

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317039829

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INOVA HEALTH CARE SERVICES

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8110 GATEHOUSE ROAD SUITE 400W

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

FALLS CHURCH, VA 22042

F Name and address of principal officer

J Stephen Jones MD

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)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

INOVA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1956

M State of legal domicile

VA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

IHCS's mission is to maintain and operate hospitals that provide quality care to the community

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)

14

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

18,563

6 Total number of volunteers (estimate if necessary)

2,947

7a Total unrelated business revenue from Part VIII, column (C), line 12

6,693,252

b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

21,367,305

9 Program service revenue (Part VIII, line 2g)

2,798,191,274

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

8,565,380

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

110,012,941

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,938,136,900

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,416,540,839

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,386,577,421

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

2,803,118,260

19 Revenue less expenses Subtract line 18 from line 12

135,018,640

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

4,647,977,878

21 Total liabilities (Part X, line 26)

2,231,367,702

22 Net assets or fund balances Subtract line 21 from line 20

2,416,610,176

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

2019-11-12

Date

ALICE POPE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01268401

Firm's name ▶

ERNST & YOUNG US LLP

Firm's EIN ▶

34-6565596

Firm's address ▶

221 E 4th St Suite 2900

Phone no (513) 612-1400

CINCINNATI, OH 45202

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

IHCS was specifically chartered for the purpose of serving the health care needs of the community by establishing, maintaining, and operating hospital facilities, programs, and other shared service arrangements, carrying on health-related education activities, promoting and carrying on health-related scientific research, and engaging in activities designed and carried on to promote the general health of the community IHCS includes a centralized System Office and the various unincorporated and incorporated subsidiaries which are described below The unincorporated divisions of IHCS include Inova Fairfax Medical Campus, Inova Mount Vernon Hospital, Inova Fair Oaks Hospital, Inova Alexandria Hospital, ACCESS of Reston, ACCESS of Fairfax, Inova Research Center, Assisted Living Facilities, Inova Physical Rehabilitation Services, Inova Urgent Care Centers, Inova Employee Assistance, and Behavioral Health and Addiction Treatment

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 \$ 2,445,838,494 including grants of \$) (Revenue \$ 3,001,852,473)

See Additional Data

4b

(Code) (Expenses \$ 32,291,233 including grants of \$) (Revenue \$ 16,031,967)

See Additional Data

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

Each year, IHCS designates funds for the development and continuation of identified, accessible direct care programs and services benefiting those most in need in the community Many of these programs and services are not billed to the patient or are provided at a fee structure below the actual cost of the service In addition to providing the direct care subsidized service, Inova also provides disease-prevention programs, health and exercise classes, health education and health screenings and other programs within the community in support of the IHCS mission In 2018, Inova provided over 250,000 people with health education, prevention and wellness programs, health fairs and screenings, and clinically related services resulting in over 120,000 visits for direct health care services at an unreimbursed cost of approximately \$23.4 million These services and programs are described below InovaCares Clinic for Women and ChildrenThe InovaCares Clinic for Women (ICCW) was created in 1960 to serve the uninsured women of Fairfax County, offering a wide range of OB/GYN services for those in need This program is a service offered to the community in collaboration with the Fairfax County Health Department, serving uninsured and low-income patients up to 400% of the Federal Poverty Level (FPL) The clinic works in partnership with the Fairfax County Health Department and Inova Fairfax Hospital to promote early and continuous prenatal care for the culturally diverse population who are its patients InovaCares Clinic for Women provides comprehensive outpatient obstetrical services, gynecological care, diabetes management, case management, non-stress testing, LEEP and colposcopy procedures, cryosurgery, and nutritional counseling - all at little to no cost to the patient In addition, the InovaCares Clinic for Women runs a high risk obstetrics clinic and two specialty gynecology clinics In 2018, ICCW provided a total of 38,261 patient encounters for over 4,400 patients Additionally, ICCW had over 2,000 deliveries at Inova Fairfax Medical Campus The InovaCares Clinic for Children (ICCC) was created in 1993 as a response to the inability of uninsured or Medicaid mothers to secure an affordable medical home for their children ICCC is recognized as an accredited Patient Centered Medical Home by the National Committee for Quality Assurance, and serves as a medical home for newborns up to 21 years of age The Inova Cares Clinic for Children provides comprehensive pediatric services that includes well-child care, immunizations, episodic care (sick visits), and school/sports physicals, immunizations, and nutritional counseling In 2018, the InovaCares Clinic for Children provided 23,269 clinical services to over 7,100 patients Inova Alexandria Hospital OB ClinicIAH donates space on the campus to the Casey Clinic, a community health center funded by the State of Virginia, Alexandria Health Department and the City Of Alexandria to provide primary healthcare services to low-income and uninsured children and adults that are residents of the City of Alexandria IAH funds the clinic physicians who provide OB patient prenatal examinations and delivery at Inova Alexandria Hospital Inova Juniper Program, HIV Clinical and Education ServicesInova Juniper Program (IJP) provides outpatient primary medical care, mental health therapy, substance abuse counseling, pharmaceutical assistance, and medical case management services to 1,706 persons living with HIV disease in the suburban Virginia region To maximize accessibility for clients, services are provided at the main location in Fairfax, as well as six satellite clinics (Dumfries, Manassas, Mt. Vernon, Falls Church, Leesburg and Herndon), hospitals, homes and other community locations throughout the region Major accomplishments of IJP for 2018 include Served 1,706 patients, providing 45,951 services Provided core medical and/or case management services to 1,672 Ryan White funded clients living with HIV, 739 clients with mental health services and/or assessments, and 404 clients with substance abuse outpatient care and/or assessments Conducted 240 hours of education reaching 1,615 participants, and provided 172 clinical consultations and technical assistance opportunities Conducted 1,012 HIV tests with seroprevalence of 0.4% across Northern Virginia Successfully implemented prevention programs to support, motivate and educate the public and people living with HIV Programs are targeted to incarcerated men and women, MSM, youth, and the general population HIV testing, outreach groups, and patient navigation services are also provided Life with CancerThe purpose of Life with Cancer (LWC), the psychosocial program of the Inova Schar Cancer Institute, is to enhance the quality of life of those individuals in the community affected by cancer The program addresses specific adjustment to illness needs by providing individual and family counseling, support groups, educational seminars, integrative therapies, workshops on managing side effects, fitness classes and nutrition classes and consults Additionally, LWC provides Oncology Nurse Navigator consultations on understanding diagnosis, treatments, side effects and living with advanced disease Life with Cancer is generously supported by the community, therefore all services are available at no charge to residents of the Washington Metropolitan area In 2018, Life with Cancer conducted 2,805 educational classes, groups, and wellness programs for adults, children and adolescents with 17,472 visits In addition, 22,597 counseling or educational consultation sessions were provided by the Oncology Therapists and Oncology Nurse Navigators serving 16,357 people The total number of participants in programs/classes, groups and counseling in 2018 was 38,861 and Life with Cancer staff provided 44,000 service hours In 2018, the Life With cancer pediatric oncology clinic staff provided clinical and educational support (inpatient and outpatient) to 3,357 children, teens and parents and held 3,973 support and education group sessions and counseling sessions A total of 873 participated in Hispanic programs which included Spanish language support groups, educational sessions (Tomando Control De Su Salud & Luzca Bien Sentase Major), and weekly Zumba classes Hispanic program coordinators also navigated and counseled 800 clients during 828 sessions The LWC Connect Line, a critical touch point for patients and families provided information and access to care for 3,172 individuals Lions Eye ClinicAdministered by Inova Health System (IHS), the Ophthalmology Clinic provides ophthalmic specialty services to the indigent including treatment of glaucoma, retina, and cataracts IHS provides a part-time ophthalmologist, an ophthalmic technician, and a receptionist for the clinic The remaining physicians volunteer their services In 2018, the clinic had 5,793 visits Inova Geriatrics and Advanced IllnessThe Medical House Calls program is designed to help patients successfully "age in place" while reducing readmissions and overall cost An interdisciplinary team provides comprehensive primary care in patient homes and assisted living facilities Patients are generally 65 years of age or older and they have difficulty leaving home for medical appointments Commonly, patients need the most help with multiple chronic illnesses, changes in functional ability, polypharmacy and frailty/debility These primary care services are "high-touch" with intensive patient management and care coordination with an emphasis on advance care planning The program staff leverages strong relationships with inpatient teams, hospice agencies, skilled nursing staff, physical therapy staff, occupational therapy staff, mental health counselors and county services for high-quality patient outcomes In 2018, the Medical House Calls program served 619 patients in 48 zip codes across Northern Virginia ElderLink ElderLink is a non-profit partnership between Inova, the Fairfax Area Agency on Aging, and the Alzheimer's Association, National Capital Area Chapter ElderLink provides case management, care coordination, health and wellness programming, as well as support to patients returning from the hospital back to their home in the community, and caregiver support to older adults and their caregivers ElderLink provided service to approximately 890 older adults and their caregivers in 2018

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

2,478,129,727

Form 990 (2018)

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 Yes	
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	No
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	No
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 Yes	
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	No
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	No
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	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II	21	No
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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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 Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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 Yes	
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	No
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	No
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 Yes	
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	No
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 ComplianceCheck 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	1a 3,022	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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		2a	18,563	2b	Yes	
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)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	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				3b	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)?				4a		No
b 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?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
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?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
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?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
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				13a		
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				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
1b	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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.		No
b	Other officers or key employees of the organization.		No
	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?	Yes	
16b	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?	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 Care Services 8110 Gatehouse Road Suite 400W Falls Church, VA 22042 (703) 289-2433

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 ☐

1

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	13,514,863	22,948,863	4,323,123

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2,344

		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)	(B)	(C)
Name and business address	Description of services	Compensation
CLARK CONSTRUCTION LLC 7500 OLD GEORGETOWN ROAD SUITE 785 BETHESDA, MD 20814	CONSTRUCTION	86,501,377
CROTHALL SERVICES GROUP 955 CHESTERBROOK BLVD SUITE 300 WAYNE, PA 19087	STAFFING	40,672,673
HITT CONTRACTING INC 2900 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	CONSTRUCTION	37,026,603
FORSYTHE SOLUTIONS GROUP INC 7770 FRONTAGE ROAD SKOKIE, IL 60077	IT CONSULTING	34,158,017
MEDTRONIC USA INC PO BOX 409201 ATLANTA, GA 30384	TECHNOLOGY	20,838,358

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 686

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			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d	14,020,739		
	e	Government grants (contributions)	1e	11,528,236		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a - 1f \$				
	h	Total. Add lines 1a-1f	25,548,975			
Program Service Revenue			Business Code			
	2a	Net Patient Service Revenue	622110	2,902,048,299	2,902,048,299	
	b	Inova Reston MRI Center LLC	621400	6,934,553	6,934,553	
	c	Northern Virginia Surgery Center	621400	3,720,904	3,720,904	
	d	Technical Dynamics, LLC	811000	2,993,520	2,993,520	
	e	Franconia-Springfield Surgery Cen	621400	2,660,055	2,660,055	
	f	All other program service revenue		901,564	901,564	
	g	Total. Add lines 2a-2f	2,919,258,895			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	3,947,958		3,947,958
	4		Income from investment of tax-exempt bond proceeds	646,708		646,708
	5		Royalties			
	6a	(i) Real	(ii) Personal			
	b					
	c					
	d		Net rental income or (loss)	6,797,845	184,356	6,613,489
	7a	(i) Securities	(ii) Other			
b						
d		Net gain or (loss)	-2,262,458		-2,262,458	
8a						
b						
c		Net income or (loss) from fundraising events				
9a						
b						
c		Net income or (loss) from gaming activities				
10a						
b						
c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	OTHER OPERATING REVENUE	900099	96,633,600	90,124,704	6,508,896	
b	COMMUNITY BLOOD SERVICES	900099	8,500,841	8,500,841		
c	LOSS ON EXTINGUISHMENT OF SWAP CO	900099	-119,914		-119,914	
d	All other revenue					
e	Total. Add lines 11a-11d	105,014,527				
12	Total revenue. See Instructions	3,058,952,450				
			3,017,884,440	6,693,252	8,825,783	

