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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: INOVA HEALTH SYSTEM FOUNDATION

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 8110 GATEHOUSE ROAD, SUITE 400W

Room/suite:

City or town, state or country, and ZIP + 4: FALLS CHURCH, VA 22042

D Employer identification number: 54-1071867

E Telephone number: 703-289-2433

G Gross receipts $: 84,783,401.

F Name and address of principal officer: J. KNOX SINGLETON
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes X No

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

H(c) Group exemption number ▶

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

J Website: ▶ INOVA.ORG

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

L Year of formation: 1977

M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INOVA HEALTH SYSTEM FOUNDATION (FOUNDATION), A PARENT COMPANY WHICH ALSO SERVES AS A CHARITABLE		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,521,124.	8,351,679.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<240,981,471.>	68,388,133.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,778,748.	5,381,818.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<230,681,599.>	82,121,630.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,360,048.	7,961,348.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,631,690.	4,077,537.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,829,048.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,257,632.	9,468,994.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,249,370.	21,507,879.
	19 Revenue less expenses Subtract line 18 from line 12	<264,930,969.>	60,613,751.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1521885154.	2094804994.
	21 Total liabilities (Part X, line 26)	858,415,169.	1176972389.
	22 Net assets or fund balances Subtract line 21 from line 20	663,469,985.	917,832,605.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11/9/2010

▶ RICHARD MAGENHEIMER, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Paula G. Hudson — Date: 11/8/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00640420

Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C.
8045 LEESBURG PIKE, SUITE 300
VIENNA, VIRGINIA 22182

EIN ▶

Phone no. ▶ 703-744-6700

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

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/16 8

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION

INOVA HEALTH SYSTEM FOUNDATION, THE PARENT COMPANY OF INOVA HEALTH SYSTEM. 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

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code.) (Expenses $ 8,451,399. including grants of $) (Revenue $)

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

4b (Code) (Expenses $ 5,499,212. including grants of $) (Revenue $)

INVESTMENT MANAGEMENT FEES OF $5.5 MILLION ARE RELATED TO INVESTMENTS THAT INOVA HEALTH SYSTEM FOUNDATION UTILIZES TO PROVIDE HEALTHCARE AND RELATED SERVICES THROUGHOUT NORTHERN VIRGINIA AND THE GREATER METROPOLITAN WASHINGTON, D.C. 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 $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ 1,569,223. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 15,519,834.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (12A: Yes X, No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	*Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?*	5c			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a			X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6b			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	*Did the organization make a distribution to a donor, donor advisor, or related person?*	9b			
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

INOVA HEALTH SYSTEM FOUNDATION - (703) 289-2433
8110 GATEHOUSE ROAD, SUITE 400W 22042

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of.reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. KNOX SINGLETON PRESIDENT	10.00	X		X				0.	1,744,255.	27,910.
STEVEN M. CUMBIE CHAIRMAN	6.00	X		X				0.	0.	0.
JOHN TOUPS PAST CHAIRMAN	4.00	X		X				0.	0.	0.
NICHOLAS CAROSI TREASURER	5.00	X		X				0.	0.	0.
CARL BIGGS SECRETARY	3.00	X		X				0.	0.	0.
MARGARET COLON TRUSTEE	3.00	X						0.	0.	0.
PENNY GROSS TRUSTEE	3.00	X						0.	0.	0.
D. MARK LOWERS TRUSTEE	3.00	X						0.	0.	0.
LORI MORRIS TRUSTEE	3.00	X						0.	0.	0.
BUZZ SMITH TRUSTEE	3.00	X						0.	0.	0.
MARK STAVISH TRUSTEE	3.00	X						0.	0.	0.
MAURA SUGHRUE MD TRUSTEE	3.00	X						0.	0.	0.
GEORGE TAWIL MD TRUSTEE	3.00	X						0.	0.	0.
LYDIA THOMAS PHD TRUSTEE	4.00	X						0.	0.	0.
WINSTON UENO MD TRUSTEE	2.00	X						0.	0.	0.
ALAN MERTEN, PHD TRUSTEE	2.00	X						0.	0.	0.
RICHARD MAGENHEIMER ASST TREASURER	5.00			X				0.	875,130.	27,408.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES KIM ASST SECRETARY	5.00			X				0.	242,286.	32,186.
GREGORY SHIELDS ASST SECRETARY	20.00			X				0.	76,277.	5,903.
MARK STAUDER COO	5.00			X				0.	1,259,879.	107,966.
PAT WALTERS EVP	9.00			X				0.	675,569.	24,056.
STEPHEN MOORE SVP, SAFETY AND CLINICAL	9.00			X				0.	351,650.	5,180.
RODNEY HUEBBERS EVP, IHS ADMIN IFH/IWC/I	9.00			X				0.	1,084,500.	87,620.
LEWIS PASTERNAK CEO IFH	9.00			X				0.	843,139.	53,470.
KYLANNE SILVERSTONE EVP, HEALTH SERVICES	9.00			X				0.	792,220.	26,347.
TODD STOTTLEMYER EVP, CORPORATE SERVICES	10.00			X				0.	568,373.	26,830.
JOHN FAY VP, FOUNDATION	40.00				X			375,105.	0.	48,541.
1b Total ▶								1,266,523.	8,513,278.	568,337.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
STATE STREET 2 AVENUE DE LAFAYETTE, BOSTAN, MA 02111	INVESTMENT MANAGEMENT FEES	781,770.
CALAMOS INVESTMENTS 2020 CALAMOS COURT, NAPERVILLE, IL 60563	INVESTMENT MANAGEMENT FEES	583,081.
ALLIANCE BERNSTEIN, ON NORTH LEXINGTON AVENUE, WHITE PLAINS, NY 10601	INVESTMENT MANAGEMENT FEES	491,035.
BLACKROCK 40 EAST 52ND STREET, NEW YORK, NY 10022	INVESTMENT MANAGEMENT FEES	365,525.
WILLIAM BLAIR & COMPANY 222 WEST ADAMS STREET, CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES	275,438.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 16

