES, AND KEY EMPLOYEES. THE ORGANIZATION REQUIRES THAT EACH DIRECTOR, OFFICER, TRUSTEE, AND KEY EMPLOYEE ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND WILL ABIDE BY THE POLICY. EACH DIRECTOR, OFFICER, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE AND SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. THESE DISCLOSURES ARE BROAD AND REQUIRE THAT THE INDIVIDUAL LIST ANY BUSINESS RELATIONSHIPS OR PERSONAL RELATIONSHIPS WITH OTHER DIRECTORS, OFFICERS, TRUSTEES, AND KEY EMPLOYEES, AS WELL AS ANY RELATIONSHIPS WITH COMPETITORS, OR CURRENT OR POTENTIAL VENDORS OR CONTRACTORS. DISCLOSURE STATEMENTS ARE REVIEWED BY SENIOR MANAGEMENT AND ANY POTENTIAL CONFLICTS ARE DISCUSSED WITH GOVERNING BODY CHAIRMAN TO ENSURE THAT ANY MEMBER WHO MAY HAVE A CONFLICT DISCLOSES THEIR POTENTIAL CONFLICT, AND IS DISMISSED FROM RELATED DISCUSSIONS AND RECUSED FROM PARTICIPATION IN APPLICABLE DECISIONS.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF ALL SENIOR MANAGEMENT POSITIONS IS EVALUATED ANNUALLY IN CONSIDERATION OF EACH MANAGER'S JOB CONTENT, SCOPE AND COMPLEXITY. COMPENSATION LEVELS FOR EXECUTIVES ARE REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTANT TO ENSURE THAT REMUNERATION IS CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND OBJECTIVES AND COMPETITIVE WITH OTHER COMPARABLE HEALTH SYSTEMS. THE INDEPENDENT COMPENSATION CONSULTANT REVIEWS NATIONAL, INDUSTRY AND SIZE SPECIFIC COMPENSATION SURVEYS FOR BENCHMARKING. IN ADDITION, THE INOVA HEALTH SYSTEM'S CEO'S COMPENSATION IS REVIEWED ALONG WITH CERTAIN OTHER SENIOR EXECUTIVES AND APPROVED ANNUALLY BY AN INDEPENDENT GOVERNING BOARD, THE EXECUTIVE COMPENSATION & TALENT COMMITTEE. GENERAL INDUSTRY MARKET DATA AND IRS FORMS 990 PEER GROUP DATA IS ALSO UTILIZED FOR REFERENCE ONLY. THE JOB REQUIREMENTS AND COMPLEXITY OF ALL OTHER MANAGEMENT POSITIONS ARE EVALUATED ANNUALLY USING NATIONALLY RECOGNIZED THIRD-PARTY SALARY SURVEYS TO ASSURE THAT THE COMPENSATION FOR SUCH POSITIONS IS CONSISTENT WITH EXTERNAL MARKET COMPENSATION COMPARISONS. SALARY RANGES ARE DEVELOPED FOR EACH MANAGEMENT POSITION CLASSIFICATION TO ENSURE THAT THE COMPENSATION LEVELS FOR THESE POSITIONS ARE CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND WITH COMPETITIVE MARKET COMPARISONS. COMPENSATION FOR EMPLOYED PHYSICIANS IS REVIEWED AND APPROVED BY THE PROVIDER CONTRACTS COMMITTEE. THE COMMITTEE IS COMPRISED OF EXECUTIVE MANAGEMENT OF THE CLINICAL ENTERPRISE AND PHYSICIAN SERVICES GROUP. THE FAIR MARKET VALUE (FMV) COMPENSATION IS BASED ON FOUR NATIONALLY RECOGNIZED INDUSTRY PHYSICIAN COMPENSATION BENCHMARK SURVEYS (MGMA, AMGA, SULLIVAN & COTTER, GALLAGHER (FORMALLY INTEGRATED)). THE COMMITTEE ALSO UTILIZES INDEPENDENT CONSULTANTS TO PROVIDE FMV OPINIONS FOR POSITIONS THAT ARE NOT READILY AVAILABLE IN THE FOUR PUBLISHED BENCHMARK SURVEYS. THE CONSULTANTS' OPINIONS AND COMPENSATION SURVEY DATA ARE PRESENTED TO THE PROVIDER CONTRACTS COMMITTEE FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19	INOVA HEALTH SYSTEM MAKES CERTAIN INFORMATION PUBLICLY AVAILABLE. INOVA'S CONSOLIDATED FINANCIAL STATEMENTS ARE POSTED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS'S (EMMA) WEBSITE ON A QUARTERLY BASIS. INOVA'S GOVERNING DOCUMENTS ARE NOT CURRENTLY PUBLICLY AVAILABLE. WHILE THE CONFLICT OF INTEREST POLICY IS NOT SPECIFICALLY PUBLICLY DISCLOSED, INOVA'S CODE OF CONDUCT IS ON THE PUBLIC WEBSITE. SECTION II OF THE CODE OF CONDUCT DESCRIBES WHAT CAN CONSTITUTE A CONFLICT AND REQUIRES THAT POTENTIAL CONFLICTS BE REPORTED TO MANAGEMENT OR THE CHIEF COMPLIANCE OFFICER AND/OR INOVA'S LEGAL DEPARTMENT. THE CODE OF CONDUCT CONTAINS THE CONFLICT OF INTEREST PRINCIPLES, IS PART OF INOVA'S ORIENTATION AND ANNUAL COMPLIANCE TRAINING, AND IS AVAILABLE TO TEAM MEMBERS AND PHYSICIANS ON INOVA'S INTRANET WEBSITE.

FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 884,032. MANAGEMENT AND GENERAL EXPENSES 165,638. FUNDRAISING EXPENSES 2,779,969. TOTAL EXPENSES 3,829,639. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 3,755,703. MANAGEMENT AND GENERAL EXPENSES 703,693. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,459,396.
FORM 990, PART XI, LINE 9:	EQUITY EARNINGS IN SUBS 149,221,267. LORTON LLC PARTNERSHIP 1,777,973.
PART XII, LINE 2B AND 2C - AUDITED FINANCIAL STATEMENTS	THE COMPANY IS PART OF THE INOVA HEALTH SYSTEM, A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHERN VIRGINIA AND SURROUNDING AREAS. THE COMPANY'S FINANCIAL STATEMENTS ARE CONSOLIDATED IN THE INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS. INOVA HEALTH SYSTEM IS AUDITED ON AN ANNUAL BASIS BY A "BIG FOUR" INDEPENDENT PUBLIC ACCOUNTING FIRM. IN ADDITION, THEY ARE RESPONSIBLE FOR THE ISSUANCE OF A MANAGEMENT LETTER ENCOMPASSING EACH MEMBER OF THE CONSOLIDATED GROUP. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF INOVA HEALTH SYSTEM IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT, INCLUDING THE HIRING OF THE AUDIT FIRM, REVIEW AND APPROVAL OF AUDITED FINANCIAL STATEMENTS AND COMMUNICATION WITH THE EXTERNAL AUDITORS AT LEAST TWICE A YEAR WITHOUT THE PRESENCE OF INTERNAL MANAGEMENT.
PART XII, LINE 3A - A-133 AUDIT	THE COMPANY IS PART OF THE INOVA HEALTH SYSTEM (IHS), A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHERN VIRGINIA AND SURROUNDING AREAS. IHS RECEIVES VARIOUS FEDERAL GRANTS. THESE GRANTS AND AWARDS ARE AUDITED AS PART OF THE CONSOLIDATED INOVA HEALTH SYSTEM UNIFORM GUIDANCE COMPLIANCE AUDIT. THE INOVA HEALTH SYSTEM'S FEDERAL GRANTS ARE AUDITED ON AN ANNUAL BASIS BY A "BIG FOUR" INDEPENDENT PUBLIC ACCOUNTING FIRM. THE FIRM ISSUES A "REPORT OF INDEPENDENT AUDITORS ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS". THE FIRM ALSO ISSUES A "REPORT OF INDEPENDENT AUDITORS ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS". THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF INOVA HEALTH SYSTEM IS RESPONSIBLE FOR THE OVERSIGHT OF THE UNIFORM GUIDANCE AUDIT, INCLUDING THE HIRING OF THE AUDIT FIRM, REVIEW AND APPROVAL OF AUDITED FINANCIAL STATEMENTS AND COMMUNICATIONS WITH THE EXTERNAL AUDITORS WITHOUT THE PRESENCE OF INTERNAL MANAGEMENT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization INOVA HEALTH SYSTEM FOUNDATION

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1071867

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: SIGNATURE PARTNERS IN HEALTH LLC, HEALTH INSURANCE, VA, 14,188,497, 0, INOVA HEALTH SYSTEM FOUNDATION.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: INOVA HEALTH CARE SERVICES, HOSPITAL SYSTEM, VA, 501(C)(3), 3, INOVA HEALTH SYSTEM FOUNDATION, Yes.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Row 1: ALTERNATE SOLUTIONS HOME HEALTH LLC, HOME CARE, VA, INOVA HEALTH CARE SERVICES, RELATED, -173,725, 2,484,229, No, No, No, 51.000%.

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

Schedule R (Form 990) (Rev. 1-2025)

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with 10 columns: Transaction type (a-s) and Yes/No columns. Rows include interest, gift, loan, dividend, sale, purchase, exchange, lease, performance, reimbursement, and other transfers.

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.

Table with 4 columns: (a) Name of related organization; (b) Transaction type (a-s); (c) Amount involved; (d) Method of determining amount involved.

Schedule R (Form 990) (Rev. 1-2025)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