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.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,834,905	5,834,905		
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.	1,243,170,005	1,059,034,138	184,135,867	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	47,728,315	40,581,550	7,146,765	
9 Other employee benefits.	111,486,242	90,873,561	20,612,681	
10 Payroll taxes.	80,777,432	68,444,258	12,333,174	
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,965,354	1,686,331	1,279,023	
c Accounting.	2,870,375	73,253	2,797,122	
d Lobbying.	368,341	368,341		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	212,634,904	212,057,523	577,381	
12 Advertising and promotion.	7,752,135	4,134,567	3,617,568	
13 Office expenses.	28,770,115	15,576,372	13,193,743	
14 Information technology.	37,049,830	15,005,166	22,044,664	
15 Royalties.				
16 Occupancy.	54,589,039	46,825,221	7,763,818	
17 Travel.	3,934,020	2,695,527	1,238,493	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,220,625	2,231,094	989,531	
20 Interest.	46,940,996	42,757,903	4,183,093	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	192,324,885	145,559,379	46,765,506	
23 Insurance.	14,637,469	14,162,618	474,851	
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 MEDICAL SUPPLIES	451,847,922	447,258,716	4,589,206	
b BAD DEBT EXPENSE	159,499,239	159,499,239		
c OTHER PURCHASED SERVICE	159,199,430	89,037,357	70,162,073	
d TAXES AND LICENSES	20,050,493	8,696,409	11,354,084	
e All other expenses	6,223,608	5,736,299	487,309	
25 Total functional expenses. Add lines 1 through 24e.	2,893,875,679	2,478,129,727	415,745,952	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		181,068,371	2	305,999,546	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		271,322,466	4	268,537,216	
	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		11,464,285	7	25,554,603	
	8	Inventories for sale or use		23,616,828	8	23,238,909	
	9	Prepaid expenses and deferred charges		88,108,964	9	68,067,952	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	4,411,124,539			
	b	Less: accumulated depreciation	10b	2,383,900,311	1,900,613,378	10c	2,027,224,228
	11	Investments—publicly traded securities		136,508,626	11	216,101,114	
	12	Investments—other securities. See Part IV, line 11		32,403,168	12	69,054,206	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		30,659,042	14	30,473,508	
	15	Other assets. See Part IV, line 11		1,972,212,750	15	2,078,558,331	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,647,977,878	16	5,112,809,613		
Liabilities	17	Accounts payable and accrued expenses		354,108,200	17	360,466,395	
	18	Grants payable			18		
	19	Deferred revenue		219,282,386	19	221,404,230	
	20	Tax-exempt bond liabilities		1,470,119,269	20	1,683,985,752	
	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		111,536,177	23	108,097,054	
	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		76,321,670	25	163,390,409	
	26	Total liabilities. Add lines 17 through 25		2,231,367,702	26	2,537,343,840	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,416,588,452	27	2,575,444,049	
	28	Temporarily restricted net assets		21,724	28	21,724	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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		2,416,610,176	33	2,575,465,773		
34	Total liabilities and net assets/fund balances		4,647,977,878	34	5,112,809,613		

Part XI Reconciliation of Net AssetsCheck 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	3,058,952,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,893,875,679
3	Revenue less expenses Subtract line 2 from line 1	3	165,076,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,416,610,176
5	Net unrealized gains (losses) on investments	5	847,530
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	-7,068,704
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,575,465,773

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 54-0620889

Name: INOVA HEALTH CARE SERVICES

Form 990 (2018)

Form 990, Part III, Line 4a:

Inova Health Care Services (IHCS) is part of the Inova Health System whose mission is to serve the needs of the community by establishing, maintaining, and operating hospital facilities, programs, and other shared service arrangements, carrying on health-related education activities, promoting and conducting scientific research, and engaging in activities designed and carried on to promote the general health of the community. IHCS includes a centralized System Office and the various unincorporated and incorporated subsidiaries which are described below. The unincorporated subsidiaries of IHCS include Inova Fairfax Medical Campus, Inova Mount Vernon Hospital, Inova Fair Oaks Hospital, Inova Alexandria Hospital, ACCESS of Reston, ACCESS of Fairfax, Inova Research Center, Assisted Living Facilities, Inova Physical Rehabilitation Services, Inova Urgent Care Centers, Inova Employee Assistance, and Behavioral Health and Addiction Treatment PROGRAM SERVICES. Acute care services are provided on three campuses in Fairfax County and one campus in the City of Alexandria in Virginia. Services provided include emergency and trauma facilities, inpatient and outpatient services, and a variety of ancillary and specialized services. During 2018, IHCS admissions and observations cases totaled 114,482, outpatient visits totaled 352,478, emergency visits totaled 321,456 (28,919 of the total ER visits were at the Springfield Healthplex and 15,627 at the Lorton Healthplex) and deliveries totaled 16,488. The acute care program services provided by these hospitals are described more fully below. Inova Fairfax Medical Campus (IFMC) includes the Inova Heart and Vascular Institute, Inova Women's Hospital, Inova Fairfax Hospital for Children and the Inova Schar Cancer Institute. The hospital, located in Central Fairfax County, is a 923-licensed bed tertiary care hospital providing comprehensive medical and surgical services which include emergency/trauma, cardiac, transplant, cancer, obstetric, pediatric, neonatal, stroke and extensive outpatient services. Inova Fairfax Hospital is the home of Northern Virginia's only level one emergency and trauma center and the state-of-the-art Women's and Children's Center. In addition, Inova Fairfax Hospital is a teaching hospital providing clinical training through medical residency, nursing, and paramedical education programs. Inova Mount Vernon Hospital (IMVH) is a 237-licensed bed acute-care hospital serving Southeastern Fairfax County. Inova Mount Vernon Hospital provides a full-service, 24-hour emergency department, broad range of diagnostic, medical and surgical services, inpatient psychiatric services, the Dorothea R. Fischer Wound Healing Center and a specialized hyperbaric oxygen therapy program used to treat conditions requiring increased oxygen flow to body tissues (such as grafts and certain types of burns). Inova Mount Vernon Hospital also operates the Lorton Healthplex, a 24-hour free standing emergency facility and the Inova Center for Rehabilitation, a nationally-known accredited program providing inpatient and outpatient rehabilitative services. Inova Fair Oaks Hospital (IFOH) is a top-ranked 182-bed acute care community hospital serving the rapidly growing suburbs of Northern Virginia. Inova Fair Oaks Hospital is among the first and only hospitals in the DC metro area to receive five out of five stars for quality care from the Centers for Medicare and Medicaid. Signature service lines include spine, weight loss, joint replacement and minimally invasive surgery. State-of-the-art cancer care and maternity services are also signature offerings. Inova Fair Oaks Hospital is a fully accredited Comprehensive Center for Bariatric Surgery and a designated Center of Excellence in Minimally Invasive Gynecology. Inova Alexandria Hospital (IAH) is a 318-licensed bed general acute care hospital, which opened on January 23, 1873. Inova Alexandria Hospital provides a spectrum of diagnostic services, including full-body CT scanning, MRI, and a cardiac catheterization laboratory, a variety of inpatient medical, surgical, and orthopedic services, comprehensive outpatient services, including outpatient surgery, physical medicine, and rehabilitation, and a 24-hour emergency department as well as the Springfield Healthplex, a free standing emergency facility. In addition, specialized obstetric and pediatric services are provided by the hospital's Maternal and Infant Health Center and a children's unit. Specific acute care programs include Cardiovascular Care. Inova Fairfax Medical Campus (IFMC) is the flagship campus for Inova Heart and Vascular Institute, encompassing a dedicated heart hospital, Inova Cardiovascular Genomics Center and Inova Thrombosis Research and Drug Development Center which includes a dedicated 24-bed Clinical Trials Unit for Phase I - IV studies. It houses 204 inpatient beds, six cardiovascular operating rooms, an 11-room cardiac catheterization and electrophysiology suite, chest pain unit, 64-slice CT scanner and other diagnostic testing, outpatient clinics, cardiac rehabilitation and educational facilities. Capabilities cover the full spectrum of complex cardiovascular and pulmonary care. Services offered include cardiac diagnostic services, cardiac imaging, cardiac catheterization, interventional cardiology, electrophysiology, cardiothoracic surgery and complex airway interventions, vascular surgery, vascular and interventional radiology, advanced lung disease and transplant program, cardiac and respiratory failure program, heart failure and transplant program and cardiac rehab. The Inova Heart and Vascular Institute at IFMC is the region's first dedicated heart hospital. The Inova Heart and Vascular Institute at IAH houses inpatient/outpatient beds, cardiovascular operating rooms, a cardiac catheterization lab, an electrophysiology lab, interventional radiology labs, a minor procedure room, outpatient clinics, cardiac rehabilitation and educational facilities. Women's Health. The Inova Women's Health program is the largest such program in the Mid-Atlantic region, providing services for over 16,000 births each year. Obstetric services provided include delivery services, high risk prenatal services, inpatient and outpatient obstetrics/gynecologic surgery, and regular and specialty nursery care. IFMC provides obstetric services to low-income patients through the InovaCares Clinic for Women with 38,261 visits in 2018. In addition, IAH works with the Casey Clinic, a State health clinic jointly funded by the State of Virginia, the City of Alexandria and the Alexandria Health Department, providing obstetric services to low-income patients. Pediatrics. Inova Children's Hospital is Northern Virginia's only children's hospital, and a regional tertiary and quaternary referral center with 226 licensed acute care beds, providing the highest level of care. Inova Children's Hospital is home to the only Pediatric Intensive Care Unit and Pediatric Trauma Center in the region, as well as the region's only Level IV Neonatal ICU. In 2017, Inova Children's Hospital treated more than 41,000 children in its Pediatric Emergency Department, more than 12,000 children in inpatient units, and performed more than 4,000 surgeries. Inova Children's provides a complete range of expert, subspecialized children's services in more than 40 subspecialties, including pediatric cardiac surgery, pediatric cancer care, pediatric orthopedics and sports medicine, pediatric spine surgery, pediatric neurology and neurosurgery. As of December 31, 2018, NICU bassinets numbered 108 and total bassinets was 143. Inova Children's provides a primary care medical home for children of low income families that are uninsured or on Medicaid through the InovaCares Clinic for Children which in 2018 provided 23,269 visits at an unreimbursed cost of just over \$850,000.

Form 990, Part III, Line 4b:

Research and Education Services The Inova Research Center (IRC), including research and academic activities, is centered on the Inova Fairfax Medical Campus In 2018, the Inova campus of the Virginia Commonwealth University School of Medicine had a total of 30 third year and 30 fourth year medical students who spent their clerkship years at Inova Fairfax Medical Campus In addition, 307 students came to Inova hospitals for a four week rotation in 2018 Also located on the Inova campus is the VCU School of Pharmacy which partners with clinicians and practitioners across Inova and Northern Virginia to help educate and train an increasing number of pharmacy students each year In 2018, nearly 70 second, third and fourth year pharmacy students completed didactic and experiential learning experiences across Northern Virginia with the Inova Health System Pharmacy practitioners precepted nearly 130 Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs), with the great majority of students from the VCU School of Pharmacy and a smaller contingent from other colleges of pharmacy With the advent of the Shenandoah School of Pharmacy at the Inova Center for Personalized Health beginning in 2017, approximately 70 students completed over 100 experiential rotations across the Inova Health System during the 2018-19 academic year In addition, there are pharmacy post-graduate training opportunities offered at three Inova institutions Inova Fairfax Medical Campus offers 4 PGY-1 Pharmacy Practice Residency positions, as well as a PGY-2 Emergency Medicine Pharmacy Residency position Inova Alexandria and Inova Mount Vernon Hospitals each offer 2 PGY-1 Pharmacy Practice Residency positions, for a total of nine post-graduate training opportunities across Inova Health System The Claude Moore Health Education Center on the campus of Inova Fairfax Medical Campus features 11,000 square feet of space dedicated to the educational needs of medical and nursing students as well as residents and fellows This state-of-the-art center includes both medical and surgical simulation centers, enabling students to learn through hands-on experience The Center also features a dedicated research floor to support the extensive activities of the Inova Research Center, where there are numerous active clinical trials, ongoing translational research and outcomes projects, many in partnership with universities and other research entities The unreimbursed cost of these programs in 2018 was \$12.1 million Inova sponsors accredited residency training programs in Pediatrics, General Surgery, Internal Medicine, OB/GYN, Neurosurgery and Podiatry In addition, Inova also sponsors accredited fellowships in Surgical Critical Care, Pediatric Emergency Medicine, Cardiology and Bariatric surgery We support training programs from our affiliates in Emergency Medicine, Psychiatry, Orthopedics, Ophthalmology, Family Practice, and medical and surgical specialties In all, Inova trained approximately 700 residents/fellows in 2018 As a teaching facility, Inova Fairfax Medical Campus incurs typical, additional expenses associated with teaching facilities including physician teaching costs and resident salaries, the cost of maintaining higher levels of technology required to support a teaching program and charges resulting from extra tests ordered for instructional purposes The unreimbursed cost of these programs in 2018 was \$11.6 million Inova Translational Medicine Institute In 2010, the Inova Translational Medicine Institute (ITMI), a not-for-profit research institute was created for research activities related to the innovative field of personalized medicine Personalized medicine is a medical model that emphasizes the customization of healthcare to individual patients It involves the use of genetic information about an individual patient In 2011, ITMI collaborated with physicians from Fairfax Neonatal Associates to investigate the genetic causes of pre-term delivery Findings were used to build a reference database of genomic and clinical information which will empower clinical genomic discovery In 2012, ITMI started the Fairfax Childhood Longitudinal Study, which is investigating the genomic basis for childhood wellness and disease over the duration of the childhoods of over 3,000 children living in Northern Virginia Institute members provide Medical Genetics and Genetic Counseling to newborns with congenital abnormalities as well as cancer patients with a family history concerning for a genetic basis of their disease In 2018, approximately \$14.7 million was provided in operational support for ITMI