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	8,230.			
	c Fundraising events	1c	1,475,107.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,868,342.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		8,351,679.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a 2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54950212.			54950212.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory	13437921				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	13437921				
	d Net gain or (loss)		13437921.	13437921.		
	8 a Gross income from fundraising events (not including $ 1475107. of contributions reported on line 1c) See Part IV, line 18	a 414,995.				
	b Less direct expenses	b 813,969.				
	c Net income or (loss) from fundraising events		<398,974.>			<398,974.>
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 4105575.				
	b Less cost of goods sold	b 1847802.				
	c Net income or (loss) from sales of inventory		2,257,773.	2,257,773.		
	Miscellaneous Revenue	Business Code				
	11 a INSURANCE RECOVERY	900099	3,523,019.	3,523,019.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		3,523,019.			
	12 Total revenue. See instructions.		82121630.	19218713.	0.	54551238.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,961,348.	7,961,348.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,226,523.			1,226,523.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,185,258.	330,488.	33,486.	1,821,284.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	164,273.	5,707.	578.	157,988.
9 Other employee benefits	272,577.	24,227.	2,455.	245,895.
10 Payroll taxes	228,906.	23,698.	2,401.	202,807.
11 Fees for services (non-employees).				
a Management	492,317.	149,505.		342,812.
b Legal	4,483.			4,483.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,499,212.	5,499,212.		
g Other	1,614,282.	461,652.	12,271.	1,140,359.
12 Advertising and promotion	31,159.	2,131.	216.	28,812.
13 Office expenses	276,720.	17,368.	1,760.	257,592.
14 Information technology	102,138.	45,302.	4,590.	52,246.
15 Royalties				
16 Occupancy	652,138.	489,631.	49,610.	112,897.
17 Travel	40,025.	15,561.	1,577.	22,887.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,718.	11,706.	1,186.	31,826.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,722.	45,203.	4,580.	2,939.
23 Insurance	34,790.			34,790.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER PURCHASED SERVICE	423,162.	383,514.	38,858.	790.
b SUPPLIES	107,529.	49,674.	5,033.	52,822.
c FOOD	79,640.			79,640.
d TAXES AND FEES	8,043.	58.	6.	7,979.
e BAD DEBT	2,165.	1,966.	199.	
f All other expenses	3,751.	1,883.	191.	1,677.
25 Total functional expenses. Add lines 1 through 24f	21,507,879.	15,519,834.	158,997.	5,829,048.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		410,403.	2	494,835.
	3	Pledges and grants receivable, net		6,243,896.	3	5,635,525.
	4	Accounts receivable, net			4	862,807.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		163,132.	8	162,792.
	9	Prepaid expenses and deferred charges		171,002.	9	61,561.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,830,779.			
	b	Less accumulated depreciation	10b 243,480.	2,550,020.	10c	2,587,299.
	11	Investments - publicly traded securities		1161013408.	11	1749262854.
	12	Investments - other securities See Part IV, line 11		306,251,519.	12	316,351,860.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		45,081,774.	15	19,385,461.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1521885154.	16	2094804994.
Liabilities	17	Accounts payable and accrued expenses		631,212.	17	2,066,589.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		857,783,957.	25	1174905800.
	26	**Total liabilities.** Add lines 17 through 25		858,415,169.	26	1176972389.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		626,737,209.	27	879,009,937.
	28	Temporarily restricted net assets		29,609,304.	28	29,659,646.
	29	Permanently restricted net assets		7,123,472.	29	9,163,022.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		663,469,985.	33	917,832,605.
	34	Total liabilities and net assets/fund balances		1521885154.	34	2094804994.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
INOVA HEALTH SYSTEM FOUNDATION	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 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☒ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
INOVA HEALTH CARE SERVIC	54-0620889	3	X			X	X		7,257,421.
INOVA HEALTH SYSTEM SERV	54-1434144	9	X			X	X		511,342.
INOVA VNA HOME CARE, I	54-1277164	9	X			X	X		192,585.
Total									7,961,348.

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INOVA HEALTH SYSTEM FOUNDATION

Employer identification number
54-1071867

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 organization answered "Yes" to 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 XIV and complete the following table.

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	14736773.	20925870.			
b	Contributions	643,152.	608,833.			
c	Net investment earnings, gains, and losses	2,244,598.	<3537511.>			
d	Grants or scholarships	1,230.	70,560.			
e	Other expenditures for facilities and programs	343,939.	3,144,874.			
f	Administrative expenses	29,779.	44,986.			
g	End of year balance	17249575.	14736773.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 33.00 %
b Permanent endowment ▶ 67.00 %
c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,275,486.		2,275,486.
b Buildings				
c Leasehold improvements				
d Equipment		555,293.	243,480.	311,813.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,587,299.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	316,351,860.	END-OF-YEAR MARKET VALUE
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	316,351,860.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO SUBSIDIARIES AND AFFILIATES	1174905800.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1174905800.

2. FIN 48 Footnote In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FROM INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE INOVA HEALTH SYSTEM FOUNDATION:

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED FASB INTERPRETATION NO. 48"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109" ('FIN 48'), WHICH BECAME EFFECTIVE AS OF JANUARY 1, 2007 AND IS NOW INCLUDED IN ASC TOPIC 740, "INCOME TAXES." ASC TOPIC 740 ADDRESSES THE DETERMINATION OF HOW TAX

Part XIV Supplemental Information *(continued)*

BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER ASC TOPIC 740, THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MUST BE RECOGNIZED ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION. IHS' REASSESSMENT OF ITS TAX POSITIONS IN ACCORDANCE WITH ASC TOPIC 740 DID NOT HAVE A MATERIAL IMPACT ON IHS' RESULTS OF OPERATIONS OR FINANCIAL POSITION.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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" to Form 990, Part IV, line 14b

