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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 private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization INOVA HEALTH SYSTEM FOUNDATION		D Employer identification number 54-1071867	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	8110 GATEHOUSE ROAD SUITE 400W		(703) 289-2433	
	City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22042		G Gross receipts \$ 187,447,944	
F Name and address of principal officer J KNOX SINGLETON 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH,VA 22042		H(a) Is this a group return for subordinates? ☐ Yes ☒ No		
		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ()  (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number 		
J Website:  INOVA.ORG				

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other 	L Year of formation 1977	M State of legal domicile VA
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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 FOUNDATION, RAISING FUNDS TO SUPPORT INOVA'S TAX-EXEMPT ENTITIES		
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	19	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	50	
6 Total number of volunteers (estimate if necessary)	6	400	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	41,505	
b Net unrelated business taxable income from Form 990-T, line 34	7b	40,505	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,317,478	9,843,440
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	522,314,436	140,110,727
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,839,789	3,990,560
	538,792,125	153,944,727	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,129,607	12,010,314
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,861,331	5,508,612
	16a Professional fundraising fees (Part IX, column (A), line 11e)	92,220	147,250
	b Total fundraising expenses (Part IX, column (D), line 25)  6,371,685		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,551,307	18,721,028
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,634,465	36,387,204
	19 Revenue less expenses Subtract line 18 from line 12	513,157,660	117,557,523
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,529,402,780	3,896,907,487
	21 Total liabilities (Part X, line 26)	1,801,132,135	2,042,521,088
	22 Net assets or fund balances Subtract line 21 from line 20	1,728,270,645	1,854,386,399