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			
JKNOX SINGLETON CEO, President, Ending 4/9/18	35 00 15 00	X		X				0	4,616,750	45,945
JACK EBELER CHAIRMAN	2 00 2 00	X		X				0	0	0
CHARLES BEARD JR SECRETARY	3 00 0 00	X		X				0	0	0
JANIS CARUSO MD TRUSTEE	3 00 0 00	X						0	0	0
SCOTT HAMBERGER TRUSTEE	1 00 0 00	X						0	0	0
RASHID NAYYAR MD TRUSTEE	3 00 0 00	X						176,605	0	0
JOHN COOK TRUSTEE	3 00 0 00	X						0	0	0
LUCAS COLLAZO MD TRUSTEE	2 00 4 00	X						0	0	0
J STEPHEN JONES CEO, President, Beginning 4/9/18	35 00 15 00	X		X				0	1,350,889	447,629
NANCY TAYLOR TRUSTEE	3 00 0 00	X						0	0	0

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			
KEITH STERLING MD TRUSTEE	2 00 1 00	X						160,000	0	0
JAY TYROLER MD TRUSTEE	3 00 0 00	X						115,000	0	0
PHIL NOLAN TRUSTEE	3 00 0 00	X						0	0	0
JILL MCCABE MD TRUSTEE	1 00 2 00	X						0	0	0
ROBERT TSIEN TRUSTEE	3 00 0 00	X						0	0	0
RICHARD MAGENHEIMER TREASURER-CFO	35 00 15 00			X				0	3,312,496	716,003
JOHN GAUL ASST SECRETARY	35 00 15 00			X				980,859	0	253,764
MARK STAUDER COO	38 00 12 00			X				0	4,784,635	26,675
PATRICK CHRISTIANSEN EVP CEO IFMC	48 00 2 00			X				0	2,402,133	75,164
JOHN NIEDERHUBER CEO ITMI & EVP IHS	40 00 10 00			X				0	1,562,299	48,784

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			
LORING FLINT EVP CHIEF MEDICAL OFFICER	40 00 10 00			X				0	1,777,748	579,485
HPATRICK WALTERS INTERIM CHRO	5 00 45 00				X			1,000,751	0	404,746
SUSAN CARROLL REGIONAL EXEC OFFICER	40 00 0 00				X			1,086,340	0	189,855
JOHN FITZGERALD CEO IFOH	40 00 0 00				X			874,605	0	163,119
HARVEY MCDUFFIE SVP PRESIDENT INOVA REALTY	40 00 0 00				X			710,712	0	170,154
CONSUELO PILOT EVP CIO	38 00 2 00				X			0	1,050,519	453,056
JOHN HAMILTON PHYSICIAN	40 00 0 00					X		1,514,564	0	80,368
TODD STOTTLEMYER CEO ICPH	40 00 0 00					X		2,432,696	0	56,070
CHRISTOPHER O'CONNOR CEO IHVI	40 00 0 00					X		1,309,550	0	89,582
DONALD TRUMP CEO ISCI	40 00 0 00					X		1,258,405	0	96,193

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			
JAMES ECKLUND DEPT CHAIR NEUROSCIENCE	40 00 0 00					X		1,382,923	0	160,687
MARSHALL RUFFIN FORMER EVP CTO	40 00 10 00						X	511,853	0	0
ROBERT GRASTY FORMER EVP CHRO COO	40 00 10 00						X	0	210,100	0
JAMES SANTRY FORMER EVP CEO DTC AND AMB	40 00 10 00						X	0	1,024,417	41,037
DEBORAH ADDO FORMER CEO ILH	10 00 30 00						X	0	856,877	224,807

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>					
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>					
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 ▶ <input type="checkbox"/>					

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 54-0620889
Name: INOVA HEALTH CARE SERVICES

Part VI

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2018
Department of the Treasury Internal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization INOVA HEALTH CARE SERVICES	Employer identification number 54-0620889
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		368,341													
c Total lobbying expenditures (add lines 1a and 1b)		368,341													
d Other exempt purpose expenditures		2,477,761,386													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,478,129,727													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	249,843	483,780	700,409	368,341	1,802,373
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INOVA HEALTH CARE SERVICES

Employer identification number
54-0620889

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

	(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" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		183,068,757		183,068,757
b Buildings		1,402,861,050	608,207,635	794,653,415
c Leasehold improvements		814,881,601	485,061,377	329,820,224
d Equipment		1,472,864,205	1,138,591,055	334,273,150
e Other		537,448,926	152,040,244	385,408,682
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,027,224,228

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER ASSETS	38,035,012
(2) DUE FROM SUBSIDIARIES AND AFFILIATES	1,941,674,986
(3) LONG TERM RIGHT OF USE	98,848,333
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,078,558,331

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
THIRD PARTY SETTLEMENTS	36,503,431
SELF INSURED LIABILITY	28,977,341
INTEREST RATE SWAP LIABILITY	-6,521,557
LEASE LIABILITY	104,431,194
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	163,390,409

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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' on 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0620889
Name: INOVA HEALTH CARE SERVICES

Supplemental Information

Return Reference	Explanation
Part X, Line 2	From Inova Health System consolidated financial statements including Inova Health Care Services 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

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 40000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			119,496,768		119,496,768	4 370 %
b Medicaid (from Worksheet 3, column a)			232,915,913	99,689,486	133,226,427	4 870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			352,412,681	99,689,486	252,723,195	9 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,900,808	6,808	10,894,000	0 400 %
f Health professions education (from Worksheet 5)			12,268,689	684,516	11,584,173	0 420 %
g Subsidized health services (from Worksheet 6)			15,802,148	4,355,456	11,446,692	0 420 %
h Research (from Worksheet 7)			32,291,233	20,098,046	12,193,187	0 450 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,108,222		1,108,222	0 040 %
j Total. Other Benefits			72,371,100	25,144,826	47,226,274	1 730 %
k Total. Add lines 7d and 7j			424,783,781	124,834,312	299,949,469	10 970 %

Part II

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	68,967,471	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	477,876,427
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	583,505,827
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-105,629,400
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV

Management Companies and Joint Ventures(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Franconia-Springfield Surgery Center LLC	Surgical Services	57.960 %		42.040 %
2 2 Northern Virginia Surgery Center LLC	Surgical Services	61.180 %		38.820 %
3 3 Inova Ambulatory Surgery Center at Lorton LLC	Surgical Services	58.950 %		41.050 %
4 4 McLean Ambulatory Surgery LLC	Surgical Services	64.500 %		35.500 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Facility Reporting Group - A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See line 10a for CHNA website</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.inova.org/inova-in-the-community/index.jsp</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www Inova org			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www Inova org			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www Inova org			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 46

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Catastrophic Financial Assistance Catastrophic Financial Assistance is available for patients who do not qualify for free care based on the criteria above, who, due to the nature and extent of services provided, have significant care-related financial obligations in relation to household income and other potentially available resources In such circumstances, the patient responsibility will be limited to the lesser of 30% of Family Income or the Amounts Generally Billed

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	THE COMMUNITY BENEFIT REPORT IS INCLUDED IN THE CONSOLIDATED INOVA HEALTH SYSTEM REPORT TO THE COMMUNITY ON INOVA ORG WEBSITE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Cost to charge ratio method is used based on table 2 in the instructions. Total operating expense is divided by Total Gross Revenue to arrive at the cost to charge ratio.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	Cost of Physician Clinic is \$5,747,838