1 **For grantmakers.** 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? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENT		0.
EAST ASIA AND THE PACIFIC	0	0	PASSIVE INVESTMENT		0.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PASSIVE INVESTMENT		0.
MIDDLE EAST AND NORTH AFRICA	0	0	PASSIVE INVESTMENT		0.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PASSIVE INVESTMENT		0.
SOUTH AMERICA	0	0	PASSIVE INVESTMENT		0.
SOUTH ASIA	0	0	PASSIVE INVESTMENT		0.
Totals ▶	0	0			0.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed

1 (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 non-cash assistance	(h) Description of non-cash 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-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to 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 [X] Mail solicitations
b [ ] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
IDC, LTD.	MAIL AND PHONE SOLICITATIONS	X		70,087.	111,639.	<41,552.>
Total ▶				70,087.	111,639.	<41,552.>

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

VA, MD, DC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

Revenue / Direct Expenses		(a) Event #1 2009 GALA (event type)	(b) Event #2 SPRING LOBSTERFEST (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	714,103.	444,485.	731,514.	1,890,102.
	2 Less Charitable contributions	560,294.	314,761.	600,052.	1,475,107.
	3 Gross income (line 1 minus line 2)	153,809.	129,724.	131,462.	414,995.
Direct Expenses	4 Cash prizes			2,000.	2,000.
	5 Noncash prizes			21,191.	21,191.
	6 Rent/facility costs	39,678.	52,801.	57,512.	149,991.
	7 Food and beverages		93,971.	101,094.	195,065.
	8 Entertainment	172,212.	12,500.	16,787.	201,499.
	9 Other direct expenses	35,631.	59,085.	149,507.	244,223.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(813,969.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	<398,974.>

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
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?	15a			
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?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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? ☐ Yes ☒ No

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (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 non-cash assistance	(h) Purpose of grant or assistance
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	7,257,421.	0.			TO FURTHER THE MISSION OF INOVA HEALTH CARE SERIVCES OF PROVIDING QUALITY HEALTHCARE TO THE
INOVA HEALTH SYSTEM SERVICES 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	54-1434144	501(C)(3)	511,342.	0.			TO FURTHER THE MISSION OF INOVA HEALTH SYSTEM SERIVCES OF PROVIDING
INOVA VNA HOME CARE, INC. 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	54-1277164	501(C)(3)	192,585.	0.			TO FURTHER THE MISSION OF INOVA VNA HOME CARE, INC. OF PROVIDING QUALITY HEALTHCARE TO THE

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INOVA HEALTH CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER THE MISSION OF INOVA HEALTH CARE SERIVCES OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: INOVA HEALTH SYSTEM SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE:

TO FURTHER THE MISSION OF INOVA HEALTH SYSTEM SERIVCES OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INOVA VNA HOME CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER THE MISSION OF INOVA VNA HOME CARE, INC. OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

INOVA HEALTH SYSTEM FOUNDATION

Employer identification number

54-1071867

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
J. KNOX SINGLETON	(ii)	1,074,222.	396,138.	273,895.	14,700.	13,210.	1,772,165.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
RICHARD MAGENHEIMER	(ii)	581,947.	170,228.	122,955.	14,700.	12,708.	902,538.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
JAMES KIM	(ii)	182,253.	39,252.	20,781.	19,861.	12,325.	274,472.	412.
	(i)	0.	0.	0.	0.	0.	0.	0.
MARK STAUDER	(ii)	741,904.	343,423.	174,552.	95,258.	12,708.	1,367,845.	50,897.
	(i)	0.	0.	0.	0.	0.	0.	0.
PAT WALTERS	(ii)	432,980.	141,371.	101,218.	14,700.	9,356.	699,625.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
STEPHEN MOORE	(ii)	129,831.	130,037.	91,782.	3,959.	1,221.	356,830.	45,752.
	(i)	0.	0.	0.	0.	0.	0.	0.
RODNEY HUEBBERS	(ii)	442,316.	147,245.	494,939.	77,049.	10,571.	1,172,120.	98,417.
	(i)	0.	0.	0.	0.	0.	0.	0.
LEWIS PASTERNAK	(ii)	614,033.	193,050.	36,056.	40,070.	13,400.	896,609.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
KYLANNE SILVERSTONE	(ii)	435,227.	131,713.	225,280.	14,700.	11,647.	818,567.	169,382.
	(i)	0.	0.	0.	0.	0.	0.	0.
TODD STOTTLEMYER	(ii)	387,818.	150,000.	30,555.	14,700.	12,130.	595,203.	0.
	(i)	295,058.	15,448.	64,599.	38,497.	10,044.	423,646.	27,053.
JOHN FAY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	146,472.	18,786.	19,100.	15,900.	11,105.	211,363.	1,839.
SARAH BURDI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	134,879.	7,164.	3,159.	4,316.	7,973.	157,491.	0.
LINDA ROBERTSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	126,683.	12,875.	129.	4,317.	12,030.	156,034.	0.
LAURA MOSES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	158,070.	12,937.	11,182.	18,852.	1,314.	202,355.	0.
JULIA BILICKI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	92,493.	2,731.	24,739.	5,892.	892.	126,747.	0.
HAL EPSTEIN	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

PART I, LINE 4B: SERP PLAN PAYMENTS:

J. KNOX SINGLETON - $209,003

RICHARD MAGENHEIMER - $85,051

JAMES KIM $10,261

MARK STAUDER $126,263

RODNEY HUEBBERS $126,883

KYLANNE SILVERSTONE $125,901

PAT WALTERS $ 63,314

STEPHEN MOORE $82,385

JOHN FAY $40,288

SARAH BURDI $8,537

THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP PLAN) IS A NONQUALIFIED RETIREMENT PLAN. EMPLOYEES ELIGIBLE TO PARTICIPATE ARE EXECUTIVE DIRECTORS, ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, CFO, COO, AND CEO. EACH YEAR, A CERTAIN PERCENTAGE OF EACH PARTICIPANT'S BASE SALARY IS CONTRIBUTED TO THE SERP PLAN. THIS AMOUNT RANGES FROM 5% TO 20%, DEPENDING ON POSITION. AFTER THREE

