	Form	990-T	E	empt Organizatior) and proxy ta	Bus	iness Ind	come	Tax Retu	rn	OMB No 1545-0687
	, 5,111		For cale	ndar year 2018 or other tax year beg					20	୭ଲ1ହ
	Danasti	mant of the Teanson	ror care	► Go to www.irs.gov/Form9						<u> </u>
		ment of the Treasury Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form					(c)(3)	Open to Public Inspection 501(c)(3) Organizations Or
	Ā T	Check box if	7.50			ne changed and s			D Empl	oyer identification numbe
		address changed		, .		•		•	(Emp!	oyees' trust, see instructions )
	B Exe	mpt under section	İ	INOVA HEALTH SYSTE	M FOU	NDATION				
		501( C ) (DB )	Print	Number, street, and room or suite n	o IfaPO	box, see instruction	ons	<del></del>	54-1	071867
	$\overline{}$	408(e) 220(e)	_ or	1		·			E Unre	lated business activity co
	$\overline{}$	408A 530(a)	, ypc	8110 GATEHOUSE ROA	D SUI	TE 400W			(See II	nstructions)
	$\vdash$	406A []550(a) 529(a)		City or town, state or province, cou			al code		1	
		k value of all assets	1	FALLS CHURCH, VA 2	-				5230	00
		nd of year	F Gro	up exemption number (See instru		<u> </u>	•			
	4,8	06,235,418.		eck organization type   X 5			501/	c) trust	401(a)	trust Other t
	u En	ter the number of		inization's unrelated trades or busi			1 1001			y (or first) unrelated
		de or business her			1103303		if only one			re than one, describe the
				e end of the previous sentence, of	complete		•	•		
		-			complete	Faits I aliu II, C	umpiete a	Schedule IVI IOI ea	ach aggillo	mai
		de or business, th		corporation a subsidiary in an at	ff.listed a	roup or a parant	aubordian.	controlled group?		▶ Yes X
		-		•			-subsidiai y	controlled group		
		<del></del>		identifying number of the parent NOVA HEALTH SYSTEM F		on 🚩	Tolopho	one number ► (	703128	9-2433
	خست				DIV.	(A) Inco		(B) Expe		(C) Net
				or Business Income	1	(A) ince	OITIE .	(B) Expe	11565	(C) Net
		Gross receipts or								
				c Balance	· — · · · ·					
	2	-		ule A, line 7)				-		
	3	•		2 from line 1c			<del> </del>	<del></del>		
	4a			attach Schedule D)				<del></del>		<del> </del>
	ь	• , , ,		Part II, line 17) (attach Form 4797)			_	_		
	С			trusts		2.05	0 001	7 7 7 11 1		2 250 0
	5			r an S corporation (attach statement)		-3,23	0,081.	ATCH 1		-3,250,0
	6								F	RECEIVED
	7	Unrelated debt-fi	nanced in	come (Schedule E)						T
	8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule	e F) 8				<u></u>	1017 1 2 2010
	9			1(c)(7), (9), or (17) organization (Schedule					7 7	10 V 1 8 2019
	10		-	ncome (Schedule I)						
	11			dule J)					-0	<del>GDEN. UT</del>
	12	Other income (Se	ee instruc	ctions, attach schedule)	. 12	2 25	0 001			-3,250,0
	13	Total. Combine li	nes 3 thr	ough 12	.   13	-3,23	0,001.	dadiiahaa V	(Event	
	Par			Taken Elsewhere (See in					∟xcept	for contributions,
				be directly connected with						<del></del>
	14			directors, and trustees (Schedule						
	15									
	16	•								
	17									
	18			(see instructions)						0.1
	19	Taxes and license	s					ATTACHMEN.	l'. 2 19	<del>                                       </del>
	20			See instructions for limitation rule					Ľ. <b>≯</b> <u>20</u>	
	21			4562)						
	22			I on Schedule A and elsewhere or		-				
	23								1	
	24	Contributions to	deferred	compensation plans						
	25			s						<del> </del>
-	26			Schedule I)					i i	<del> </del>
1	27	Excess readership	p costs (S	Schedule J)				. <b></b> .	27	<u> </u>
	28	Other deductions	(attach	schedule)					28	
	29	Total deductions	. Add line	es 14 through 28					. 29	
	30			ole income before net operati						-3,331,7
	31	Deduction for ne	t operatir	ng loss arising in tax years begin	ining on o	or after January	1, 2018 (s	ee instructions) .	31	
	32	Unrelated busine	ss taxabl	e income Subtract line 31 from I	ine 30 .	<u></u> .	<u></u>	<u> </u>	32	
_			tion Act I	Notice, see instructions.						Form <b>990-T</b> (
5								60033953-0		