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 159,499,239

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Inova's Office of Sustainability provides community building support focused on environmental improvements. Environmental Mission Statement Inova Health System is committed to establishing an environmental program that is safer and healthier for patients, employees and the community. Community Building Environmental Improvements Waste Management Inova has been focused on waste reduction strategies including recycling and segregation since 2008. Throughout the hospitals there is a single stream recycling process and there are focused efforts on reducing regulated medical waste. In 2018, Inova recycled or diverted approximately three million pounds of material from local landfills and waste to energy facilities. Specialized areas recycling/reuse Inova has implemented specialized recycling programs to capture specific materials throughout the hospitals including a medical donation program that shipped 48,000 pounds of unused, unopened medical supplies and durable medical equipment to places in need both in local communities and across the globe. Energy During 2018, Inova continued to make progress towards its energy goal of reducing energy use intensity (EUI) 20 percent by the year 2020 (baseline year 2012). A variety of projects including exterior lighting upgrades, specific interior lighting projects, HVAC improvements and energy monitoring, all continued throughout 2018. These efforts result in cost savings and improved resilience for the overall health of the community. Water Inova continues to maintain native plantings and low-impact irrigation systems for landscaping as well as reduce water consumption in our hospitals through the routine replacement of less efficient plumbing fixtures. Buildings Inova is currently working on a number of projects pursuing LEED certification including the Inova Center for Personalized Health along with Inova Fairfax Medical Campus. There are other projects underway including Inova Loudoun Hospital pursuing a number of green elements. The goal of Inova's green building efforts is to ensure that our buildings are operated in the most efficient manner, leading to both operational savings as well as improved patient/employee outcomes. Transportation Continued collaboration with Fairfax County Department of Transportation to promote alternative commuting options for Inova employees resulting in fewer single-occupancy vehicle trips. The Inova Fairfax Medical Campus achieved the required mode-split again in 2018, with more than 18% of employees using some sort of alternative mode of transportation. Inova Mount Vernon hospital also has a mode-split requirement and 21.5% of employees there are using a form of alternative transportation. This is the result of employees taking public transportation, Employee Commuter Shuttles, carpools and some even biking or walking to work. These initiatives contribute to lower levels of air pollution and congestion as well as improvements to overall community health. Food Continued to promote and serve local and sustainable foods throughout Inova hospitals with 26% of food spend categorized as sustainable. Inova hospitals also transitioned to a variety of No Antibiotic Ever (NAE) poultry products which resulted in 37% NAE for all meats served. These initiatives are important for the health of all patients and the community, and also support local farms. Sponsor of the Northern Virginia Chapter of Buy Fresh, Buy Local, a nationally recognized program that is dedicated to reintroducing Americans to their food - the seeds it grows from, the farmers who produce it, and the routes that carry it from the fields to their tables. Community Distributed more than 500 native tree seedlings to be planted within the local community in 2018 in support of Earth Day. Mentored peer organizations locally and nationally as well as a variety of corporate clients on sustainable practices through a combination of formal speaking engagements, news article publications and informal discussions, helping them create safer environments for their patients, employees, and communities.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	<p>BAD DEBT FOOTNOTE FROM INOVA HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS Patient accounts receivable include charges for amounts due from all patients less price concessions relating to allowances for the excess of established charges over the payments to be received on behalf of patients covered by Medicare, Medicaid and other insurers. The provision for price concessions is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the price concessions based upon historical experience of self-pay accounts receivable, including those balances after insurance payments and not covered by insurance. The results of this review are then used to make any modifications to the provision for price concessions. There have been no significant changes in the current year to the underlying assumptions used by IHS to estimate the allowance for uncollectible accounts. Patient accounts receivable are written off after collection efforts have been followed in accordance with IHS policies. All operating entities of IHS treat emergency patients and provide medically necessary treatment to patients regardless of their ability to pay. A patient is classified as a charity patient based upon established IHS policies that consider patient income levels. Since IHS does not pursue collection of amounts that qualify as charity care, these amounts are deducted from gross revenue as a price concession.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	The organization does not treat any Medicare shortfall as community benefit. The amounts are taken directly from the Medicare Cost Reports as filed using a cost to charge ratio method.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	<p>Patients who have not applied for Financial Assistance under this policy will be treated as self-pay and subject to Inova's normal billing and collections processes All patient responsibility portions of Inova's accounts will process through Inova's billing and collection systems for effective in-house collections and within federal guidelines for transitioning to external collection agencies after in-house efforts have been exhausted Patient responsibility portions will be processed through pre-billing, statement, and follow-up in automated and systematic steps All collections actions will be in compliance with the Fair Debt Collection Practices Act and ACA International's Code of Ethics and Professional Responsibility Patients will receive statements for 120 days After 120 days, with no contact from the patient and without the establishment of acceptable payment terms, accounts will be transferred to a professional collection agency If continued non-payment occurs beyond a reasonable period of time, legal actions may be undertaken to collect payment If a patient wishes to make payment arrangements and does not have resources to pay the account in full, payment plans will be offered No Inova entity or third-party collections agent will impose extraordinary collections actions such as legal actions or adverse credit reporting against any patient, without first making reasonable efforts to determine whether that patient is eligible for Financial Assistance under this policy These reasonable efforts include Assuring that no ECAs are imposed for at least 120 days from the date of the first billing statement Providing a 30-day written notice that includes information about Inova's Financial Assistance Policy and about any intended ECAs to be imposed in the event of nonpayment Providing oral notification of any intended ECAs to be imposed in the event of nonpayment If a patient is determined to be eligible for Financial Assistance after payment is received or after an ECA has been imposed, the account will be adjusted and the collections action will be reversed The Vice President of Revenue Cycle Operations or his/her designee is responsible for determining whether Inova has made reasonable efforts to determine whether an individual is FAP-eligible and whether one or more ECAs may be imposed</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 AND 3	Actual bad debt expense is multiplied by the cost to charge ratio used in computing charity care expense in Part I. The provision for bad debts is recognized when providing an allowance for uncollectible accounts. There are no estimated amounts for bad debt expense attributable to patients under the organization's charity care policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>Inova Health System (IHS) completed a Community Health Needs Assessment (CHNA) in 2016 to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions: Who in the community is most vulnerable in terms of health status or access to care? What are the unique health status and/or access needs for these populations? Where do these people live in the community? Why are these problems present? Inova's CHNA considers multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from a community survey and from interviews with persons who represent the broad interests of the community, including those with expertise in public health. The following topics and data are assessed in Inova's CHNA report: Demographics, e.g., numbers and locations of vulnerable people; Economic issues, e.g., poverty and unemployment rates, and impacts of state or local budget changes; Community issues, e.g., homelessness, housing, environmental concerns, crime, and availability of social services; Health status indicators, e.g., morbidity rates for various diseases and conditions, and mortality rates for leading causes of death; Health access indicators, e.g., uninsurance rates, discharges for ambulatory care sensitive conditions (ACSC), and use of emergency departments for non-emergent care; Health disparities indicators, and Availability of healthcare facilities and resources. The assessment identifies a list of significant community health needs. As a result of this work and previous work, each Inova hospital selected 2-3 priority areas to focus on for the next few years, and is moving forward with developing coordinated efforts within the health system to carry out the designed implementation plans of the Community Health Needs Assessment. The Program Outreach Administrator is coordinating plans with hospital leaders to assure effective plan implementation in each of the respective communities. The Program Outreach Administrator is centralized to the system under the Vice President of Population Health and thereby assures system coordinated efforts are centralized and reflective of Inova Health System's work across Northern Virginia. The various Public Health Departments also conduct community health needs assessments using the framework of the Mobilizing for Action through Planning and Partnerships (MAPP) process. Inova Health System is a participating member of the MAPP process in each jurisdiction across Northern Virginia. The MAPP process leads to an ongoing community-driven planning process that is designed to provide information for improving the community's delivery of the ten essential public health services. This process brings together a diverse group of key community stakeholders including local government, human service organizations, schools and universities, healthcare consumers, advocacy groups, hospitals, faith institutions, youth development organizations, economic and philanthropic groups, etc. to identify strengths and weaknesses in the ten essential areas to provide a foundation for community health planning. The information from the MAPP health needs assessments in all jurisdictions served by Inova Health System, as well as the ongoing work of the action teams, were incorporated into the community needs assessment implementation plans that were finalized in 2016. In addition to these activities, Inova is continually garnering feedback on existing safety net and community programs from participants through monthly and quarterly satisfaction surveys and focus groups, participating in regional and local health related groups such as the Northern Virginia Health Services Coalition, meeting with various cultural and ethnic groups in the community and using internal utilization and outcomes data, review of best practices and regional and national benchmark data and other external sources such as the Metropolitan Washington Council of Governments (COG) demographic data to develop strategic goals for health improvement activities. Collectively, all this information is utilized in assessing community health needs to guide strategic planning efforts.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Inova Health System utilizes a multifaceted approach to educate and inform patients and the public about Inova's Financial Assistance Policy (FAP) or charity care policy. Upon admission to any Inova hospital or any visit to outpatient facilities or clinics including emergency departments, Inova has information posted regarding patient rights and responsibilities. In addition, Inova provides information about the charity care program and referrals to meet with Inova financial counselors who assist patients in completing Inova's charity care application. This financial information is reviewed by the Inova Patient Accounts Department with the patient contacted if additional information is required in order to make a determination. The patient is subsequently provided a letter notifying them as to whether or not they qualify for charity care. Inova also has Medicaid eligibility workers on-site in all hospitals, in the InovaCares Clinic for Women and Children (clinic for low income families) and in the community as part of the Partnership for Healthier Kids Access to Care program. Inova partners with schools across the jurisdiction to provide information about state funded health programs for children and contact information to meet with an eligibility worker responsible for enrolling families in state Medicaid programs. These eligibility workers also go out into the community attending community events such as health fairs, faith-based community activities and other family centered community events to proactively meet with families to encourage enrollment in programs for which they are eligible. Inova has a section of the public website dedicated to information about billing and financial coordinators and financial assistance resources.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>Inova Health Care Services (IHCS) is a not-for-profit corporation and a subsidiary of the parent organization, Inova Health System Foundation (Inova). 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. Northern Virginia is one of the fastest growing urban communities in the United States. With approximately 1,304 square miles, the region is the most densely populated in the Commonwealth of Virginia. Northern Virginia is comprised of several distinct communities, including the cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park, and the counties of Arlington, Fairfax, Loudoun, and Prince William. The eastern sections are urbanized with attendant health problems of overcrowding and increasing demand for health services and public programs. Inova Health Care Services' service area is primarily the cities of Alexandria, Fairfax and Falls Church and Fairfax County. Fairfax County is served by four hospitals that are physically located in the county (Inova Mount Vernon, Inova Fairfax, Inova Fair Oaks, and HCA Reston). There are nine Census Tracts in Fairfax County that are medically underserved. The region's population served by IHCS is forecasted to grow 9% over the next decade adding an estimated average of 13,000 persons a year. Population will be spurred by the long-term strength of the region's economy, high rates of in-migration and international immigration. The region's population that is 65 years of age and older is expected to grow 25% over the next 5 years, while the number of children will increase by about 4% during the same time period. (MWC09.0 and ESRI)</p> <p>Northern Virginia's racial and ethnic diversity is more pronounced than in the rest of the state. With increasing diversity, economically disadvantaged populations and multiple languages, the need for access to culturally appropriate, flexible health care continues to grow. The Northern Virginia geographic region in 2018 was 41% minority, up from 28% in 1990, while the nation as a whole reflects a 39% minority population (U.S. Census Bureau). Fairfax County, with more than one million residents, is the largest jurisdiction in Northern Virginia and also has the largest minority population. In Fairfax County in 2017, Asians, Hispanics, and African Americans represented 18.9%, 16.2%, and 9.7% of the county's population, respectively. One-quarter of the state's Hispanic population resides in Fairfax County (U.S. Census Bureau). According to the US Census Bureau Small Area Health Insurance Estimates (SAHIE) in 2015 approximately 8.8% of the total population under the age of 65 (about 101,000 people) in Fairfax County lacked healthcare insurance. Of the people living in Fairfax County whose family incomes are at or below 200% of the federal poverty level, SAHIE estimates that 32.9% (about 40,000 people) were uninsured in 2015. Area residents most likely to be uninsured are those whose family incomes are at or below 200% of the poverty level, young adults (age 18-44), people of racial backgrounds other than White, unemployed individuals, part-time workers, and people who work at companies with fewer than 50 employees. Serving this population poses significant cultural and linguistic challenges, and these uninsured citizens are widely distributed in terms of age, geographic region, and health status.</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>Inova Health System's investment in the communities across Northern Virginia is evident through numerous targeted community programs. These programs provide access to care for low income, uninsured, underinsured and vulnerable populations, promote health & wellness, increase health literacy, provide the support and infrastructure for disaster preparedness, and provide programs to support development of our future healthcare workforce to meet the healthcare needs of the communities served. All Inova healthcare facilities have open medical staffs to provide the maximum access to qualified physicians. A Community Board of Trustees provides fiscal and quality oversight for Inova Health Care Services' facilities to ensure the vision and mission of the organization is achieved. Access to Care Programs: Inova's Population and Community Health Division is organized to address a wide-spectrum of community healthcare needs. In addition to the programs already described in the core form program, activities that provide infrastructure support and services focused on vulnerable populations to increase access to healthcare services for the communities served by Inova Health System include the following programs: The Streamlined Eligibility program (SES), launched by the successful implementation of the federally-funded 2001 CAP and 2004 HCAP grants, continues to be funded by Inova and Fairfax County. SES provides local safety-net healthcare providers access to coordinated health care networks to serve the uninsured and underinsured residents of Northern Virginia. A shared database is used to determine a patient's eligibility for services which provides one central intake thereby streamlining and expediting the process. Inova supports the infrastructure and expansion of the program which currently consists of 12 public/private partners serving Fairfax County, City of Alexandria, Loudoun County, Arlington County, and Prince William County. The system currently houses over 300,000 eligibility records of uninsured and Medicaid patients. Inova's Partnership for Healthier Kids (PHK) Access to Care program provides families with comprehensive application and enrollment assistance to connect them with an appropriate and affordable source of health care services. In 2018, PHK assisted over 11,313 children and parents with access to a source of comprehensive health care services such as Medicaid, FAMIS or local safety net providers. PHK began expansion efforts in the end of 2018 with the onset of Medicaid expansion in Virginia. Care Connection for Children (CCC) is funded by the Virginia Department of Health. The goal of CCC is to help families coordinate community and educational resources with medical expertise to ensure that children with special healthcare needs can reach their maximum potential. CCC partners with families of children who have chronic healthcare needs to help open doors to needed resources and coordinate quality family-centered care. CCC is committed to helping children maximize their potential in a caring, innovative and culturally sensitive manner. In 2018, CCC served 856 families. Transitional Care Management: Inova Transitional Services is a comprehensive service designed to support medically vulnerable patients with a recent Inova hospitalization to ensure quality transitions of care outcomes and support the ambulatory physician community in managing this challenging population after discharge. Inova Transitional Services encompasses three main programs: Transitional Care Management (TCM), the Transitional Services Clinics and the new Medicare Focused Navigator (MFN) program. TCM is a 30 day post-acute telephonic case management program designed to encourage patients to follow up with their Primary Care Physician (PCP) and to follow PCP instructions on medication reconciliation. TCM also assists patients by providing education on their disease symptoms and empowers them to take an active, preventative role in their healthcare and wellness. TCM promotes early intervention and communication with PCPs at the first signs of disease symptoms and assists patients in navigating services and resources in the community to support their wellness goals. The Transitional Services Clinics are hospitalist-run post-acute clinics that provide immediate attention to medically complex patients who require intensive follow-up care. Patients are provided appointments to ensure that all hospital discharge instructions, medication reconciliation and symptoms have been stabilized and resolved prior to transitioning back to their PCP. In 2018, TCM managed over 4,000 admissions and the Transitional Services Clinics served over 5,500 patients with over 8,800 visit encounters. The Medicare Focused Navigator program is designed to provide oversight and navigation of the Medicare 65+ focus diagnosis patients throughout the continuum of care during the 30 days post inpatient hospitalization. The goal of the program is to ensure proper access a</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>nd coordination of all discharge dispositions, post-acute care services and assist with tr ansitions throughout the continuum by assisting patients and community service providers w ith follow up appointment coordination, appointment reminder calls, resource connection, p roblem solving and communication The MFN program managed almost 6,000 admissions in 2018 Inova is committed to providing a quality, post-hospitalization care continuum to ensure that the ambulatory physician community is supported in caring for this medically complex and vulnerable population Inova Kellar CenterInova Kellar Center (IKC) is a community base d behavioral health program and special education school founded by Inova in 1991 with a g ift from Fairfax County residents, Art and Betty Kellar, to address a gap in mental health and substance abuse services for children and adolescents Currently IKC offers a full co ntinuum of mental health services from outpatient therapies and medication management to a fter school Intensive Outpatient Programs and a full day Partial Hospitalization Program The Kellar School, a private special education day school for students with emotional, soc ial and behavioral needs provides academic instruction within a therapeutic environment T he Center provided 84,891 hours of programming, treatment and education to children, adole scents, and families in 2018 Inova Ewing Forensic Assessment and Consultation Teams (FACT)The Inova Ewing FACT department is a comprehensive, outpatient forensic nursing program f or children and adults Established in the late 1990s, the Inova Ewing FACT department has provided specialized care for victims of sexual abuse, domestic violence and child abuse FACT serves all of Northern Virginia including Fairfax, Arlington, Loudoun and Prince Wil liam counties, the cities of Alexandria and Falls Church, parts of Fauquier and Stafford c ounties, military installations and universities FACT also performs courtesy exams for ou tlying jurisdictions including the District of Columbia, Maryland and West Virginia The p rogram has grown significantly over the years and now provides services in the areas of Se xual Assault, Intimate Partner/Domestic Violence, Physical Child Abuse, Strangulation and Human Sex Trafficking In 2018, the department had 934 patient encounters, reflecting a 6% increase from 2017 and a 47% increase from 2015 Health Promotion and Preventative Care P rogramsTo prevent and reduce the incidence of nutrition-related diseases, Inova focused on several initiatives to reduce food insecurity and increase food literacy among community members Specifically, Inova continued to match the purchases made by SNAP customers (form erly food stamps) at farmers markets, allowing low-income individuals to purchase more fre sh produce Inova also continued to grow the Inova Healthy Plate Program, an 8-week school- based nutrition program provided to Title I elementary schools and community centers The Inova Healthy Plate Club aims to improve students' understanding of nutrition and the impo rtance of healthy behaviors In 2018, the Inova Healthy Plate Club served over 270 student s Language and Disability ServicesThe Language and Disability Services Department is dedic ated to ensuring equal access to Inova's services regardless of language preference or the need for special accommodations In support of patient safety and satisfaction, language interpretation and document translations are provided at every Inova facility, to facilita te communication with the 14% of Inova's patient population who are Limited English Profic ient (LEP), and the 0 2% of clients who are Deaf or Hard of Hearing (D/HH) In 2018, phone , video and in- person medical interpreters delivered 81,367 hours of interpretation in 200 languages, and 14,878 hours in American Sign Language Additionally, 506 vital documents were translated into Inova's top languages</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	Organization is part of Inova Health System included in description under Line 5