Part III Supplemental Information

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

YEARS OF CONTINUOUS PARTICIPATION, PARTICIPANTS VEST IN 50% OF THEIR BALANCE AT THAT TIME AND ARE PAID OUT THE VESTED BALANCE AS A TAXABLE EVENT. AFTER A TOTAL OF SIX YEARS PARTICIPATION AND AFTER ATTAINING AGE 50, PARTICIPANTS ARE 100% VESTED AND ARE PAID OUT THEIR REMAINING BALANCE AS A TAXABLE EVENT. VESTING THEN REVERTS TO A 3 YEAR ROLLING SCHEDULE UNTIL YEAR 12. THEREAFTER, THE ANNUAL CONTRIBUTION IS PAID OUT TO THE PARTICIPANT EACH YEAR AS A TAXABLE EVENT.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the Organization
INOVA HEALTH SYSTEM FOUNDATION

Employer Identification number
54-1071867

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH BURDI AVP, FOUNDATION	40.00					X		184,358.	0.	27,005.
LINDA ROBERTSON SR DIRECTOR DEVELOPEMENT	40.00					X		145,202.	0.	12,289.
LAURA MOSES SR DIRECTOR DEVELOPEMENT	40.00					X		139,687.	0.	16,347.
DAYNA KUHAR DIRECTOR DEVELOPEMENT	40.00					X		120,019.	0.	12,329.
JULIA BILICKI AVP, FOUNDATION	40.00					X		182,189.	0.	20,166.
HAL EPSTEIN DIRECTOR DEVELOPEMENT	40.00						X	119,963.	0.	6,784.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
LYDIA THOMAS	TRUSTEE	37,867.	SEE SCH O -		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization

INOVA HEALTH SYSTEM FOUNDATION

Employer identification number

54-1071867

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art	X	33	13,275.	COST
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		55,012.	COST AND RESALE VALU
5	Clothing and household goods	X		189,502.	THRIFT SHOP VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property	X	6	104,940.	COST
9	Securities - Publicly traded	X	9	84,660.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	67	32,611.	SALE OF COMPARABLE
19	Food inventory	X	63	31,562.	SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ADVERTISING)	X	6	1,005,332.	SELLING PRICE
26	Other ▶ (GIFT CERTIFIC)	X	673	279,702.	RETAIL VALUE
27	Other ▶ (EVENT TICKETS)	X	90	104,485.	SELLING PRICE
28	Other ▶ (VACATION PACK)	X	79	62,909.	RETAIL VALUE

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

PART I, OTHER TYPES OF PROPERTY:

FACILITY RENTAL

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 2847.

(D) METHOD OF DETERMINING REVENUE: RENTAL PRICE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION, RAISING FUNDS TO SUPPORT INOVA'S TAX-EXEMPT ENTITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIRGINIA AND MARYLAND.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE COMMUNITY. THIS MODEL OF GOVERNANCE HELPS TO ENSURE THAT INOVA MEETS THE DIVERSE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES.

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 FINANCIAL RESOURCES.

PROVIDING FREE AND BELOW COST HEALTH SERVICES TO MEET THE IDENTIFIED NEEDS OF TARGETED 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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization

INOVA HEALTH SYSTEM FOUNDATION

Employer identification number

54-1071867

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.

IHSF IS COMPRISED OF:

1) 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 CHANNELED TO THE COMMUNITY IN THE FORM OF EXPANDED MEDICAL AND OTHER COMMUNITY SERVICES. DURING 2009, FOUNDATION FUNDS WERE USED TO SUPPORT INOVA FAIRFAX HOSPITAL'S WOMEN'S AND CHILDREN'S SERVICES AND ITS NEONATOLOGY PROGRAM, THE LIFE WITH CANCER SUPPORT AND EDUCATIONAL PROGRAM, THE CHILD ABUSE CENTER, AND MANY OTHER PROGRAMS AND SERVICES. IN ADDITION, DONATED FUNDS WERE USED IN 2009 TO SUPPORT MANY OTHER INOVA PROGRAMS, INCLUDING MOUNT VERNON'S INOVA CENTER FOR REHABILITATION AND THE KELLAR CENTER'S BEHAVIORAL SERVICES PROGRAM.

2) INOVA HEALTH CARE SERVICES (IHCS) IS A NOT-FOR-PROFIT CORPORATION

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

THAT OPERATES HOSPITAL FACILITIES, PROGRAMS, AND OTHER SHARED SERVICE ARRANGEMENTS AND CARRIES ON EDUCATION AND RESEARCH ACTIVITIES. AS OF DECEMBER 31, 2009, IHCS OPERATED THREE HOSPITALS, HAVING A TOTAL OF 1,252 LICENSED HOSPITAL BEDS IN FAIRFAX COUNTY, VIRGINIA - INOVA FAIRFAX HOSPITAL (FAIRFAX), INOVA MOUNT VERNON HOSPITAL (MOUNT VERNON), AND INOVA FAIR OAKS HOSPITAL (FAIR OAKS). EACH OF THESE HOSPITALS PROVIDES GENERAL ACUTE CARE SERVICES, INCLUDING EMERGENCY ROOM FACILITIES, INPATIENT AND OUTPATIENT SERVICES, AND A VARYING NUMBER OF ANCILLARY AND SPECIALIZED SERVICES BASED ON THE NEEDS OF THE COMMUNITY. IHCS IS ALSO THE PARENT COMPANY OF THREE FREE-STANDING 24-HOUR EMERGENCY CENTERS, WHICH ARE AFFILIATED WITH ITS HOSPITALS, AND OPERATES THE INOVA RESEARCH CENTER, WHICH PROVIDES A QUALITY ARENA FOR PROFESSIONAL EDUCATION AND CLINICAL RESEARCH. IN ADDITION, IHCS OPERATES SEVERAL OTHER SUBSIDIARIES.