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	2015-11-09 Date
	 RICHARD MAGENHEIMER CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRED HUTCHISON	Preparer's signature FRED HUTCHISON	Date	Check ☐ if self-employed	PTIN P00640420
	Firm's name  COHNREZNICK LLP			Firm's EIN  22-1478099	
	Firm's address  7501 WISCONSIN AVE SUITE 400E BETHESDA, MD 20814			Phone no (703) 744-6700	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 VIRGINIA AND MARYLAND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$)	15,477,315	including grants of \$	12,010,314	(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 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 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 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 2014, 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 FORENSIC ASSESSMENT CONSULTATION TEAM (FACT) PROGRAM, AND MANY OTHER PROGRAMS AND SERVICES. IN ADDITION, DONATED FUNDS WERE USED IN 2014 TO SUPPORT MANY OTHER INOVA PROGRAMS INCLUDING INOVACARES CLINICS FOR WOMEN AND CHILDREN AND THE KELLAR CENTER'S BEHAVIORAL SERVICES PROGRAM. INOVA HEALTH CARE SERVICES (IHCS) IS A NOT-FOR-PROFIT CORPORATION THAT OPERATES HOSPITAL FACILITIES, PROGRAMS, AND OTHER SHARED SERVICE ARRANGEMENTS AND CARRIES ON EDUCATION AND RESEARCH ACTIVITIES. AS OF DECEMBER 31, 2014, IHCS OPERATED FOUR HOSPITALS, HAVING A TOTAL OF 1,570 LICENSED HOSPITAL BEDS IN FAIRFAX COUNTY, VIRGINIA - INOVA FAIRFAX HOSPITAL (FAIRFAX), INOVA MOUNT VERNON HOSPITAL (MOUNT VERNON), INOVA ALEXANDRIA HOSPITAL 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 AND ITS SUBSIDIARIES PROVIDE LONG-TERM CARE AND BEHAVIORAL HEALTH SERVICES. LONG TERM CARE IS PROVIDED THROUGH INOVA ASSISTED LIVING, A TRANSITIONAL LIVING FACILITIES PROVIDER AND THROUGH ELDERLINK, A COOPERATIVE PROGRAM PROVIDING CASE MANAGEMENT SERVICES TO OLDER ADULTS. 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. IHCS IS ALSO THE PARENT COMPANY OF FOUR 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 INOVA ALEXANDRIA FOUNDATION A CHARITABLE FOUNDATION. LOUDOUN HOSPITAL CENTER (LHC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROMOTE THE HEALTH AND WELL-BEING OF LOUDOUN COUNTY, VIRGINIA, AND SURROUNDING AREAS. LHC OPERATES LOUDOUN HOSPITAL CENTER (A 183-BED HOSPITAL), LOUDOUN NURSING AND REHABILITATION CENTER, LOUDOUN HEALTHCARE FOUNDATION AND OTHER HEALTHCARE RELATED FACILITIES. 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. IMANCO, INC. IS A NOT-FOR-PROFIT MANAGEMENT SERVICES COMPANY THAT PROVIDES EXECUTIVE MANAGEMENT OVERSIGHT TO IHSF AND ITS PRINCIPAL AFFILIATES. INTOTAL HEALTH, LLC IS A MEDICAID MANAGED CARE HEALTH INSURANCE PLAN THAT IS LICENSED BY THE COMMONWEALTH OF VIRGINIA. THE PLAN SERVES APPROXIMATELY 58,000 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, CHILDREN'S HEALTH INSURANCE PROGRAM RECIPIENTS, AND SUPPLEMENTAL SECURITY INCOME/AGED, BLIND AND DISABLED MEMBERS THROUGH THE MEDALLION 3.0 AND FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PROGRAMS. THE PLAN'S NETWORK INCLUDES PRIMARY CARE AND SPECIALIST PHYSICIANS, HOSPITALS, NURSING FACILITIES, HOME HEALTH CARE AGENCIES, AND OTHER MEDICAL PROVIDERS WHO PROVIDE MEDICAL CARE AS WELL AS ASSIST IN THE COORDINATION OF MEMBER CARE. THE PLAN PROVIDES CASE MANAGEMENT AND OUTREACH SERVICES TO ITS MEMBERS IN ORDER TO ASSESS THEIR NEEDS AND TO HELP COORDINATE THEIR CARE WITH THE HEALTHCARE SYSTEM AND COMMUNITY. INOVA HOLDINGS, INC. (IHI) IS THE PARENT HOLDING COMPANY FOR VARIOUS TAXABLE ENTITIES WITHIN INOVA INCLUDING TECHNICAL DYNAMICS INC., A BIOMEDICAL EQUIPMENT MAINTENANCE AND ENGINEERING COMPANY. IHI AND ITS SUBSIDIARIES OPERATE FACILITIES PROVIDING A VARIETY OF HEALTH CARE AND SUPPORT SERVICES TO PATIENTS AND TO AFFILIATED HEALTH CARE PROVIDERS. PROGRAM SERVICES. PHILANTHROPY IS CRITICAL TO INOVA'S MISSION. THERE ARE 528 PHILANTHROPIC FUNDS IN INOVA'S FOUNDATION INCLUDING 369 FUNDS WITH THE INOVA HEALTH FOUNDATION, 89 FUNDS WITH THE INOVA ALEXANDRIA HOSPITAL FOUNDATION, AND 70 FUNDS WITH THE INOVA LOUDOUN HOSPITAL FOUNDATION. THIS BROAD RANGE OF PHILANTHROPY HELPS INOVA STAY ON THE FOREFRONT OF MEDICAL ADVANCES, DEVELOP NEW PROGRAMS TO MEET CHANGING NEEDS AND PROVIDE AFFORDABLE HEALTHCARE TO ALL WHO NEED IT. PROGRAMS SUPPORTED INCLUDE PARTNERSHIP FOR HEALTHIER KIDS (PHK), SERVING 4,034 CHILDREN IN 2014, THE INOVA JUNIPER PROGRAM SERVING MORE THAN 1,700 PERSONS LIVING WITH HIV, AND THE LIFE WITH CANCER PROGRAM WITH 32,268 SERVICE HOURS SPENT WITH PATIENTS. TOTAL SUPPORT PROVIDED IN 2014 TO THE COMMUNITY AND INOVA PROGRAMS WAS APPROXIMATELY \$12 MILLION.				

4b	(Code) (Expenses \$ 12,097,071 including grants of \$) (Revenue \$)
	INVESTMENT MANAGEMENT FEES OF \$11 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

[illegible]

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	1,725,743	including grants of \$	) (Revenue \$	)

4e	Total program service expenses	29,300,129
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c 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 	11c	No
d 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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
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 (see instructions) 	17 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?	Yes	
b	BR, CA, CI, CO, EZ, DA, CF, HU, EN, GR, IS, JA, MY, NI, PE, PL, KS, TW, TU If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

18

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

Own website

Another's website

Upon request

Other (explain in Schedule O)

19

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20

State the name, address, and telephone number of the person who possesses the organization's books and records.