Form	990-1 (2	018)				Page 2
Par	t III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
		tions)	33	-3,	331,	724.
34		nts paid for disallowed fringes	$\overline{}$	Ť		
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (see	F-			
		ctions)	ا ء ا			
26			35			
36	l otal	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1			
		s 33 and 34	36	-3,	331,	
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,	000.
38	Unrela	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1			
	enter t	he smaller of zero or line 36	38	-3,	331,	724.
Par		Tax Computation				
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts		133			
••			ا ۱۰۰			
		ount on line 38 from: L. Tax rate schedule or L. Schedule D (Form 1041)				
41		tax. See instructions	41			
42		tive minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions				
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V	Tax and Payments				
45 a	Foreio	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		· · ·		
		credits (see instructions)	1			
			1 ]			
		al business credit. Attach Form 3800 (see instructions)	1 1			
		for prior year minimum tax (attach Form 8801 or 8827)	١ ا			
		redits. Add lines 45a through 45d	45e			
46	Subtra	ct line 45e from line 44	46			
47	Other te	ixes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total ta	ax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		nts. A 2017 overpayment credited to 2018				
		stimated tax payments	1			
		posited with Form 8868	1			
			{			
	_	organizations: Tax paid or withheld at source (see instructions)	1			
	-	withholding (see instructions) · · · · · · · · · · · · · · · · · · ·				
		or small employer health insurance premiums (attach Form 8941) 50f				
g	Olherc	redils, adjustments, and payments. Form 2439	1 1			
	L∐ F	orm 4136 Other Total ▶ 50g	1 1			
51	Total p	ayments. Add lines 50a through 50g	51	:	194,	162.
52	Estimat	led tax penalty (see instructions) Check if Form 2220 is attached	52			
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		194,	162
		. 104 100	$\overline{}$			
55 Pari				<del></del>		
		Statements Regarding Certain Activities and Other Information (see instructions			1	r
		time during the 2018 calendar year, did the organization have an interest in or a signature or		•	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		1
	here 🕨					Х
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust	<del></del>		Х
		see instructions for other forms the organization may have to file.	g			
		ne amount of tax-exempt interest received or accrued during the tax year > \$42,136.			ŀ	
	U	nder ponallios of pegury, I doctare that I have examined this return, including accompanying schodules and statements, and in the	ost of m	v knowledce	and heli	iof. il io
Qi~-	tn	nder panallies of penury. I dociare that I havo examined this rotum, including accompanying schoolules and statements, and to the bile. Correct, and complete Deflaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		, m.omiduyu	J.15 001	J., IL 15
Sign				IRS discuss		
Here		with	h the	preparer sh	nown b	
	s		hstruction	ons)?XY	98	No
Data		Print/Type preparer's name Preparer's signature Date Check	, [ ] ,	PTIN		
Paid			mployed	P012	6840	1
Prep				34-656	5596	
Use	Unity			13-612-		
ICA.				Form 9		
JSA						,_,.,,

8X2741 1 000 4396HR 2217

Form 990-T (2018)					- NI / T				P	Page 3
Schedule A - Cost of Go		ter method	of invento				<del></del>			
1 Inventory at beginning of ye	· -					ar	6			
2 Purchases					_	ld. Subtract line	,			
3 Cost of labor						ter here and in				
4a Additional section 263A co							7	<del></del>		
(attach schedule)						section 263A (w		-	Yes	No
<b>b</b> Other costs (attach schedul						or acquired for				,,
5 Total. Add lines 1 through				to the orga	anization?		<del></del>	<u>,</u>		Х
Schedule C - Rent Income	(From Real P	roperty a	nd Person	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1 Description of property						<del> </del>				
(1)					·					
(2)					·-··					
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the p for personal property is more than more than 50%)		percenta	age of rent for	personal property personal property based on profit or	exceeds	3(a) Deductions d in columns 2(		nnected with th b) (attach sched		me
(1)										
(2)					-	ě				
(3)								·		
(4)	-									
Total	<u> </u>	Total						_		
(c) Total income. Add totals of co	lumns 2(a) and 2	(b) Enter	_			(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6,						Part I, line 6, colui				
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instruction	ons)						
1 Description of deb	t-financed property			ncome from or o debt-financed		Deductions directly con debt-finance	ed prope	rty		
			1	operty		ht line depreciation ich schedule)		o) Other deduct (attach schedu		
(1)										
(2)										
(3)							-			
(4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4 0	Column divided column 5 4		income reportable n 2 x column 6)		Allocable deduction 6 x total of 3(a) and 3(b)	colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals				<b>.</b>	Enter her Part I, lin	re and on page 1, ne 7, column (A)	Enter Part	here and on I, line 7, colui	page nn (E	: 1, 3)
Total dividends-received deducti					<u> </u>	▶				

Form **990-T** (2018)