3) INOVA ALEXANDRIA HEALTH SERVICES CORPORATION (AHSC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROMOTE THE HEALTH AND WELL-BEING OF THE ALEXANDRIA, VIRGINIA COMMUNITY. AHSC PROVIDES SERVICES TO THE ALEXANDRIA COMMUNITY THROUGH THE COORDINATION AND OPERATION OF A 318-BED HOSPITAL AND OTHER RELATED HEALTH CARE ENTITIES. FACILITIES OPERATED BY AHSC INCLUDE: INOVA ALEXANDRIA HOSPITAL, INOVA ALEXANDRIA FOUNDATION, AND OTHER AFFILIATES AND SUBSIDIARIES PROVIDING CLINICAL SERVICES AND SUPPORT OF THE DELIVERY OF INTEGRATED HEALTH CARE SERVICES.

4) LOUDOUN HEALTHCARE, INC. (LHI) IS A NOT-FOR-PROFIT CORPORATION

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Open to Public Inspection

Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

ORGANIZED TO PROMOTE THE HEALTH AND WELL-BEING OF LOUDOUN COUNTY, VIRGINIA, AND SURROUNDING AREAS. LHI OPERATES LOUDOUN HOSPITAL CENTER (A 183-BED HOSPITAL), LOUDOUN NURSING AND REHABILITATION CENTER, LOUDOUN HEALTHCARE FOUNDATION AND OTHER HEALTH CARE AND RELATED FACILITIES.

5) INOVA HEALTH SYSTEM SERVICES (IHSS) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES NON-HOSPITAL CLINICAL SERVICES. IHSS AND ITS SUBSIDIARIES PROVIDE LONG-TERM CARE AND BEHAVIORAL HEALTH SERVICES. LONG-TERM CARE IS PROVIDED BY IHSS'S TWO NURSING HOMES, COMMONWEALTH CARE CENTER AND CAMERON GLEN CARE CENTER, WHICH PROVIDE A TOTAL OF 377 LICENSED NURSING HOME BEDS, AND THROUGH ELDERLINK, A COOPERATIVE PROGRAM PROVIDING CASE MANAGEMENT TO OLDER ADULTS AND INOVA ASSISTED LIVING, A TRANSITIONAL LIVING FACILITIES PROVIDER. IN ADDITION, COMPREHENSIVE ADDICTION TREATMENT SERVICES PROVIDES SERVICES TO ADULTS SUFFERING FROM ALCOHOL AND OTHER CHEMICAL DEPENDENCIES. THE KELLAR CENTER PROVIDES TREATMENT FOR CHILDREN AND ADOLESCENTS WITH SUBSTANCE ABUSE AND BEHAVIORAL AND EMOTIONAL PROBLEMS.

6) INOVA VNA HOME CARE (IVNA) IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES QUALITY HOME CARE DESIGNED TO IMPROVE THE HEALTH OF THE DIVERSE COMMUNITY IT SERVES.

7) IMANCO, INC. IS A NOT-FOR-PROFIT MANAGEMENT SERVICES COMPANY THAT PROVIDES EXECUTIVE MANAGEMENT OVERSIGHT TO IHSF AND ITS PRINCIPAL AFFILIATES.

SCHEDULE O (Form 990)

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Supplemental Information to Form 990

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Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

8) INOVA HOLDINGS, INC. 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.

PROGRAM SERVICES

PHILANTHROPY IS CRITICAL TO INOVA'S MISSION. EACH GIFT OR PARTNERSHIP " NO MATTER ITS SIZE" IS AN INVALUABLE INVESTMENT IN COMMUNITY HEALTHCARE THAT HELPS EXPAND INOVA'S CAPABILITIES OVER AND ABOVE WHAT WE CAN DO ALONE. THERE ARE 300 PHILANTHROPIC FUNDS IN THE INOVA FOUNDATION AND THESE GIFTS HELP US SAVE LIVES AND IMPROVE COMMUNITY HEALTH.

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. AN EXAMPLE OF THIS IS THE FUND DESIGNATED TO SUPPORT PARTNERSHIP FOR HEALTHIER KIDS (PHK). THIS PROGRAM WORKS CLOSELY WITH SCHOOL SYSTEMS, COMMUNITY ORGANIZATIONS AND LOCAL GOVERNMENTS TO KEEP KIDS HEALTHY. PHK'S ACCESS TO CARE INITIATIVE IDENTIFIES UNINSURED CHILDREN AND CONNECTS THEM TO APPROPRIATE AND AFFORDABLE SOURCES OF QUALITY HEALTHCARE SERVICES. PHK SERVED OVER 4,000 CHILDREN IN 2009.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

THE INOVA JUNIPER PROGRAM PROVIDES OUTPATIENT PRIMARY MEDICAL CARE, MENTAL HEALTH THERAPY, SUBSTANCE ABUSE TREATMENT, PHARMACEUTICAL ASSISTANCE, NUTRITIONAL COUNSELING AND CASE-MANAGEMENT SERVICES TO PERSONS IN NORTHERN VIRGINIA LIVING WITH HIV. THE PROGRAM IS SUPPORTED SIGNIFICANTLY THROUGH PHILANTHROPY AND IS AN IMPORTANT COMMUNITY RESOURCE.

THE LIFE WITH CANCER PROGRAM PROVIDES SUPPORT TO PATIENTS AND FAMILY MEMBERS WHOSE LIVES ARE IMPACTED BY A CANCER DIAGNOSIS AND SUBSEQUENT TREATMENT. SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, SUPPORT GROUPS FOR CHILDREN AND ADULTS, EDUCATIONAL CLASSES, CRISIS INTERVENTION, AND A RESOURCE LIBRARY OF BOOKS AND VIDEOTAPES. OVER 32,000 SERVICE HOURS WERE PROVIDED DURING 2009.