INOVA HEALTH SYSTEM FOUNDATION

8110 GATEHOUSE ROAD SUITE 400W

FALLS CHURCH, VA 22042 (703) 289-2433

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,133,790	13,066,092	3,301,241

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization15

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
WALTER SCOTT & PARTNERS LIMITED ONE CHARLOTTE SQUARE EDINBURGH, SCOTLAND UK		INVESTMENT MANAGEMENT FEES	1,253,670
WELLINGTON 280 CONGRESS STREET BOSTON, MA 02210		INVESTMENT MANAGEMENT FEES	1,214,798
UBS REALTY INVESTORS LLC 10 STATE HOUSE SQUARE 15TH FLOOR HARTFORD, CT 06103		INVESTMENT MANAGEMENT FEES	1,198,135
RREEF AMERICA LLC 875 NORTH MICHIGAN AVE FLR 41 CHICAGO, IL 60611		INVESTMENT MANAGEMENT FEES	1,152,130
HARDING LOEVNER LP 400 CROSSING BLVD FOURTH FLOOR BRIDGEWATER, NJ 08807		INVESTMENT MANAGEMENT FEES	1,091,720
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization21		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	18,162		
	c	Fundraising events	1c	1,723,649		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,101,629		
	g	Noncash contributions included in lines 1a-1f \$		1,060,249		
	h	Total. Add lines 1a-1f		9,843,440		
Program Service Revenue	2a	Business Code				
	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)	70,657,276		41,505
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)	69,453,451	69,453,451		
8a		Gross income from fundraising events (not including \$ 1,723,649 of contributions reported on line 1c) See Part IV, line 18	a	1,147,739		
b		Less direct expenses	b	1,282,523		
c		Net income or (loss) from fundraising events		-134,784		-134,784
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a	5,899,763		
b		Less cost of goods sold	b	1,426,414		
c		Net income or (loss) from sales of inventory		4,473,349	4,473,349	
		Miscellaneous Revenue	Business Code			
11a		INNOVATION HEALTH SEE SCHEDULE O	524298	-31,617	-31,617	
b	INNOVATION HEALTH HOLDINGS LLC	524298	-316,388	-316,388		
c						
d	All other revenue					
e	Total. Add lines 11a-11d		-348,005			
12	Total revenue. See Instructions		153,944,727	73,578,795	41,505	70,480,987

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,010,314	12,010,314		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,133,790			1,133,790
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	3,424,223	1,525,907	232,050	1,666,266
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	292,462	92,650	14,090	185,722
9	Other employee benefits	333,474	74,320	11,302	247,852
10	Payroll taxes	324,663	111,762	16,996	195,905
11	Fees for services (non-employees)				
a	Management	695,530	177,623	27,012	490,895
b	Legal	207,675	175,471	26,685	5,519
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	147,250			147,250
f	Investment management fees	12,097,117	12,097,071	46	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,940,336	715,207	33,975	1,191,154
12	Advertising and promotion	100,966	73,767	11,218	15,981
13	Office expenses	71,307	1,058	161	70,088
14	Information technology	61,790	53,446	8,344	
15	Royalties				
16	Occupancy	882,593	756,152	114,991	11,450
17	Travel	99,343	29,150	4,433	65,760
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,141	20,305	3,088	33,748
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,760	38,072	5,790	2,898
23	Insurance	37,192	419	64	36,709
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PHYSICIAN FEES	800,000	694,400	105,600	
b	BAD DEBT	526,219	405	62	525,752
c	OTHER PURCHASED SERVICE	372,222	320,134	48,684	3,404
d	TAXES AND LICENSES	287,786	209,532	31,864	46,390
e	All other expenses	437,051	122,964	18,935	295,152
25	Total functional expenses. Add lines 1 through 24e	36,387,204	29,300,129	715,390	6,371,685
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			355,025	2	495,084
	3	Pledges and grants receivable, net			15,515,400	3	14,989,650
	4	Accounts receivable, net			778,467	4	784,592
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			176,963	8	147,997
	9	Prepaid expenses and deferred charges			166,359	9	195,588
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,988,040			
	b	Less accumulated depreciation	10b	540,247	2,472,096	10c	2,447,793
	11	Investments—publicly traded securities			2,165,380,224	11	2,198,465,704
	12	Investments—other securities See Part IV, line 11			1,204,342,925	12	1,531,219,824
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			140,215,321	15	148,161,255
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,529,402,780	16	3,896,907,487	
Liabilities	17	Accounts payable and accrued expenses			2,994,747	17	3,910,078
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,798,137,388	25	2,038,611,010
	26	Total liabilities. Add lines 17 through 25			1,801,132,135	26	2,042,521,088
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,659,943,412	27	1,788,130,793
	28	Temporarily restricted net assets			56,852,850	28	55,053,779
	29	Permanently restricted net assets			11,474,383	29	11,201,827
	Organizations that do not follow SFAS 117 (ASC 958), 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			1,728,270,645	33	1,854,386,399
	34	Total liabilities and net assets/fund balances			3,529,402,780	34	3,896,907,487

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,944,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,387,204
3	Revenue less expenses Subtract line 2 from line 1	3	117,557,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,728,270,645
5	Net unrealized gains (losses) on investments	5	12,988,750
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,430,519
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,854,386,399