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 Continued	<p>Cash and In-Kind Contributions to Community Groups Inova donates space, provides cash and in-kind support such as housekeeping and donated staff time to a number of community groups and services. Inova provides support to NOVA Scripts, the Center for Multicultural Human Services, Shenandoah University, and the Nova Dental Clinic. Inova also provides financial support to The Loudoun Free Clinic and HealthWorks for Northern Virginia and Neighborhood Health, the local Federally Qualified Health Centers. In 2018, Inova donated over \$1.6 million for these groups covering both cash and in-kind transactions. Additionally, as part of Inova's efforts to harness the collective power of community partners, agencies and organizations to create positive social impact, Inova provided \$60,000 in community grants. Applicants were required to present programs or projects addressing the population health needs described in the Inova Community Health Needs Assessments.</p>

Additional Data**Software ID:****Software Version:****EIN:** 54-0620889**Name:** INOVA HEALTH CARE SERVICES**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	INOVA FAIRFAX HOSPITAL 3300 GALLOWS ROAD FALLS CHURCH, VA 22046 INOVA ORG VA H1921	X	X	X	X		X	X			A
2	INOVA ALEXANDRIA HOSPITAL 4320 SEMINARY ROAD ALEXANDRIA, VA 22304 INOVA ORG VA H1859	X	X					X			A
3	INOVA MOUNT VERNON HOSPITAL 2501 PARKER LANE ALEXANDRIA, VA 22306 INOVA ORG VA H1923	X	X					X			A
4	INOVA FAIR OAKS HOSPITAL 3600 JOSEPH SIEWICK DRIVE FAIRFAX, VA 22033 INOVA ORG VA H1922	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 INOVA FAIRFAX HOSPITAL, - Facility 2 INOVA ALEXANDRIA HOSPITAL, - Facility 4 INOVA FAIR OAKS HOSPITAL, - Facility 3 INOVA MOUNT VERNON HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 3j	Question 3eInova Fairfax Medical Campus (IFMC) completed a Community Health Needs Assessment (CHNA) in 2016 and found that numerous health status and access problems are present in the community. Eleven areas were identified as the most significant health needs for the IFMC community: Access to Basic Medical Care, Access to Dental Care, Care and Conditions of Older Adults, Cultural Competency in Care, Diabetes, Hypertension, Lack of Affordable Housing, Mental Health and Access to Mental Health Services, Obesity and Obesity-Related Concerns, Physical Environment and Substance Abuse and Excessive Alcohol Use. Within these areas there was no prioritization or ranking. Based on the CHNA results, IFMC developed a three-year implementation strategy to address its community benefit service area for calendar (tax) years 2017 through 2019. Priorities were based on community need as determined by quantitative data and community input, as well as on hospital expertise, resources, strengths of existing programming and partnerships, and alignment with national, state, and local health goals. Based on the CHNA recommendations, Inova Fairfax Medical Campus has identified as its community benefit priorities: Conditions and Care of the Aging Population, Cultural Competency in Care and Mental Health and Access to Mental Health Services. The hospital's 3-year implementation strategy was endorsed by the Inova Health Care Services Board.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 5	<p>For IFMC The hospital interviewed 62 key informants, including external stakeholders (those who represented the broad interests in the community) and internal Inova staff. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss a wide range of current and emerging issues affecting community health. Interviews were conducted from August 2015 through January 2016. A detailed listing of the community stakeholders who provided community input is shown below. The hospital also sought input from the public regarding the health of the community through an online survey publicized through emails, hospital information and community partners. The survey was also available on paper in the hospital and at the local FQHC. In the process of conducting the 2016 CHNA, Inova received feedback from constituents on the 2013 CHNA process and progress made since then. At the start of the 2016 CHNA, Inova created an advisory committee in order to steer decision making, provide feedback on survey creation, interview candidates and protocols and the process by which community health needs were determined to be significant. The committee included representatives from local FQHCs, local Health Directors and a public official. Members of the committee provided feedback on the 2013 CHNA, including both the initial assessment as well as implementation of strategies to improve health since then. Additional feedback on Inova's community health improvement programs was gathered during key informant interviews.</p> <p>Fairfax County Board of Supervisors - General population Fairfax County Health Care Advisory Board - General population Physicians Fairfax County Health Department - General population Fairfax County Multicultural Advisory Council - Immigrant community, Hispanic community, Muslim community, East African community, Korean community, Indian community Fairfax County physicians - General population Physicians Fairfax County Public Schools - General population and Youth/adolescents Fairfax-Falls Church Community Services Board - Mentally ill population, Substance abuse needs, Intellectually disabled George Mason University, College of Health and Human Services - General population and Students Grace Ministries - Faith-based community and Immigrant population Inova Board of Directors - General population Inova Fairfax Hospital Internal Staff - General population and Physicians Inova Office of Health Equity - Marginalized populations and Minority populations Northern Virginia Family Services - Adolescent/youth, Low income, Homeless, Mentally ill Northern Virginia Health Foundation - General population, Low Income, and Uninsured/Underinsured Partnership for a Healthier Fairfax - General population and Business community Route 1 Human Services Task Force - Homeless population and Low income population</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 6a	Inova Fair Oaks HospitalInova Mt Vernon HospitalInova Loudoun HospitalInova Alexandria Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 11	<p>Inova Fairfax Medical Campus conducted a Community Health Needs Assessment (CHNA) in 2016 to identify the significant health needs in its community, and to inform development of an Implementation Strategy to address those needs. This process also responds to regulatory requirements, which mandate that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. One main aim of the Implementation Strategy is to guide the hospital's community benefit activities for the period of 2017 - 2019. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. The CHNA process encourages hospitals to focus on improving the health of the communities they serve, and not to select outreach efforts based solely on internal growth priorities. Implementation Strategies should be broad based and work with community entities to improve health outside the walls of the hospital, increase prevention efforts and improve public health. The Inova Fairfax Medical Campus team selected the following priority areas for the 2017-19 Implementation Strategy: Improve the Care and Conditions of Aging Adults, Improve Care and Access to Care for Individuals with Mental Health and Substance Abuse Needs, and Improve Cultural Competency and Inclusion. Update - Year Two. Upon board approval of the 2016 CHNA and Implementation Strategy, the IFMC CEO assigned members of the senior leadership team to lead the efforts and convene work teams around each of the Implementation Strategy focus areas. Members of the work teams include representatives from the hospital (clinical leadership, behavioral health, case management, community health and human resources) as well as representatives from local government agencies and other related community services. The groups have met at different times to collaborate on potential action steps. Through the thought work and collaboration of the work teams, much progress has been made, as described below.</p> <p>1. Inova's Program Outreach Administrator is the co-chair for the Health Workforce team of the Partnership for a Healthier Fairfax. This team is working on a project to improve outcomes for the diverse population served through education and outreach to providers about the use and importance of CLAS standards. In 2018, a curriculum was developed and is in the final testing phases. The curriculum is based on the facilitated discussion of video stories sharing the lived experiences of diverse individuals in the healthcare system.</p> <p>2. Inova Behavioral Health Services is committed to offering a full spectrum of mental health and addiction treatment services, and has been working to increase access through creative and multi-modal initiatives. One new initiative is the implementation of SBIRT (Screening, Brief Intervention and Referral to Treatment). SBIRT is a simple screening tool that helps</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 11	<p>identify people at high risk of substance abuse, and is now in place in all hospital emerg ency departments (ED) Results of the screening guide the level of intervention People at mild or moderate risk receive a short counseling session Those diagnosed as addicted are referred for treatment 3 Inova recognizes that hospitals can have a large impact on the rising opioid epidemic In another step to help curb the opioid epidemic in the community, in 2018 Inova Fairfax Medical Campus installed a public drop-off box for safe disposal of unused drugs 4 No One Dies Alone is a program that provides companionship and support to patients who are at the end of their lives and may not have friends or family at their si de Volunteers stay with these patients and provide compassion and emotional support so th ese patients will not spend their moments alone Started at IFMC at the end of 2017, in 20 18 the program grew to 64 volunteers and 1,390 volunteer hours in 2018 5 Additionally, th e Geriatrics Services (including Geriatric Medicine, HELP, NICHE) and Neuroscience depart ments partnered to provide two workshops on dementia for care providers offered free to th e community with 75 attendees 6 The Inova Medical House Calls program is designed to help patients successfully "age in place" while reducing readmissions and overall cost An int erdisciplinary team provides comprehensive primary care in patient homes and assisted livi ng facilities Patients are generally 65 years of age or older and they have difficulty le aving home for medical appointments These primary care services are "high-touch" with int ensive patient management and care coordination with an emphasis on advance care planning The program staff leverages strong relationships with inpatient teams, hospice agencies, skilled nursing staff, physical therapy staff, occupational therapy staff, mental health c ounselors and county services for high-quality patient outcomes 7 Additionally, one major issue in care for the growing older adult population has been a scarcity of options for p rimary care To meet this need, Inova added a geriatrician in three of the Inova Medical G roup primary care practices 8 ElderLink is a non-profit partnership between Inova, the Fa irfax Area Agency on Aging, and the Alzheimer's Association, National Capital Area Chapter ElderLink provides case management, care coordination, health and wellness programming, as well as support to patients returning from the hospital back to their home in the commu nity, and caregiver support to older adults and their caregivers 9 As part of its focus t o promote community health and education, Inova's Department of Population/Community Healt h provides small grants to not-for-profit organizations One of these grants was to Insig h t Memory Care Center, where funds will help support the organization's adult day respite c are program IMCC is the only licensed adult day center in Northern Virginia dedicated to enhancing the lives of individ</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 11	<p>uals with Alzheimer's disease and related dementias as well as their caregivers and families Health Needs the Hospital Will Not Address No hospital facility can address all health needs present in its community The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits The hospital's implementation strategy focuses on meeting the priority and specified community health needs described above Certain issues, such as access to dental care, affordable housing and the physical environment are beyond the scope of the hospital and the hospital has insufficient resources to make a meaningful impact Other topics, such as diabetes, hypertension, obesity and obesity-related concerns are not covered as priority target areas in this plan Even so, there are many activities in these areas throughout the Inova system</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 13h	Calculate family size