THE CLAUDE MOORE HEALTH EDUCATION CENTER WAS CONSTRUCTED ON THE FAIRFAX HOSPITAL CAMPUS TO PROVIDE EDUCATION FOR DIVERSE HEALTHCARE PROFESSIONALS AND FOR COMMUNITY HEALTH EDUCATION PROGRAMS OPERATED BY INOVA HEALTH SYSTEM AND ITS COMMUNITY PARTNERS. THE CLAUDE MOORE FUND WAS ESTABLISHED TO COLLECT DONATIONS FOR THE CONSTRUCTION COSTS. THE GREATEST NEEDS FUND IS USED TO FURTHER RESEARCH, PATIENT CARE, EQUIPMENT OR IHS PROGRAMMATIC ENHANCEMENTS.

THE KELLAR CENTER FUND WAS ESTABLISHED TO RAISE FUNDS FOR THE PURCHASE OF A NEW FACILITY FOR THE KELLAR CENTER PROGRAM WHICH PROVIDES MENTAL HEALTH SERVICES TO CHILDREN AND ADOLESCENTS. DURING 2009, APPROXIMATELY $607,000 OF THE FUND WAS USED TO PROVIDE PATIENT TREATMENT, SCHOOL

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

SCHOLARSHIPS, SCHOOL AND OTHER PROGRAM RELATED EXPENSES. THE KELLAR CENTER HELD OVER 72,000 SESSIONS DURING 2009.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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. FUNDRAISING ACTIVITIES INCLUDE SPECIAL SALES EVENTS FOR HOSPITAL EMPLOYEES AND THE ANNUAL TREE LIGHTING CEREMONY. THE COST ASSOCIATED WITH THE AUXILIARIES WAS $1.6 MILLION IN 2009.

EXPENSES $ 1569223. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BERMUDA, CAYMAN ISLANDS, CHINA, INDONESIA, JAPAN, SOUTH KOREA, MALAYSIA, PHILIPPINES, TAIWAN, CZECH REPUBLIC, DENMARK, GREECE, HUNGARY, POLAND, ROMANIA, SLOVAKIA, TURKEY, UNITED KINGDOM, BAHRAIN, EGYPT, ISRAEL, UNITED ARAB EMIRATES, RUSSIA, ARGENTINA, BRAZIL, CHILE, COLOMBIA, PERU, INDIA, THAILAND

FORM 990, PART VI, SECTION A, LINE 2: MARK LOWERS AND MARK STAVISH - BUSINESS RELATIONSHIP

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Name of the organization

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BUZZ SMITH AND STEVE CUMBIE - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED AND PROVIDED TO THE CHIEF ACCOUNTING OFFICER AND EXTERNAL TAX CONSULTANTS FOR INITIAL REVIEW. AFTER THE REVIEW IT IS GIVEN TO THE CFO OF INOVA HEALTH SYSTEM FOR HIS 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. IN THIS PROCESS, THE FORM 990 HAS BEEN PROVIDED TO THE GOVERNING BOARD APPROXIMATELY TWO WEEKS PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: YES, 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.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

FORM 990, PART VI, SECTION B, LINE 15: ALL SENIOR MANAGEMENT POSITIONS ARE EVALUATED ANNUALLY FOR THEIR JOB CONTENT, SCOPE AND COMPLEXITY. COMPENSATION LEVELS FOR VICE PRESIDENT LEVELS AND ABOVE ARE REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTANT TO ENSURE THAT REMUNERATION IS CONSISTENT WITH THE ORGANIZATION'S STATED COMPENSATION PHILOSOPHY AND OBJECTIVES AND COMPETITIVE WITH OTHER LARGE COMPLEX HEALTH SYSTEMS. THE INDEPENDENT COMPENSATION CONSULTANT MAINTAINS NATIONAL BENCHMARK COMPENSATION DATABASES AND SURVEYS. FORMS 990 OF COMPARABLE HEALTHCARE SYSTEMS ARE ALSO USED TO DETERMINE MARKET LEVELS OF COMPENSATION. IN ADDITION, THE INOVA HEALTH SYSTEM'S CEO'S COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY AN INDEPENDENT GOVERNING BOARD.

ALL OTHER MANAGEMENT POSITIONS ARE EVALUATED ANNUALLY FOR THEIR JOB CONTENT TO ASSURE THAT EXTERNAL COMPENSATION COMPARISONS ACCURATELY REFLECT JOB SIZE AND COMPLEXITY. SALARY RANGES ARE DEVELOPED FOR EACH MANAGEMENT POSITION CLASSIFICATION. THESE RANGES WILL ENSURE THAT THE COMPENSATION LEVELS ARE CONSISTENT WITH THE ORGANIZATION'S STATED PHILOSOPHY AND OBJECTIVES. AT LEAST ANNUALLY EACH MANAGEMENT POSITION CLASSIFICATION IS REVIEWED USING NATIONALLY RECOGNIZED THIRD PARTY SALARY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 1023 AND FORM 990 ARE AVAILABLE AT THE ADDRESS LISTED ON PAGE 1 OF THE FORM 990 UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 19: INOVA HEALTH SYSTEM MAKES CERTAIN

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

INFORMATION PUBLICLY AVAILABLE. INOVA'S CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE DIGITAL ASSURANCE CORPORATION'S (DAC) WEBSITE. IN ADDITION, THE QUARTERLY FINANCIAL STATEMENTS OF THE INOVA ENTITIES THAT ARE OBLIGATED TO SERVICE THE INOVA BONDS, CALLED THE INOVA HEALTH SYSTEM OBLIGATED GROUP (WHICH REPRESENTS THE VAST MAJORITY OF INOVA'S FINANCIAL RESULTS) ARE POSTED ON THE DAC WEBSITE WITHIN 60 DAYS OF EACH QUARTER-END, EXCEPT THE 4TH QUARTER WHICH IS POSTED WITHIN 150 DAYS AFTER YEAR-END ALONG WITH INOVA'S FULLY CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS (MENTIONED ABOVE). INOVA'S FORM 990S ARE DISCLOSED ON THE GUIDESTAR WEBSITE. 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 III 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. THE CODE ALSO REFERS TO THE CONFLICT OF INTEREST POLICY WHICH IS AVAILABLE TO STAFF AND PHYSICIANS ON INOVA'S INTRANET WEBSITE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LYDIA THOMAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION $ 37867.