Part XII Financial Statements and Reporting

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

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 54-1071867
Name: INOVA HEALTH SYSTEM FOUNDATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	1,725,743	including grants of \$	) (Revenue \$	)
THE FOUNDATION MAINTAINS AUXILIARY SERVICES AT THE HOSPITALS FOR THE PURPOSE OF OPERATING GIFT AND THRIFT SHOPS THAT PROVIDE SUPPORT TO THE HOSPITALS WITHIN THE SYSTEM THE AUXILIARIES RECEIVE COMMISSIONS FROM VARIOUS FUNDRAISING ACTIVITIES THE COST ASSOCIATED WITH THE AUXILIARIES WAS \$2 MILLION IN 2014					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J KNOX SINGLETON CEO	10 00 40 00	X		X				0	5,249,252	751,544
(1) STEPHEN M CUMBIE PAST CHAIRMAN	6 00 3 00	X		X				0	0	0
(2) MAURA SUGHRUE MD TRUSTEE	2 00	X						0	0	0
(3) NICHOLAS CAROSI CHAIRMAN	5 00 2 00	X		X				0	0	0
(4) TONY NADER SECRETARY	1 00 2 00	X		X				0	0	0
(5) PENNY GROSS TRUSTEE	2 00	X						0	0	0
(6) TODD STOTTEMYER TRUSTEE	2 00	X						0	0	0
(7) CHARLES SMITH TRUSTEE	2 00 5 00	X						0	0	0
(8) ARSHED CHOUDHRY MD TRUSTEE	2 00 3 00	X						0	0	0
(9) SUDHAKAR KESAVAN TRUSTEE	2 00	X						0	0	0
(10) LYDIA THOMAS PHD TREASURER	4 00 2 00	X		X				0	0	0
(11) JACK EBELER TRUSTEE	3 00 2 00	X						0	0	0
(12) KATE HANLEY TRUSTEE	2 00	X						0	0	0
(13) PAUL HARBOLICK JR TRUSTEE	2 00	X						0	0	0
(14) WESLEY BUSH TRUSTEE	2 00	X						0	0	0
(15) JOE TRAVEZ TRUSTEE	2 00	X						0	0	0
(16) RICHARD MAGENHEIMER ASST TREASURER/CFO	5 00 45 00			X				0	913,507	764,256
(17) JOHN GAUL ASST SECRETARY/SVP GENERAL	5 00 45 00			X				0	483,883	167,462
(18) MARK STAUDER PRESIDENT	5 00 45 00			X				0	1,670,589	726,275
(19) MARSHALL RUFFIN EVP CTO	9 00 41 00			X				0	848,542	123,391
(20) SALLY PAULL EVP CHIEF HR OFFICER	5 00 45 00			X				0	227,179	23,997
(21) LORING FLINT EVP CHIEF MEDICAL OFFICER	3 00 47 00			X				0	715,922	195,578
(22) RUSSELL MOHAWK SVO CFO HEALTH PLAN POP HEALTH	10 00 30 00				X			0	457,846	79,382
(23) ANTHONY BURCHARD PRESIDENT IHS FOUNDATION	40 00 10 00				X			342,142	0	70,722
(24) LINDA ROBERTSON SR DIRECTOR DEVELOPEMENT	40 00					X		139,952	0	39,074

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LAURA MOSES SR DIRECTOR DEVELOPEMENT	40 00					X		132,584	0	26,747
(1) JULIA BILICKI SR DIRECTOR DEVELOPEMENT	40 00					X		162,215	0	36,771
(2) MARY MOONEY EXEC DIRECTOR DEVELOPEMENT	40 00					X		136,527	0	49,990
(3) ANNE RIEGER AVP COMMUNITY SAFETY NET	40 00					X		220,370	0	62,571
(4) PATRICK WALTERS FORMER TRUSTEE	1 00 49 00						X	0	531,326	71,288
(5) JAMES KIM FORMER ASST SECRETARY	5 00 45 00						X	0	277,217	61,067
(6) JOHN NIEDERHUBER CEO ITMI & EVP IHS	9 00 41 00						X	0	1,690,829	51,126

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations 2
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INOVA HEALTH CARE SERVICES	540620889	3	Yes		11,508,284	0
(B) INOVA VNA HOME CARE INC	541277164	9	Yes		502,030	0
Total 2					12,010,314	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,748,938	18,939,340	18,037,004	18,356,959	17,249,575
b Contributions	379,367	304,314	192,709	385,654	618,086
c Net investment earnings, gains, and losses	459,337	1,273,703	1,119,064	-304,046	952,760
d Grants or scholarships	169,347	16,680	5,979	3,000	16,298
e Other expenditures for facilities and programs	456,076	710,651	362,339	370,714	421,081
f Administrative expenses	40,507	41,088	41,119	27,849	26,083
g End of year balance	19,921,712	19,748,938	18,939,340	18,037,004	18,356,959