Page 4

		Exem	pt Cont	rolled Or	ganizatio	ns					
Name of controlled organization	2 Employer identification number	#			1	of specified includ		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
1)											
2)									·		
3)								_			
4)											
Nonexempt Controlled Organi	zations				L						
	8 Net unrelated in	come	9 Tot	al of specifi	ed		Part of column			1 Deductions directly	
7 Taxable Income	(loss) (see instructi			ments made			uded in the co nization's gros		cor	nnected with income in column 10	
1)				-							
2)											
3)											
4)	• •										
·/					-	Ad	ld columns 5	and 10	Ac	dd columns 6 and 11	
Fotals	ncome of a Sec	 tion 501(c	:)(7), (9	 )), or (17	► ′) Orga	Pa	er here and on it I, line 8, colu on (see ins	ımn (A)		ter here and on page 1, int I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		3. Deductive co (attach sc	nnected	į		et-asides i schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)					-						
(3)											
4)											
Totals ▶	Enter here and o Part I, line 9, co	olumn (A)					·			Enter here and on page Part I, line 9, column (E	
Schedule I – Exploited Ex	empt Activity Inc	come, Oth	er Thar	n Advert	ising In	come	(see instri	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelated business inc	with n of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column lumn 3) ompute	from Is n	ross income activity that of unrelated ness income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
2)			-	<del> </del>				1			
(3)				<u>.</u>							
	<del>                                     </del>										
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Page 10, col	rt I,	*****			-		-	Enter here and on page 1, Part II, line 26	
Totals ▶	·							<del></del>			
Schedule J- Advertising l		· · · · · · · · · · · · · · · · · · ·		-4	-!-						
Part I Income From Per	riodicals Report	eg on a Co	onsolid	ated Ba	SIS			T.		<del></del>	
1 Name of periodical	2 Gross advertising income	3 Directions of advertising of	-	4. Adver gain or (lo 2 minus o a gain, co cols 5 thr	ss) (col ol 3) If mpute	5.	Circulation income	6 Read		7 Excess readersh costs (column 6 minus column 5, bu not more than column 4)	
(1)	<del>                                     </del>	_									
(2)	<del>                                     </del>									7	
(3)		-						ļ ·		_	
(4)		_								$\dashv$	
T)	-									<del></del>	
Totals (carry to Part II, line (5))										Form <b>990-T</b> (20	

54-1071867

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

### ATTACHMENT 1

# FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

COLONY DISTRESSED CREDIT AND SPECIAL SITUATIONS	12,459.
CORE INDUSTRIAL PARTNERS FUND I, LP	-280,515.
CROSSHARBOR INSTITUTIONAL PARTNERS 2018, LP	-5,118.
CROW HOLDINGS SELF-STORAGE FUND-A, LP	-406,747.
ENR PARTNERS II LP	-2,513,178.
FORTRESS SECURED LENDING FUND I (A) LP	104,753.
GRAIN COMMUNICATIONS OPPORTUNITY FUND II, LP	-132,661.
JUNIPER CAPITAL III, LP	-845,234.
LEAVITT EQUITY PARTNERS II, LP	-56,126.
OAKTREE REAL ESTATE OPPORTUNITIES FUND VI, LP	874,329.
OAKTREE VALUE OPPORTUNITIES FEEDER FUND, LP	-14,385.
US RESEARCH EQUITY EXTENDED FUND, LP	12,342.
INCOME (LOSS) FROM PARTNERSHIPS	-3,250,081.

## Inova Health System Foundation

EIN: 54-1071867

### 990-T Line 19 Taxes and Licenses - State Taxes Paid

	Total	\$ 81,643
2018	Virginia State Taxes Paid	8,801
2020		
2018	Utah State Taxes Paid	91
2018	North Carolina State Taxes Paid	323
2018	New York State Taxes Paid	8,740
2018	Minnesota State Taxes Paid	1,240
2018	Massachusetts State Taxes Paid	548
2018	Georgia State Taxes Paid	10,462
2018	Florida State Taxes Paıd	1,140
2018	Colorado State Taxes Paid	80
2018	California State Taxes Paid	44,722
2018	Arizona State Taxes Paid	5,496

Inova Health System Foundation EIN: 54-1071867				A	attachment 3
990-T Line 20 - Charitable Contributions					
CORE INDUSTRIAL PARTNERS FUND I, L.P. ENR PARTNERS II LP GRAIN COMMUNICATIONS OPPORTUNITY FUND II, LP LEAVITT EQUITY PARTNERS II, L.P. OAKTREE REAL ESTATE OPPORTUNITIES FUND VI, L.P. Total Charitable Contributions	\$ \$	27 1,99 24 17 15	22 27 28 50		
Total Income				\$	(3,250,081)
Total Deductions				\$	84,481
Less: Charitable contributions				\$	2,838

Total deductions without charitable contributions

Charitable contribution deduction limit

Charitable contribution deduction

Taxable income for charitable contributions limitation

\$ 81,643

\$ (3,331,724)

Attachment 4

Inova Health System Foundation

EIN: 54-1071867

### CHARITABLE CONTRIBUTIONS CARRYFORWARD

Tax Year	Charitable Contributions	Utilized in PY	Utilized in CY	Carryforward
2018	2,838	-	-	2,838
TOTAL	2,838			2,838

Inova Health System Foundation

EIN: 54-1071867

Attachment 5

# NET OPERATING LOSS CARRYFORWARD

Tax Year	Generated	Utilized in PY	Utilized in CY	Carryforward
2018	3,331,724	-	-	3,331,724
TOTAL	3,331,724			3,331,724