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 1 -- INOVA FAIRFAX HOSPITAL Part V, Section B, line 16j	Financial Aid Brochures explaining the charity policy are available through out the Hospital ER Rooms and waiting rooms have charity notifications posted in their areas, and the brochures are also posted on Inova's website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 3j	Question 3eInova Alexandria Hospital (IAH) completed a Community Health Needs Assessment (CHNA) in 2016 and found that numerous health status and access problems are present in the community. Eleven areas were identified as the most significant health needs for the IAH community: Access to Basic Medical Care, Access to Dental Care, Adolescent Health, Care and Conditions of Older Adults, Cultural Competency in Care, Diabetes, HIV and other Sexually Transmitted Infections, Hypertension, Mental Health and Access to Mental Health Services, Obesity and Obesity-Related Concerns and Substance Abuse and Excessive Alcohol Use. Within these areas there was no prioritization or ranking. Based on the CHNA results, IAH developed a three-year implementation strategy to address its community benefit service area for calendar (tax) years 2017 through 2019. Priorities were based on community need as determined by quantitative data and community input, as well as on hospital expertise, resources, strengths of existing programming and partnerships, and alignment with national, state, and local health goals. Based on the CHNA recommendations, Inova Alexandria Hospital has identified as its community benefit priorities Conditions and Care of the Aging Population and Mental Health and Substance Abuse. The hospital's 3-year implementation strategy was endorsed by the Inova Health Care Services Board.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 5	<p>For IAH The hospital interviewed 32 key informants, including external stakeholders (those who represented the broad interests in the community) and internal Inova staff The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss a wide range of current and emerging issues affecting community health Interviews were conducted from August 2015 through January 2016 A detailed listing of the community stakeholders who provided community input is shown below The hospital also sought input from the public regarding the health of the community through an online survey publicized through emails, hospital information and community partners The survey was also available on paper in the hospital and at the local FQHC In the process of conducting the 2016 CHNA, Inova received feedback from constituents on the 2013 CHNA process and progress made since then At the start of the 2016 CHNA, Inova created an advisory committee in order to steer decision making, provide feedback on survey creation, interview candidates and protocols and the process by which community health needs were determined to be significant The committee included representatives from local FQHCs, local Health Directors and a public official Members of the committee provided feedback on the 2013 CHNA, including both the initial assessment as well as implementation of strategies to improve health since then Additional feedback on Inova's community health improvement programs was gathered during key informant interviews Alexandria City Government - General population Alexandria Community Services Board - Mentally ill Alexandria Health Department - General population Alexandria Public Health Advisory Commission - General population Arlington County Government - General population Campagna Center - Youth, Immigrants George Mason University, College of Health and Human Services - General population, Students Grace Ministries - Faith-based community, Immigrant populations Inova Alexandria Hospital Internal Staff - Health professionals and patients Inova Board of Directors - General population Inova Office of Health Equity - Marginalized populations, Minority populations Neighborhood Health - General population, Low income Northern Virginia Family Services - Adolescent/youth, Low income, Homeless, Mentally ill Northern Virginia Health Foundation - General population, Low income Partnership for a Healthier Alexandria - General Population, Aging Route 1 Human Services Task Force - Homeless population, Low income population</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 6a	Inova Fairfax HospitalInova Loudoun HospitalInova Fair Oaks HospitalInova Mt Vernon Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 11	<p>Inova Alexandria Hospital conducted a Community Health Needs Assessment (CHNA) in 2016 to identify the significant health needs in its community, and to inform development of an Implementation Strategy to address those needs. This process also responds to regulatory requirements, which mandate that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. One main aim of the Implementation Strategy is to guide the hospital's community benefit activities for the period of 2017 - 2019. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. The CHNA process encourages hospitals to focus on improving the health of the communities they serve, and not to select outreach efforts based solely on internal growth priorities. Implementation Strategies should be broad based and work with community entities to improve health outside the walls of the hospital, increase prevention efforts and improve public health. The Inova Alexandria Hospital team selected the following priority areas for the 2017-19 Implementation Strategy: Improve the Care and Conditions of Aging Adults and Improve Care and Access to Care for Individuals with Mental Health and/or Substance Abuse Needs Update - Year Two. Members of the Community Health Services Division, IAH leadership and community partners have been working diligently on the priority areas set forth in the 2016 CHNA Implementation Plan. Through the thought work and collaboration of diverse stakeholders, much progress has been made, as described below:</p> <ol style="list-style-type: none"> 1. Inova Behavioral Health Services is committed to offering a full spectrum of mental health and addiction treatment services, and has been working to increase access through creative and multi-modal initiatives. One new initiative is the implementation of SBIRT (Screening, Brief Intervention and Referral to Treatment). SBIRT is a simple screening tool that helps identify people at high risk of substance abuse, and is now in place in all hospital emergency departments (ED). Results of the screening guide the level of intervention. People at mild or moderate risk receive a short counseling session. Those diagnosed as addicted are referred for treatment. 2. Inova recognizes that hospitals can have a large impact on the rising opioid epidemic. In another step to help curb the opioid epidemic in the community, in 2018 Inova Alexandria Hospital installed a public drop-off box for safe disposal of unused drugs. 3. Additionally, IAH actively participates in an interagency opioid work group looking to coordinate efforts to address deterrence as well as treatment of opioid abuse across the City of Alexandria. 4. As part of its focus to promote community health and education, Inova's Department of Population/Community Health provides small grants to not-for-profit organizations. To further improve the health of

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 11	the diverse communities that we serve, Inova provided one of these grants to Nueva Vida. Located in Alexandria, VA, Nueva Vida was created to fill the gap for culturally sensitive bilingual cancer support services for the Latino community. Nueva Vida performs culturally competent and bilingual care and outreach through three main focus areas: outreach and education, patient navigation and mental health survivorship. 5. For young people with cognitive and physical disabilities, finding competitive employment is one of the biggest challenges they face. The Project SEARCH program at Inova Alexandria Hospital is changing that. Since 2011, the community-minded initiative has provided on-the-job training for hundreds of local students between the ages of 18 and 22. High school seniors spend a year at the hospital, working in various departments. In 2018, Inova Alexandria Hospital received The Hiring Award from the Alexandria Chamber of Commerce and the Alexandria Commission on Persons with Disabilities in recognition of its Project SEARCH success. The Hiring Award is given annually to Alexandria residents and businesses that make significant strides in disability empowerment. 6. The Inova Medical House Calls program is designed to help patients successfully "age in place" while reducing readmissions and overall cost. An interdisciplinary team provides comprehensive primary care in patient homes and assisted living facilities. Patients are generally 65 years of age or older and they have difficulty leaving home for medical appointments. These primary care services are "high-touch" with intensive patient management and care coordination with an emphasis on advance care planning. The program staff leverages strong relationships with inpatient teams, hospice agencies, skilled nursing staff, physical therapy staff, occupational therapy staff, mental health counselors and county services for high-quality patient outcomes. 7. Additionally, one major issue in care for the growing older adult population has been a scarcity of options for primary care. To meet this need, Inova added a geriatrician in three of the Inova Medical Group primary care practices, two of which are in the IAH community Health Needs. The Hospital Will Not Address. No hospital facility can address all health needs present in its community. The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits. The hospital's implementation strategy focuses on meeting the priority and specified community health needs described above. Certain issues, such as access to dental care, are beyond the scope of the hospital and the hospital has insufficient resources to make a meaningful impact. Other topics, such as diabetes, hypertension, obesity and obesity-related concerns are not covered as priority target areas in this plan. Even so, there are many activities in these areas throughout the Inova system.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 13h	Calculate family size

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 2 -- INOVA ALEXANDRIA HOSPITAL Part V, Section B, line 16j	Financial Aid Brochures explaining the charity policy are available through out the Hospital ER Rooms and waiting rooms have charity notifications posted in their areas, and the brochures are also posted on Inova's website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 3j	Question 3eInova Fair Oaks Hospital (IFOH) completed a Community Health Needs Assessment (CHNA) in 2016 and found that numerous health status and access problems are present in the community. Twelve areas were identified as the most significant health needs for the IFOH community: Access to Basic Medical Care, Access to Dental Care, Care and Conditions of Older Adults, Cultural Competency in Care, Diabetes, Heart Disease, Hypertension, Lack of Affordable Housing, Mental Health and Access to Mental Health Services, Obesity and Obesity-Related Concerns, Physical Environment and Substance Abuse and Excessive Alcohol Use. Within these areas there was no prioritization or ranking. Based on the CHNA results, IFOH developed a three-year implementation strategy to address its community benefit service area for calendar (tax) years 2017 through 2019. Priorities were based on community need as determined by quantitative data and community input, as well as on hospital expertise, resources, strengths of existing programming and partnerships, and alignment with national, state, and local health goals. Based on the CHNA recommendations, Inova Fair Oaks Hospital has identified as its community benefit priorities Access to Dental Care and Childhood Obesity. The hospital's 3-year implementation strategy was endorsed by the Inova Health Care Services Board.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 5	For IFOH The hospital interviewed 64 key informants, including external stakeholders (those who represented the broad interests in the community) and internal Inova staff. The interviews were guided by a structured interview guide, and interviewees were encouraged to identify and discuss a wide range of current and emerging issues affecting community health. Interviews were conducted from August 2015 through January 2016. A detailed listing of the community stakeholders who provided community input is shown below. The hospital also sought input from the public regarding the health of the community through an online survey publicized through emails, hospital information and community partners. The survey was also available on paper in the hospital and at the local FQHC. In the process of conducting the 2016 CHNA, Inova received feedback from constituents on the 2013 CHNA process and progress made since then. At the start of the 2016 CHNA, Inova created an advisory committee in order to steer decision making, provide feedback on survey creation, interview candidates and protocols and the process by which community health needs were determined to be significant. The committee included representatives from local FQHCs, local Health Directors and a public official. Members of the committee provided feedback on the 2013 CHNA, including both the initial assessment as well as implementation of strategies to improve health since then. Additional feedback on Inova's community health improvement programs was gathered during key informant interviews. Fairfax County Board of Supervisors - General population Fairfax County Health Care Advisory Board - General population and Physicians Fairfax County Health Department - General population Fairfax County Multicultural Advisory Council - Immigrant community, Hispanic community, Muslim community, East African community, Korean community, Indian community Fairfax County physicians - General population and Physicians Fairfax County Public Schools - General population and Youth/adolescents Fairfax-Falls Church Community Services Board - Mentally ill population, Substance abuse needs, Intellectually disabled George Mason University, College of Health and Human Services - General population and Students Grace Ministries - Faith-based community, Immigrant population HealthWorks for Northern Virginia - General population, Low income, Uninsured/Underinsured Inova Board of Directors - General population Inova Fair Oaks Hospital Internal Staff - General population and Physicians Inova Office of Health Equity - Marginalized populations, Minority populations Northern Virginia Family Services - Adolescent/youth, Low income, Homeless, Mentally ill Northern Virginia Health Foundation - General population, Low Income, Uninsured/Underinsured Partnership for a Healthier Fairfax - General population, Business community Route 1 Human Services Task Force - Homeless population, Low income population

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 6a	Inova Fairfax HospitalInova Mt Vernon HospitalInova Alexandria HospitalInova Loudoun Hospital

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 11	Inova Fair Oaks Hospital conducted a Community Health Needs Assessment (CHNA) in 2016 to identify the significant health needs in its community, and to inform development of an Implementation Strategy to address those needs. This process also responds to regulatory requirements, which mandate that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. One main aim of the Implementation Strategy is to guide the hospital's community benefit activities for the period of 2017 - 2019. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. The CHNA process encourages hospitals to focus on improving the health of the communities they serve, and not to select outreach efforts based solely on internal growth priorities. Implementation Strategies should be broad based and work with community entities to improve health outside the walls of the hospital, increase prevention efforts and improve public health. The Inova Fair Oaks Hospital team selected the following priority areas for the 2017-19 Implementation Strategy: Increase Access to Dental Care and Decrease Childhood Obesity Update - Year Two. Members of the Community Health Services Division, IFOH leadership and community partners have been working diligently on the priority areas set forth in the 2016 CHNA Implementation Plan. Through the thought work and collaboration of diverse stakeholders, much progress has been made, as described below: 1. To prevent and reduce the incidence of nutrition-related diseases, Inova focused on several initiatives to reduce food insecurity and increase food literacy among community members. Specifically, Inova continued to match the purchases made by SNAP customers (formerly food stamps) at farmers markets, allowing low-income individuals to purchase more fresh produce. Additionally, during Fresh Veggies for Kids Day at IFOH, employees donated 70 pounds of carrots and green beans which were taken to the Herndon food pantry. 2. Inova continued to grow the Inova Healthy Plate Program, an 8-week school-based nutrition program provided to local Title I elementary schools and community programs. The Inova Healthy Plate Club aims to improve students' understanding of nutrition and the importance of healthy behaviors. In 2018, the Inova Healthy Plate Club served over 270 students, including Hutchison and Dogwood Elementary Schools in the IFOH community. IHPC staff also work with schools and community partners to provide education and taste tests at various events, such as back to school programs, farmers markets and resource fairs. 3. Additionally, to support of the initiative to reduce childhood obesity, IFOH staff implemented a 2-day Exercise & Nutrition Program to all third graders of Navy Elementary School. 4. As part of its focus to promote community health and education, Inova's Department of

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 11	<p>Population/Community Health provides small grants to not-for-profit organizations. One of these grants was to the Medical Care for Children Partnership Foundation, where funds will be used to provide uninsured children from birth to age 19 with comprehensive oral health and preventative care.</p> <p>Working with community partners to increase access and utilization of oral health services, Inova has several staff members in various roles on the Virginia Oral Health Coalition. Sub-groups are working on improving access, understanding the needs of children with special healthcare needs and increasing education on the importance of oral health.</p> <p>Health Needs the Hospital Will Not Address No hospital facility can address all health needs present in its community. The hospital is committed to remaining financially healthy so that it can grow to enhance clinical services and to continue providing a range of community benefits. The hospital's implementation strategy focuses on meeting the priority and specified community health needs described above. Certain issues, such as lack of affordable housing and the physical environment are beyond the scope of the hospital and the hospital has insufficient resources to make a meaningful impact. Other topics, such as diabetes, heart disease and hypertension, are not covered individually as priority target areas in this plan. Even so, there are many activities in these areas throughout the Inova system.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 13h	Calculate family size