- 2

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

a

Board designated or quasi-endowment

26 000 %

b

Permanent endowment

74 000 %

c

Temporarily restricted endowment

0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 2,275,486 | | 2,275,486 |
| b Buildings | | | | |
| c Leasehold improvements | | 322,296 | 216,622 | 105,674 |
| d Equipment | | 358,008 | 310,187 | 47,821 |
| e Other | | 32,250 | 13,438 | 18,812 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,447,793 |
- Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	FROM INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE INOVA HEALTH SYSTEM FOUNDATION THE FOUNDATION, IHCS, AND LHC, ARE NOT-FOR-PROFIT CORPORATIONS AND HAVE BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IHI AND ITS SUBSIDIARIES ARE TAXABLE ORGANIZATIONS. DEFERRED INCOME TAXES ARE PROVIDED FOR ALL SIGNIFICANT TIMING DIFFERENCES BETWEEN REVENUES AND EXPENSES REPORTED FOR FINANCIAL STATEMENT AND FOR TAX PURPOSES. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

[illegible]

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		691,213,000
(2) EUROPE	0	0	INVESTMENT		24,128,000
(3)					
(4)					
(5)					
3a Sub-total	0	0			715,341,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			715,341,000

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. Part II can be duplicated 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)
(1)									
(2)									
(3)									
(4)									

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 ▶

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.
Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COLUMN F	ACCRUAL METHOD OF ACCOUNTING

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EXPERT EVENTS LLC 123 SOUTH BROAD ST SUITE 2035 PHILADELPHIA, PA 19109	SPECIAL EVENT		No	1,018,669	63,750	954,919
2 KATHY NEWMAN 6100 SADDLE HORN DRIVE FAIRFAX, VA 22030	SPECIAL EVENT		No	682,625	35,000	647,625
3 ELISABETH HERZFELD 200 GARDEN VIEW WAY APT 303 ROCKVILLE, MD 20850	SPECIAL EVENT		No	672,475	8,000	664,475
4 MLJ EVENT MANAGEMENT LLC 355 CRESENDO WAY SILVER SPRING, MD 20901	SPECIAL EVENT		No	267,208	20,500	246,708
5 PATRICIA WATSON 19238 MILL SITE PLACE MCLEAN, VA 20901	SPECIAL EVENT		No	148,585	20,000	128,585
6						
7						
8						
9						
10						
Total ▶				2,789,562	147,250	2,642,312

3

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

VA, MD, DC, FL

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2014 GALA (event type)	HISAOKA GALA (event type)	6 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,018,669	754,302	1,098,417
	2	Less Contributions	743,478		980,171
	3	Gross income (line 1 minus line 2)	275,191	754,302	118,246
Direct Expenses	4	Cash prizes	90		3,721
	5	Noncash prizes			163
	6	Rent/facility costs	198,931		185,639
	7	Food and beverages	3,300		136,687
	8	Entertainment	222,300		33,100
	9	Other direct expenses	319,469		179,123
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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.

		(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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activities conducted 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?

Yes

No

b

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

c

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	EXPERT EVENTS, LLC 123 SOUTH BROAD ST SUITE 2035 PHILADELPHIA, PA 19109 KATHY NEWMAN 66100 SADDLE HORN DRIVE FAIRFAX, VA 22030 ELISABETH HERZFELD 200 GARDEN VIEW WAY, APT 303 ROCKVILLE, MD 20850 MLJ EVENT MANAGEMENT, LLC 355 CRESENDO WAY SLIVER SPRING, MD 20901 PATRICIA WATSON 19238 MILL SITE PLACE LEESBURG, VA 20176

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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

(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
(1) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH,VA 22042	54-0620889	501(C)(3)	11,508,284				MULTIPLE GRANTS MADE TO FURTHER THE MISSION OF INOVA HEALTH CARE SERVICES OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY
(2) INOVA VNA HOME CARE INC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH,VA 22042	54-1277164	501(C)(3)	502,030				MULTIPLE GRANTS MADE TO FURTHER THE MISSION OF INOVA VNA HOME CARE OF PROVIDING QUALITY HEALTHCARE TO THE COMMUNITY