(D) DESCRIPTION OF TRANSACTION: SEE SCH O - NOBLIS IS THE DEVELOPER OF A SYSTEM USED TO TRACK AND MONITOR RECALLS OF MEDICAL PRODUCTS AND EQUIPMENT. INOVA SUBSCRIBES TO THE SYSTEM WHICH ALLOWS INOVA TO TRACK

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

AND TREND PRODUCT AND EQUIPMENT RECALLS THROUGHOUT ALL INOVA FACILITIES. THE PAYMENT REFERENCED HERE WAS MADE IN LATE 2009 AND APPLIES TO 2010. SERVICES PROVIDED AT ARM'S LENGTH AND CUSTOMARY RATES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

MANY OF THE NURSING PROGRAMS AND ACTIVITIES AT IHSF ARE SUPPORTED IN LARGE PART WITH DONATIONS. INOVA HAS A STRONG COMMITMENT TO ELEVATE INOVA'S NURSING PRACTICE, EDUCATION AND RESEARCH TOWARD A LEVEL OF GLOBAL DISTINCTION. THE INOVA INSTITUTE FOR NURSING EXCELLENCE FUND PROVIDES A WIDE VARIETY OF SUPPORT FOR NURSING EDUCATION. THIS INCLUDES SCHOLARSHIPS TO SENIOR NURSING STUDENTS COMMITTED TO JOINING INOVA FOR A MINIMUM OF TWO YEARS FOLLOWING GRADUATION. THE FUND ALSO SUPPORTS CONTINUING EDUCATION FOR NURSES TO ATTEND NATIONAL AND SPECIALTY CONFERENCES TO FURTHER THEIR TRAINING AND ACHIEVE ADVANCED CERTIFICATIONS. TOTAL SUPPORT PROVIDED IN 2009 TO THE COMMUNITY AND INOVA PROGRAMS WAS APPROXIMATELY $8.8 MILLION.

PART V, 1A AND 2A

NUMBER OF 1099S AND EMPLOYEES

THE ORGANIZATION FILES ITS FORM 1099S UNDER THE PARENT ENTITY AND DOES NOT REPORT ANY AMOUNTS UNDER ITS OWN EIN.

THE ORGANIZATION FALLS UNDER A MASTER PAY AGENT AND DOES FILE ANY PAYROLL RETURNS UNDER ITS OWN EIN, HOWEVER ALL REQUIRED RETURNS HAVE

BEEN FILED ON TIME.

PART XI, 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 LARGE "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 AUDIT AND COMPLIANCE SUB-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 XI, LINE 3A

A-133 AUDIT

THE COMPANY IS A SUBSIDIARY OF THE INOVA HEALTH SYSTEM, A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHERN VIRGINIA AND SURROUNDING AREAS. THE COMPANY RECEIVES VARIOUS FEDERAL GRANTS. THESE GRANTS AND AWARDS ARE AUDITED AS PART OF THE CONSOLIDATED INOVA HEALTH SYSTEM A-133 COMPLIANCE AUDIT. THE INOVA HEALTH SYSTEM' FEDERAL GRANTS ARE AUDITED ON AN ANNUAL BASIS BY A LARGE

SCHEDULE O (Form 990)

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2009

Open to Public Inspection

Name of the organization: INOVA HEALTH SYSTEM FOUNDATION

Employer identification number: 54-1071867

"BIG FOUR" INDEPENDENT PUBLIC ACCOUNTING FIRM AND A "REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROLS OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133" IS ISSUED ON A CONSOLIDATED BASIS. THE AUDIT AND COMPLIANCE SUB-COMMITTEE OF THE BOARD OF TRUSTEES OF INOVA HEALTH SYSTEM IS RESPONSIBLE FOR THE OVERSIGHT OF THE A-133 AUDIT, INCLUDING THE HIRING OF THE AUDIT FIRM, REVIEW AND APPROVAL OF AUDITED FINANCIAL STATEMENTS AND COMMUNICATIONS WITH THE EXTERNAL AUDITORS AT LEAST TWICE A YEAR WITHOUT THE PRESENCE OF INTERNAL MANAGEMENT.

PART VII, COLUMN B

HOURS WORKED

THE FOLLOWING INDIVIDUALS HAVE HOURS PER WEEK WORKED ON RELATED ORGANIZATIONS:

J. KNOX SINGLETON, 40 HOURS

JAMES KIM, 45 HOURS

RICHARD MAGENHEIMER, 45 HOURS

TODD STOTTLEMYER, 40 HOURS

MARK STAUDER, 45 HOURS

RODNEY HUEBBERS, 41 HOURS

STEPHEN MOORE, 41 HOURS

LEWIS PASTERNAK, 41 HOURS

KYLANNE SILVERSTONE, 41 HOURS

PATRICK WALTERS, 41 HOURS

JOHN FAY, 10 HOURS

SCHEDULE O
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INOVA HEALTH SYSTEM FOUNDATION

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54-1071867

GREG SHIELDS, 20 HOURS

STEPHEN CUMBIE, 5 HOURS

D. MARK LOWERS, 6 HOURS

MARK STAVISH, 6 HOURS

BUZZ SMITH, 4 HOURS

CARL BIGGS, 2 HOURS

GEORGE TAWIL, 2 HOURS

JOHN TOUPS, 2 HOURS

LORI MORRIS, 2 HOURS

MARGARET COLON, 2 HOURS

NICHOLAS CAROSI, 2 HOURS

SCHEDULE R (Form 990)
Department of the Treasury
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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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2009