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 3 -- INOVA FAIR OAKS HOSPITAL Part V, Section B, line 16j	Financial Aid Brochures explaining the charity policy are available through out the Hospital ER Rooms and waiting rooms have charity notifications posted in their areas, and the brochures are also posted on Inova's website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 3j	Question 3eInova Mount Vernon Hospital (IMVH) completed a Community Health Needs Assessment (CHNA) in 2016 and found that numerous health status and access problems are present in the community. Nine areas were identified as the most significant health needs for the IMVH community: Access to Basic Medical Care, Access to Dental Care, Care and Conditions of Older Adults, Cultural Competency in Care, Diabetes, Mental Health and Access to Mental Health Services, Obesity and Obesity-Related Concerns, Physical Environment and Substance Abuse and Excessive Alcohol Use. Within these areas there was no prioritization or ranking. Based on the CHNA results, IMVH developed a three-year implementation strategy to address its community benefit service area for calendar (tax) years 2017 through 2019. Priorities were based on community need as determined by quantitative data and community input, as well as on hospital expertise, resources, strengths of existing programming and partnerships, and alignment with national, state, and local health goals. Based on the CHNA recommendations, Inova Mount Vernon Hospital has identified as its community benefit priorities: Conditions and Care of the Aging Population, Diabetes, and Mental Health and Access to Mental Health Services. The hospital's 3-year implementation strategy was endorsed by the Inova Health Care Services Board.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 5	For IMVH The hospital interviewed 80 key informants, including external stakeholders (thos e who represented the broad interests in the community) and internal Inova staff The inte rviews were guided by a structured interview guide, and interviewees were encouraged to id entify and discuss a wide range of current and emerging issues affecting community health Interviews were conducted from August 2015 through January 2016 A detailed listing of th e community stakeholders who provided community input is shown below The hospital also so ught input from the public regarding the health of the community through an online survey publicized through emails, hospital information and community partners The survey was als o available on paper in the hospital and at the local FQHC In the process of conducting th e 2016 CHNA, Inova received feedback from constituents on the 2013 CHNA process and progre ss made since then At the start of the 2016 CHNA, Inova created an advisory committee in order to steer decision making, provide feedback on survey creation, interview candidates and protocols and the process by which community health needs were determined to be signif icant The committee included representatives from local FQHCs, local Health Directors and a public official Members of the committee provided feedback on the 2013 CHNA, including both the initial assessment as well as implementation of strategies to improve health sin ce then Additional feedback on Inova's community health improvement programs was gathered during key informant interviews Alexandria City Government - General populationAlexandria Community Services Board - Mentally ill population, Substance abuse needs, Intellectually disabledAlexandria Health Department - General populationAlexandria Public Health Advisor y Commission - General populationCampagna Center - Youth, Immigrants, ImpoverishedFairfax County Board of Supervisors - General populationFairfax County Health Care Advisory Board - General population, PhysiciansFairfax County Health Department - General populationFairf ax County Multicultural Advisory Council - Immigrant community, Hispanic community, Muslim community, East African community, Korean community, Indian communityFairfax County Publi c Schools - General population, Youth/adolescentsFairfax-Falls Church Community Services B oard - Mentally ill population, Substance abuse needs, Intellectually disabledGeorge Mason University, College of Health and Human Services - General population, StudentsGrace Mini stries - Faith-based community, Immigrant populationInova Board of Directors - General pop ulationInova Mount Vernon Hospital Internal Staff - General population, PhysiciansInova Of fice of Health Equity - Marginalized populations, Minority populationsNeighborhood Health - General population, Low income, Uninsured/UnderinsuredNorthern Virginia Family Services - Adolescent/youth, Low income, Homeless, Mentally illNorthern Virginia Health Foundation - General population, Low Inco

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 5	me, Uninsured/UnderinsuredPartnership for a Healthier Alexandria - General Population, Agi ng Partnership for a Healthier Fairfax - General population, Business communityRoute 1 Hum an Services Task Force - Homeless population, Low income population

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 6a	Inova Loudoun HospitalInova Fairfax HospitalInova Fair Oaks HospitalInova Alexandria Hospital

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 11	Inova Mount Vernon Hospital conducted a Community Health Needs Assessment (CHNA) in 2016 to identify the significant health needs in its community, and to inform development of an Implementation Strategy to address those needs. This process also responds to regulatory requirements, which mandate that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs. One main aim of the Implementation Strategy is to guide the hospital's community benefit activities for the period of 2017 - 2019. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. The CHNA process encourages hospitals to focus on improving the health of the communities they serve, and not to select outreach efforts based solely on internal growth priorities. Implementation Strategies should be broad-based and work with community entities to improve health outside the walls of the hospital, increase prevention efforts and improve public health. The Inova Mount Vernon Hospital team selected the following priority areas for the 2017-19 Implementation Strategy: Improve the Care and Conditions of Aging Adults, Improve Care and Access to Care for Individuals with Mental Health and Substance Abuse Needs and Decrease the Prevalence and Improve the Care of Individuals with Diabetes. Update - Year Two Members of the Community Health Services Division, IMVH leadership and community partners have been working diligently on the priority areas set forth in the 2016 CHNA Implementation Plan. Through the thought work and collaboration of diverse stakeholders, much progress has been made, as described below. 1. Inova Behavioral Health Services is committed to offering a full spectrum of mental health and addiction treatment services, and has been working to increase access through creative and multi-modal initiatives. One new initiative is the implementation of SBIRT (Screening, Brief Intervention and Referral to Treatment). SBIRT is a simple screening tool that helps identify people at high risk of substance abuse, and is now in place in all hospital emergency departments (ED). Results of the screening guide the level of intervention. People at mild or moderate risk receive a short counseling session. Those diagnosed as addicted are referred for treatment. 2. To prevent and reduce the incidence of nutrition-related diseases, Inova focused on several initiatives to reduce food insecurity and increase food literacy among community members. Specifically, Inova continued to match the purchases made by SNAP customers (formerly food stamps) at farmers markets, allowing low-income individuals to purchase more fresh produce. 3. Inova continued to grow the Inova Healthy Plate Program, an 8-week school-based nutrition program provided to local Title I elementary schools and community programs. The Inova Healthy Plate Club aims to improve

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 11	<p>students' understanding of nutrition and the importance of healthy behaviors In 2018, th e Inova Healthy Plate Club served over 270 students, including Hammond Middle School and a new program at John Adams Elementary Schools in the IMVH community 4 In September of 201 8, inpatient hospice beds were created through a partnership with Capital Caring Patients who are admitted to the hospital who meet criteria for end-of-life care and who desire to pursue this service are transitioned to inpatient hospice They are then allowed to pass away with dignity or they can be discharged to an outpatient hospice facility for further end of life care Capital Caring provides a hospice physician available 24/7/365 to consul t/come onsite as needed 5 To further assist our aging population, the Heart Failure Clini c was started in 2018 with the goal of preventing readmission of patients originally admit ted for heart failure The clinic is managed by IMG Cardiology, partnering with IMVH Nursi ng in the outpatient infusion center on unit 3B 6 Additionally, a community outreach init iative, the IMVH Continuum of Care Collaborative, was started in 2018 This team is compri sed of partners who we interact with post-discharge (SNFs, home health, assisted living, T ransitional Services Clinic, dialysis, hospice, etc) The purpose is to provide for a smo other transition out of the hospital back to life and to reduce readmissions and mortality The initiative is just getting off the ground, and expected to grow in 2019 7 The Inova Medical House Calls program is designed to help patients successfully "age in place" whil e reducing readmissions and overall cost An interdisciplinary team provides comprehensive primary care in patient homes and assisted living facilities Patients are generally 65 y ears of age or older and they have difficulty leaving home for medical appointments These primary care services are "high-touch" with intensive patient management and care coordin ation with an emphasis on advance care planning The program staff leverages strong relati onships with inpatient teams, hospice agencies, skilled nursing staff, physical therapy st aff, occupational therapy staff, mental health counselors and county services for high-qua lity patient outcomes 8 Additionally, one major issue in care for the growing older adult population has been a scarcity of options for primary care To meet this need, Inova adde d a geriatrician in three of the Inova Medical Group primary care practices, one of which is in the IMVH community 9 ElderLink is a non-profit partnership between Inova, the Fairf ax Area Agency on Aging, and the Alzheimer's Association, National Capital Area Chapter E lderLink provides case management, care coordination, health and wellness programming, as well as support to patients returning from the hospital back to their home in the communit y, and caregiver support to older adults and their caregivers Health Needs the Hospital Wi ll Not AddressNo hospital faci</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 11	lity can address all health needs present in its community The hospital is committed to r emaining financially healthy so that it can grow to enhance clinical services and to conti nue providing a range of community benefits The hospital's implementation strategy focuse s on meeting the priority and specified community health needs described above Certain is sues, such as access to dental care and the physical environment are beyond the scope of t he hospital and the hospital has insufficient resources to make a meaningful impact Other topics, such as cultural competency, obesity and obesity-related concerns are not covered as priority target areas in this plan Even so, there are many activities in these areas throughout the Inova system

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 13h	Calculate family size

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group A-Facility 4 -- INOVA MOUNT VERNON HOSPITAL Part V, Section B, line 16j	Financial Aid Brochures explaining the charity policy are available through out the Hospital ER Rooms and waiting rooms have charity notifications posted in their areas, and the brochures are also posted on Inova's website

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 1 - RADIOLOGY IMAGING ASSOCIATES LLC 19455 DEERFIELD AVENUE SUITE 102 LANSDOWNE, VA 20176	IMAGING CENTER
1 2 - EMERGENCY CARE CENTER OF FAIRFAX 4315 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	EMERGENCY ROOM
2 3 - NORTHERN VIRGINIA SURGERY CENTER LLC 3620 JOSEPH SIEWICK DRIVE FAIRFAX, VA 22033	OUTPATIENT SURGERY
3 4 - FRANCONIA SPRINGFIELD SURGERY CENTER LLC 6355 WALKER LANE SUITE 200 ALEXANDRIA, VA 22310	OUTPATIENT SURGERY
4 5 - INOVA RESTON MRI CENTER LLC 2722 MERRILLE DRIVE SUITE 230 FAIRFAX, VA 22031	MRI CENTER
5 6 - EMERGENCY CARE CENTER OF RESTON 11901 BARON CAMERON AVENUE RESTON, VA 20190	EMERGENCY ROOM
6 7 - ASSISTED LIVING AT FAIR OAKS 3750 JOSEPH SIEWICK DRIVE FAIRFAX, VA 22033	ASSISTED LIVING
7 8 - MCLEAN AMBULATORY SURGERY LLC 7601 LEWINSVILLE ROAD SUITE 440 MCLEAN, VA 22102	OUTPATIENT SURGERY
8 9 - INOVA AMBULATORY SURGERY CTR AT LORTON 9321 SANGER STREET LORTON, VA 22079	OUTPATIENT SURGERY
9 10 - ASSISTED LIVING AT RESTON TOWN CENTER 1778 FOUNTAIN DRIVE RESTON, VA 20190	ASSISTED LIVING
10 11 - ASSISTED LIVING AT MCLEAN 8315 TURNING LEAF MCLEAN, VA 22102	ASSISTED LIVING
11 12 - KELLAR 11204 WAPLES MILL ROAD FAIRFAX, VA 22030	BEHAVIORAL SERVICES
12 13 - ASSISTED LIVING AT MT VERNON 8033 HOLLAND ROAD ALEXANDRIA, VA 22306	ASSISTED LIVING
13 14 - INSTITUTE OF RESEARCH AND EDUCATION 3300 GALLOWS ROAD FALLS CHURCH, VA 22042	RESEARCH FACILITY
14 15 - ASSISTED LIVING AT GEORGE MASON 4300 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	ASSISTED LIVING