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, QUESTION 2	THE FOUNDATION DONATES FUNDS TO ITS 501(C)(3) PARENT ORGANIZATION, INOVA HEALTH SYSTEM, IN FURTHERANCE OF THE MISSION TO IMPROVE THE HEALTH OF THE DIVERSE COMMUNITY WE SERVE THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION AND RESEARCH EXPENDITURE OF SUCH FUNDS IS OVERSEEN BY THE FOUNDATION'S LEADERSHIP AND BOARD

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
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		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
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		No
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
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 duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	SERP PLAN PAYMENTS J KNOX SINGLETON - \$237,137 RICHARD MAGENHEIMER - \$98,945 ANTHONY BURCHARD - \$36,154 JAMES KIM - \$45,021 PATRICK WALTERS - \$61,891 ANNE RIEGER - \$19,820 MARSHALL RUFFIN \$136,566 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 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 45, PARTICIPANTS ARE 100% VESTED AND ARE PAID OUT THEIR REMAINING BALANCE AS A TAXABLE EVENT VESTING THEN REVERTS TO A THREE-YEAR ROLLING SCHEDULE UNTIL YEAR 12 THEREAFTER, THE ANNUAL CONTRIBUTION IS PAID OUT TO THE PARTICIPANT EACH YEAR AS A TAXABLE EVENT

Additional Data

Software ID:
Software Version:
EIN: 54-1071867
Name: INOVA HEALTH SYSTEM FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J KNOX SINGLETON, CEO	(i) (ii)	0 1,200,836	0 3,731,324	0 317,092	0 732,655	0 18,889	0 6,000,796	0 3,450,316
1 RICHARD MAGENHEIMER, ASST TREASURER/CFO	(i) (ii)	0 667,029	0 107,932	0 138,546	0 746,708	0 17,548	0 1,677,763	0 0
2 JOHN GAUL, ASST SECRETARY/SVP GENERAL	(i) (ii)	0 424,311	0 37,796	0 21,776	0 145,985	0 21,477	0 651,345	0 0
3 MARK STAUDER, PRESIDENT	(i) (ii)	0 962,861	0 658,127	0 49,601	0 704,925	0 21,350	0 2,396,864	0 0
4 MARSHALL RUFFIN, EVP CTO	(i) (ii)	0 600,883	0 73,280	0 174,379	0 106,845	0 16,546	0 971,933	0 88,408
5 SALLY PAULL, EVP CHIEF HR OFFICER	(i) (ii)	0 106,006	0 75,000	0 46,173	0 10,154	0 13,843	0 251,176	0 0
6 LORING FLINT, EVP CHIEF MEDICAL OFFICER	(i) (ii)	0 588,245	0 89,864	0 37,813	0 168,985	0 26,593	0 911,500	0 0
7 RUSSELL MOHAWK, SVO CFO HEALTH PLAN POP HEALTH	(i) (ii)	0 419,898	0 0	0 37,948	0 45,481	0 33,901	0 537,228	0 0
8 ANTHONY BURCHARD, PRESIDENT IHS FOUNDATION	(i) (ii)	259,279 0	27,194 0	55,669 0	46,950 0	23,772 0	412,864 0	20,349 0
9 LINDA ROBERTSON, SR DIRECTOR DEVELOPEMENT	(i) (ii)	132,653 0	6,626 0	673 0	29,476 0	9,598 0	179,026 0	0 0
10 LAURA MOSES, SR DIRECTOR DEVELOPEMENT	(i) (ii)	125,395 0	6,971 0	218 0	6,746 0	20,001 0	159,331 0	0 0
11 JULIA BILICKI, SR DIRECTOR DEVELOPEMENT	(i) (ii)	153,719 0	7,939 0	557 0	31,065 0	5,706 0	198,986 0	0 0
12 MARY MOONEY, EXEC DIRECTOR DEVELOPEMENT	(i) (ii)	125,438 0	6,112 0	4,977 0	30,726 0	19,264 0	186,517 0	0 0
13 ANNE RIEGER, AVP COMMUNITY SAFETY NET	(i) (ii)	175,070 0	14,484 0	30,816 0	51,484 0	11,087 0	282,941 0	9,995 0
14 PATRICK WALTERS, FORMER TRUSTEE	(i) (ii)	0 413,414	0 16,420	0 101,492	0 56,100	0 15,188	0 602,614	0 0
15 JAMES KIM, FORMER ASST SECRETARY	(i) (ii)	0 208,360	0 13,639	0 55,218	0 39,487	0 21,580	0 338,284	0 34,277
16 JOHN NIEDERHUBER, CEO ITMI & EVP IHS	(i) (ii)	0 983,374	0 665,903	0 41,552	0 38,600	0 12,526	0 1,741,955	0 0