Open to Public Inspection

Name of the organization

INOVA HEALTH SYSTEM FOUNDATION

Employer identification number

54-1071867

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INOVA VNA HOME CARE - 54-1277164 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	HOME HEALTH CARE	VIRGINIA	501(C)(3)	9	N/A
INOVA HEALTH CARE SERVICES - 54-0620889 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	HOSPTIAL SYSTEM	VIRGINIA	501(C)(3)	3	N/A
INOVA HEALTH SYSTEM SERVICES - 54-1434144 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	NURSING HOMES	VIRGINIA	501(C)(3)	9	N/A
IMANCO, INC, - 54-1340725 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	PAYROLL CORPORATION	VIRGINIA	501(C)(3)	11, I	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
INOVA HOLDINGS, INC. - 51-0332880 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	MEDICAL EQUIPMENT	VA	N/A	C CORP	1569193.	16496923.	100%
INTEGRATED PHYSICIANS SERVICES - 54-1734471 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	INACTIVE CORPORATION	VA	N/A	C CORP	0.	0.	100%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) INOVA HEALTH CARE SERVICES	B	3,790,837.
(2) INOVA VNA HOME CARE	B	203,499.
(3) INOVA HEALTH SYSTEM SERVICES	B	225,880.
(4) INOVA HEALTH CARE SERVICES	R	277,352,660.
(5) INOVA ALEXANDRIA HOSPITAL	R	28,471,293.
(6) ALEXANDRIA HOSPITAL FOUNDATION	R	3,821,319.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INOVA ALEXANDRIA HEALTH SERVICES CORPORATION - 52-1356573, 8110 GATEHOUSE ROAD, SUITE 400W, FALLS CHURCH, VA 22042	INACTIVE CORPORATION	VIRGINIA	501(C)(3)	11, I	N/A
INOVA PHYSICAL REHABILITATON SERVICES - 54-1692089, 8110 GATEHOUSE ROAD, SUITE 400W, FALLS CHURCH, VA 22042	REHABILITATION SERVICES	VIRGINIA	501(C)(3)	9	N/A
INOVA ALEXANDRIA HOSPITAL - 54-0505861 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	HOSPTIAL SYSTEM	VIRGINIA	501(C)(3)	3	N/A
INOVA MEDICAL FOUNDATION - 54-1716343 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	MANAGED CARE SERVICES	VIRGINIA	501(C)(3)	11, I	N/A
UMC HOLDINGS, INC. - 54-1390795 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	URGENT CARE SERVICES	VIRGINIA	501(C)(3)	9	N/A
INOVA EMPLOYEE ASSISTANCE - 54-1916699 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	EMPLOYEE SERVICES	VIRGINIA	501(C)(3)	11, I	N/A
ALEXANDRIA COMMUNITY HEALTHCARE GROUP - 54-1444341, 8110 GATEHOUSE ROAD, SUITE 400W, FALLS CHURCH, VA 22042	INACTIVE CORPORATION	VIRGINIA	501(C)(3)	11, I	N/A
ALEXANDRIA HOSPITAL FOUNDATION - 51-0241913 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	FUNDRAISING	VIRGINIA	501(C)(3)	11, I	N/A
LOUDOUN HOSPITAL CENTER - 54-0525802 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	HOSPITAL SYSTEM	VIRGINIA	501(C)(3)	3	N/A
LOUDOUN NURSING AND REHABILITATION CENTER - 54-1361310, 8110 GATEHOUSE ROAD, SUITE 400W, FALLS CHURCH, VA 22042	REHABILITATION SERVICES	VIRGINIA	501(C)(3)	9	N/A
LOUDOUN HEALTH SERVICES - 54-1555489 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	SURGERY CENTER	VIRGINIA	501(C)(3)	9	N/A
LOUDOUN HEALTH CARE FOUNDATION - 54-2011240 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	FUNDRAISING	VIRGINIA	501(C)(3)	11, I	N/A

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LOUDOUN HEALTHCARE,INC. - 54-1361309 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	INACTIVE CORPORATION	VIRGINIA	501(C)(3)	11, I	N/A
LHI PROPERTIES, INC. - 54-1651315 8110 GATEHOUSE ROAD, SUITE 400W FALLS CHURCH, VA 22042	INACTIVE CORPORATION	VIRGINIA	501(C)(3)	11, I	N/A

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) INOVA ALEXANDRIA HEALTH SERVICES CORPORATION	R	482,779.
(8) LOUDOUN HOSPITAL CENTER	Q	24,993,173.
(9) LOUDOUN NURSING AND REHABILITATION CENTER	R	511,902.
(10) LOUDOUN HEALTH SERVICES	Q	237,523.
(11) LOUDOUN HOSPITAL FOUNDATION	R	961,386.
(12) INOVA MEDICAL FOUNDATION	Q	21,303.
(13) INOVA HEALTH SYSTEM SERVICES	Q	305,718.
(14) INOVA PHYSICAL REHABILITATION SERVICES	R	1,643,789.
(15) INOVA EMPLOYEE ASSISTANCE	R	712,948.
(16) UMC HOLDINGS, INC.	R	17,855.
(17) INOVA VNA HOME CARE	R	402,231.
(18) IMANCO, INC.	Q	42,636.
(19) INOVA HEALTH CARE SERVICES	K	7,257,421.
(20) INOVA HEALTH SYSTEM SERVICES	K	511,342.
(21) INOVA VNA HOME CARE INC	K	192,585.
(22)		
(23)		
(24)		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	INOVA HEALTH SYSTEM FOUNDATION		54-1071867
	Number, street, and room or suite no If a P.O box, see instructions 8110 GATEHOUSE ROAD, SUITE 400W		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions FALLS CHURCH, VA 22042		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

INOVA HEALTH SYSTEM FOUNDATION

- The books are in the care of ▶ 8110 GATEHOUSE ROAD, SUITE 400W - 22042
  Telephone No ▶ (703) 289-2433 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009 , or other tax year beginning _____ , and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER NEEDS ADDITIONAL TIME TO OBTAIN INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ TAX MANAGER Date ▶