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, lines 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.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	► \$			
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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 of assistance	(d) Type of assistance	(e) Purpose 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
(1) COMPASS GROUP	MAJOR DONOR	60,000	PAYMENT FOR PROFESSIONAL SERVICES SERVICES PROVIDED AT ARM'S LENGTH AND CUSTOMARY RATES		No
(2) EPIC	MAJOR DONOR	21,455	PAYMENT FOR PROFESSIONAL SERVICES SERVICES PROVIDED AT ARM'S LENGTH AND CUSTOMARY RATES		No

Part V Supplemental Information

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

Return Reference	Explanation
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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.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	1,000	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		7,920	RESALE VALUE
5 Clothing and household goods	X		147,538	RESALE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	59	720,952	MARKET QUOTE
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	18	5,642	MARKET VALUE
19 Food inventory	X	19	7,337	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT CERTIFICATES)	X	360	90,386	MARKET VALUE
26 Other ► (VACATION PACKAGE)	X	47	46,419	MARKET VALUE
27 Other ► (EVENT TICKETS)	X	28	33,055	MARKET VALUE
28 Other ► (_____)				

29

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

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

Part III

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization INOVA HEALTH SYSTEM FOUNDATION	Employer identification number 54-1071867
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Return Reference	Explanation
PART V, QUESTION 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 NOT FILE ANY PAYROLL RETURNS UNDER ITS OWN EIN, HOWEVER ALL REQUIRED RETURNS HAVE BEEN FILED ON TIME

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	NICK CAROSI, KNOX SINGLETON, MARK STAUDER, RICHARD MAGENHEIMER, PAT WALTERS AND STEPHEN CUMBIE - BUSINESS RELATIONSHIP

Return Reference	Explanation
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.

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF ALL SENIOR MANAGEMENT POSITIONS IS EVALUATED ANNUALLY IN LIGHT OF EACH MANAGER'S JOB CONTENT, SCOPE AND COMPLEXITY. COMPENSATION LEVELS FOR VICE PRESIDENTS AND ABOVE ARE REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTANT TO ENSURE THAT REMUNERATION IS CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND OBJECTIVES AND COMPETITIVE WITH OTHER LARGE COMPLEX HEALTH SYSTEMS. THE INDEPENDENT COMPENSATION CONSULTANT MAINTAINS NATIONAL BENCHMARK COMPENSATION DATABASES AND SURVEYS AND ALSO REVIEWS FORMS 990 OF COMPARABLE HEALTHCARE SYSTEMS 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. THE JOB REQUIREMENTS AND COMPLEXITY OF ALL OTHER MANAGEMENT POSITIONS ARE EVALUATED ANNUALLY USING NATIONALLY RECOGNIZED THIRD PARTY SALARY SURVEYS TO ASSURE THAT THE COMPENSATION FOR SUCH POSITIONS IS CONSISTENT WITH EXTERNAL MARKET COMPENSATION COMPARISONS. SALARY RANGES ARE DEVELOPED FOR EACH MANAGEMENT POSITION CLASSIFICATION TO ENSURE THAT THE COMPENSATION LEVELS FOR THESE POSITIONS ARE CONSISTENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND OBJECTIVES AND WITH COMPETITIVE MARKET COMPARISONS.

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INOVA HEALTH SYSTEM MAKES CERTAIN INFORMATION PUBLICLY AVAILABLE. INOVA'S CONSOLIDATED FINANCIAL STATEMENTS ARE POSTED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS'S (EMMA) WEBSITE ON A QUARTERLY BASIS. INOVA'S 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.

Return Reference	Explanation
PART VIII, LINE 11B	THE INNOVATION HEALTH HOLDINGS, LLC FORM K-1 DOES NOT INCLUDE THE EARNINGS FROM TWO 100% OWNED CORPORATE ENTITIES INNOVATION HEALTH INSURANCE COMPANY INNOVATION HEALTH PLAN, INC THE NET LOSS RELATED TO THESE TWO ENTITIES HAS BEEN RECORDED ON THIS LINE AND AS A FUND BALANCE ADJUSTMENT

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY EARNINGS IN SUBS -2,448,945 TRANSFERS -2,329,579 INNOVATION PARTNERSHIP NET LOSS 316,388 INNOVATION HEALTH NET LOSS 31,617

Return Reference	Explanation
PART XII, LINE 2B AND 2C - AUDITED FINANCIAL STATEMENTS	THE COMPANY IS PART OF THE INOVA HEALTH SYSTEM, A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHERN VIRGINIA AND SURROUNDING AREAS. THE COMPANY'S FINANCIAL STATEMENTS ARE CONSOLIDATED IN THE INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS. INOVA HEALTH SYSTEM IS AUDITED ON AN ANNUAL BASIS BY A 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 FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF INOVA HEALTH SYSTEM IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT, INCLUDING THE HIRING OF THE AUDIT FIRM, REVIEW AND APPROVAL OF AUDITED FINANCIAL STATEMENTS AND COMMUNICATION WITH THE EXTERNAL AUDITORS AT LEAST TWICE A YEAR WITHOUT THE PRESENCE OF INTERNAL MANAGEMENT.

Return Reference	Explanation
PART XII, LINE 3A - A- 133 AUDIT	THE COMPANY IS A SUBSIDIARY OF THE INOVA HEALTH SYSTEM (IHS), A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM SERVING NORTHERN VIRGINIA AND SURROUNDING AREAS. IHS RECEIVES VARIOUS FEDERAL GRANTS. THESE GRANTS AND AWARDS ARE AUDITED AS PART OF THE CONSOLIDATED INOVA HEALTH SYSTEM A-133 COMPLIANCE AUDIT. THE INOVA HEALTH SYSTEM'S FEDERAL GRANTS ARE AUDITED ON AN ANNUAL BASIS BY A LARGE "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 FINANCE AND AUDIT 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SIGNATURE PARTNERS IN HEALTH LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 46-1392631	HEALTH INSURANCE	VA	1,718,461	16,922	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INNOVATION HEALTH HOLDINGS LLC 151 FARMINGTON AVENUE RT21 HARTFORD, CT 06156 45-5527797	HEALTH INSURANCE	CT	N/A	RELATED	-316,388	28,159,503		No		Yes		50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INOVA HOLDINGS INC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 51-0332880	MEDICAL EQUIPMENT	VA	N/A	C	33,959,166	31,115,289	100 000 %		No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 54-1071867

Name: INOVA HEALTH SYSTEM FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) INOVA VNA HOME CARE 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1277164	HOME HEALTH CARE	VA	501(C)(3)	9	N/A		No
(1) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-0620889	HOSPITAL SYSTEM	VA	501(C)(3)	3	N/A		No
(2) PEDIATRIC SPECIALISTS OF VIRGINIA LLC 3023 HAMAKER COURT FAIRFAX, VA 22031 46-1851763	MEDICAL SERVICES FOR CHILDREN	VA	501(C)(3)	9	N/A		No
(3) IMANCO INC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1340725	PAYROLL CORPORATION	VA	501(C)(3)	11, I	N/A		No
(4) INTOTAL HEALTH LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 20-1581237	HMO	VA	501(C)(3)	9	N/A		No
(5) ALEXANDRIA HOSPITAL FOUNDATION 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 51-0241913	FUNDRAISING	VA	501(C)(3)	11, I	N/A		No
(6) LOUDOUN HOSPITAL CENTER 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-0525802	HOSPITAL	VA	501(C)(3)	3	N/A		No
(7) LOUDOUN NURSING AND REHABILITATION CENTER 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1361310	REHABILITATION SERVICES	VA	501(C)(3)	9	N/A		No
(8) LOUDOUN HEALTH SERVICES 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1555489	SURGERY CENTER	VA	501(C)(3)	9	N/A		No
(9) LOUDOUN HEALTH CARE FOUNDATION 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-2011240	FUNDRAISING	VA	501(C)(3)	11, I	N/A		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INOVA HEALTH CARE SERVICES	L	11,508,284	GENERAL LEDGER
INOVA VNA HOME CARE	L	502,030	GENERAL LEDGER
INOVA HEALTH CARE SERVICES	S	20,199,504	INTERCOMPANY BALANCE
ALEXANDRIA HOSPITAL FOUNDATION	R	1,601,495	INTERCOMPANY BALANCE
LOUDOUN HOSPITAL CENTER	S	72,290,818	INTERCOMPANY BALANCE
LOUDOUN NURSING AND REHABILITATION CENTER	S	1,394,391	INTERCOMPANY BALANCE
LOUDOUN HEALTH SERVICES	S	268,120	INTERCOMPANY BALANCE
LOUDOUN HOSPITAL FOUNDATION	R	2,388,821	INTERCOMPANY BALANCE
INTOTAL HEALTH LLC	S	614,311	INTERCOMPANY BALANCE
INOVA VNA HOME CARE	S	895,477	INTERCOMPANY BALANCE
IMANCO INC	S	35,334	INTERCOMPANY BALANCE
INOVA HEALTH CARE SERVICES	B	7,483,298	GENERAL LEDGER
INOVA VNA HOME CARE INC	B	233,771	GENERAL LEDGER
PEDIATRIC SPECIALISTS OF VIRGINIA LLC	R	695	INTERCOMPANY BALANCE