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 - POTOMAC RADIATION ONCOLOGY 2296 OPITZ BLVD WOODBIDGE, VA 22191	RADIATION ONCOLOGY
17 - INOVA URGENT CARE CTR - W SPRINGFIELD 6230 ROLLING ROAD SUITE J SPRINGFIELD, VA 22152	URGENT CARE
18 - INOVA URGENT CARE CTR - DULLES SOUTH 24801 PINEBROOK ROAD SUITE 110 CHANTILLY, VA 20152	URGENT CARE
19 - INOVA URGENT CARE CTR - S ARLINGTON 3263 COLUMBIA PIKE ARLINGTON, VA 22204	URGENT CARE
20 - INOVA URGENT CARE CENTER - VIENNA 180 MAPLE AVENUE WEST VIENNA, VA 22180	URGENT CARE
21 - INOVA URGENT CARE CTR - CENTREVILLE 6201 CENTREVILLE ROAD SUITE 200 CENTREVILLE, VA 20121	URGENT CARE
22 - INOVA PHYSICAL THERAPY CTR - FAIRFAX 8501 ARLINGTON BLVD SUITE 200 FAIRFAX, VA 22031	REHABILITATION
23 - INOVA URGENT CARE CTR - TYSONS CORNER 8357-E LEESBURG PIKE VIENNA, VA 22182	URGENT CARE
24 - IAH OCCUPATIONAL HEALTH 4700 KING ST SUITE 201 ALEXANDRIA, VA 22302	OCCUPATIONAL HEALTH
25 - INOVA PHYSICAL THERAPY CTR - VIENNA 8320 OLD COURTHOUSE ROAD SUITE 410 VIENNA, VA 22182	REHABILITATION
26 - INOVA PHYSICAL THERAPY - CENTREVILLE 6201 CENTREVILLE ROAD SUITE 500 CENTREVILLE, VA 20121	REHABILITATION
27 - INOVA PHYSICAL THERAPY - SPRINGFIELD 8348 TRAFORD LANE SUITE 100 SPRINGFIELD, VA 22152	REHABILITATION
28 - ASHBURN OCCUPATIONAL HEALTH 21785 FILLAGREE CT SUITE 103 ASHBURN, VA 20147	OCCUPATIONAL HEALTH
29 - INOVA URGENT CARE CENTER - MANASSAS 8051 SUDLEY ROAD MANASSAS, VA 22109	URGENT CARE
30 - INOVA URGENT CARE CTR - DUNN LORING 2671 AVENIR PLACE SUITE A VIENNA, VA 22180	URGENT CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 31 - INOVA URGENT CARE CTR - PURCELLVILLE 7601 LEWINSVILLE ROAD SUITE 440 PURCELLVILLE, VA 20132	URGENT CARE
1 32 - INOVA URGENT CARE CTR - N ARLINGTON 4600-C LEE HIGHWAY ARLINGTON, VA 22207	URGENT CARE
2 33 - INOVA PHYSICAL THERAPY CTR- SPORTPLEX 6355 WALKER LANE SUITE 404 ALEXANDRIA, VA 22310	REHABILITATION
3 34 - INOVA PHYSICAL THERAPY - WOODBRIDGE 14605 POTOMAC BRANCH DRIVE SUITE 200 WOODBRIDGE, VA 22191	REHABILITATION
4 35 - INOVA PHYSICAL THERAPY CTR - FAIROAKS 3620 JOSEPH SIEWICK DRIVE SUITE 101 FAIRFAX, VA 22033	REHABILITATION
5 36 - PRINCE WILLIAM OCCUPATIONAL HEALTH 8480 KAO CIRCLE MANASSAS, VA 20110	OCCUPATIONAL HEALTH
6 37 - INOVA PHYSICAL THERAPY CTR - DULLES 24801 PINEBROOK ROAD SUITE 200 CHANTILLY, VA 20152	REHABILITATION
7 38 - INOVA PHYSICAL THERAPY CTR - ASHBURN 20905 PROFESSIONAL PLAZA SUITE 110 ASHBURN, VA 20147	REHABILITATION
8 39 - INOVA PHYSICAL THERAPY CTR- MT VERNON 8101 HINSON FARM ROAD SUITE 401 ALEXANDRIA, VA 22306	REHABILITATION
9 40 - INOVA PHYSICAL THERAPY CTR-ALEXANDRIA 4700 KING ST SUITE 200 ALEXANDRIA, VA 22302	REHABILITATION
10 41 - INOVA PHYSICAL THERAPY CTR - BALLSTON 1005 NORTH GLEBE ROAD SUITE 400 ARLINGTON, VA 22201	REHABILITATION
11 42 - INOVA PHYSICAL THERAPY - VA SQUARE 3833 NORTH FAIRFAX DRIVE SUITE 300 ARLINGTON, VA 22203	REHABILITATION
12 43 - INOVA URGENT CARE CENTER - RESTON 1488 NORTH POINT VILLAGE CENTER RESTON, VA 20194	URGENT CARE
13 44 - INOVA URGENT CARE CTR - WOODBRIDGE 14605 PoTOMAC BRANCH DRIVE SUITE 200 WOODBRIDGE, VA 22191	URGENT CARE
14 45 - INOVA PHYSICAL THERAPY - DUNN LORING 2740 PROSPERITY AVENUE SUITE 200 FAIRFAX, VA 22033	REHABILITATION

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 46 - CATS 3300 GALLOWS ROAD FALLS CHURCH, VA 22042	BEHAVIORAL SERVICES

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization INOVA HEALTH CARE SERVICES	Employer identification number 54-0620889
--	--	--

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	Yes
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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
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?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

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 3	The following methods were used by Imanco, Inc , a related organization, to establish the compensation of IHCS's CEO for the tax year: Compensation committee; Independent compensation consultant; Written employment contract; Compensation survey or study; Form 990 of other organizations; Approval by the board or compensation committee.

Return Reference	Explanation
Part I, Lines 4a-b	<p>Severance J Knox Singleton \$63,000 Mark Stauder \$224,611 Richard Magenheimer \$1,428,789 James Santry \$86,371 Patrick Christiansen \$80,064 Todd Stottlemeyer \$191,178 Marshall Ruffin \$495,559 Robert Grasty \$210,100 Severance amounts were paid within 24 months after separation from service SERP Plan Payments Richard Magenheimer - \$108,398 Patrick Walters - \$66,016 Mark Stauder - \$571,942 James Santry - \$73,389 John Fitzgerald - \$67,501 Susan Carroll - \$271,178 Patrick Christiansen - \$407,465 Loring Flint - \$211,246 John Gaul - \$82,771 Christopher O'Connor \$130,598 Consuelo Pilot \$88,035 Todd Stottlemeyer \$158,246 Donald Trump \$173,786 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 3 year rolling schedule until year 12 Thereafter, the annual contribution is paid out to the participant each year as a taxable event</p>



Additional Data

Software ID:
Software Version:
EIN: 54-0620889
Name: INOVA HEALTH CARE SERVICES

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JKNOX SINGLETON CEO, President, Ending 4/9/18	(i)	0	0	0	0	0	0	0
	(ii)	718,511	3,779,513	118,726	42,491	3,454	4,662,695	1,890,422
RASHID NAYYAR MD TRUSTEE	(i)	176,605	0	0	0	0	176,605	0
	(ii)	0	0	0	0	0	0	0
J STEPHEN JONES CEO, President, Beginning 4/9/18	(i)	0	0	0	0	0	0	0
	(ii)	825,142	300,000	225,747	428,108	19,521	1,798,518	0
KEITH STERLING MD TRUSTEE	(i)	160,000	0	0	0	0	160,000	0
	(ii)	0	0	0	0	0	0	0
RICHARD MAGENHEIMER TREASURER-CFO	(i)	0	0	0	0	0	0	0
	(ii)	777,202	979,253	1,556,041	697,070	18,933	4,028,499	513,084
JOHN GAUL ASST SECRETARY	(i)	497,263	360,510	123,086	225,359	28,405	1,234,623	160,023
	(ii)	0	0	0	0	0	0	0
MARK STAUDER COO	(i)	0	0	0	0	0	0	0
	(ii)	827,779	2,919,962	1,036,894	13,750	12,925	4,811,310	1,554,300
PATRICK CHRISTIANSEN EVP CEO IFMC	(i)	0	0	0	0	0	0	0
	(ii)	606,697	1,268,561	526,875	56,750	18,414	2,477,297	817,945
JOHN NIEDERHUBER CEO ITMI & EVP IHS	(i)	0	0	0	0	0	0	0
	(ii)	985,483	339,353	237,463	38,250	10,534	1,611,083	0
LORING FLINT EVP CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	654,307	873,051	250,390	555,685	23,800	2,357,233	610,394
HPATRICK WALTERS INTERIM CHRO	(i)	432,669	461,491	106,591	383,237	21,509	1,405,497	219,853
	(ii)	0	0	0	0	0	0	0
SUSAN CARROLL REGIONAL EXEC OFFICER	(i)	485,107	298,914	302,319	161,800	28,055	1,276,195	342,322
	(ii)	0	0	0	0	0	0	0
JOHN FITZGERALD CEO IFOH	(i)	449,070	313,202	112,333	141,528	21,591	1,037,724	76,782
	(ii)	0	0	0	0	0	0	0
HARVEY MCDUFFIE SVP PRESIDENT INOVA REALTY	(i)	495,992	175,000	39,720	149,136	21,018	880,866	0
	(ii)	0	0	0	0	0	0	0
CONSUELO PILOT EVP CIO	(i)	0	0	0	0	0	0	0
	(ii)	451,587	475,995	122,937	427,861	25,195	1,503,575	271,197
JOHN HAMILTON PHYSICIAN	(i)	1,457,322	56,000	1,242	56,750	23,618	1,594,932	0
	(ii)	0	0	0	0	0	0	0
TODD STOTTELMYER CEO ICPH	(i)	561,835	1,494,065	376,796	38,208	17,862	2,488,766	579,961
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER O'CONNOR CEO IHVI	(i)	876,422	265,005	168,123	75,357	14,225	1,399,132	65,300
	(ii)	0	0	0	0	0	0	0
DONALD TRUMP CEO ISCI	(i)	779,156	265,670	213,579	86,601	9,592	1,354,598	86,893
	(ii)	0	0	0	0	0	0	0
JAMES ECKLUND DEPT CHAIR NEUROSCIENCE	(i)	1,113,299	248,016	21,608	142,965	17,722	1,543,610	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
INOVA HEALTH CARE SERVICES

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
54-0620889

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Industrial Development Authority of Fairfax County Virginia	91-1920228	303823FM5	05-12-2005	124,000,000	See Part VI		X		X		X
B Industrial Development Authority of Fairfax County Virginia	91-1920228	303823JJ8	03-08-2010	190,000,000	See Part VI		X		X		X
C Industrial Development Authority of Fairfax County Virginia	91-1920228	303823KE7	08-23-2012	382,960,937	See Part VI		X		X		X
D Industrial Development Authority of Fairfax County Virginia	91-1920228	303823KS6	12-20-2012	80,991,559	See Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	14,270,000		95,000,000		24,675,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	130,441,544		356,022,667		385,117,977		80,991,559	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	3,604,217							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	367,125							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	126,470,203		166,022,667		385,117,977			
11	Other spent proceeds			190,000,000				80,991,559	
12	Other unspent proceeds								
13	Year of substantial completion	2007		2016		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
					A		B		
					Yes	No	Yes	No	Yes
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X	X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 200 %		1 000 %		0 700 %		1 000 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			1 000 %				1 000 %	
6	Total of lines 4 and 5	1 200 %		2 000 %		0 700 %		2 000 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	Morgan Stanley Capital Services							
c	Term of hedge	3000 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 05/12/2010 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 09/10/2017 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 10/12/2017 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 02/18/2018

Return Reference	Explanation
PART I, COLUMN E, ISSUE PRICE	Part I, column E, 2005A bonds 2005A, B, D, E bond issue price per form 8038 476,700,000 2005B, D, E bonds refinanced by subsequent issues (352,700,000) Remaining 2005A issue price 124,000,000

Return Reference	Explanation
PART I, COLUMN F, DESCRIPTION OF PURPOSE	Bond A 1) Renovate and expand certain portions of Inova Alexandria Hospital (IAH), Inova Fairfax Hospital (IFH), Inova Fair Oaks Hospital (IFOH), 2) Acquire certain capital equipment for use in or in connection with IAH, IFH, IFOH, and Inova Mount Vernon Hospital (IMVH) and renovate any space necessary or incidental to the installation of such equipment, 3) Pay issuance costs for Series 2005 A and B, 4) Refund prior bonds issued by the Industrial Development Authority of Loudoun County, Virginia Hospital Revenue Bonds, Series 1995 issued 10/26/1995 and 2002A issued 6/27/2002, and pay issuance costs of Series 2005D, 5) Refund prior bonds Series 2001A, B, C, and D issued 12/11/2001 Bond B 1) Refund prior bonds - 2009B issued 4/16/2009, 2) Pay issuance costs of series 2010A bonds Bond C 1) Construct, renovate and expand certain portions of IFH, IMVH and IFOH Bond D 1) Advance refund a portion of 2009A bonds issued 4/16/2009 Bond E 1) Refund prior bonds - 1988A-D issued 8/4/1988, 2000 issued 3/23/2000, 2005A and 2005C issued 5/12/2005 Bond F 1) Construct, renovate and expand certain portions of IFH, IMVH and IFOH Bond G 1) Refund prior bonds - portion of 2009A issued 4/16/09 (advance) and portion of 2012C issued 8/23/12 (current) Bond H 1) Refund prior bonds - portion of 2012C issued 8/23/12 Bond I 1) Refunded prior bonds-2000 issued 03/23/2000, 2005C issued 05/12/2005, 2017 issued 12/27/2017 2) Expansion of Inova Loudoun Hospital and a variety of projects at IFMC

Return Reference	Explanation
PART II, LINE 3, PROCEEDS	Part II, line 3 2005A bonds Issue price 124,000,000 Earnings 6,441,544 Total proceeds 130,441,544 Part II, line 3 2010A bonds Issue price 190,000,000 Earnings 1,511,888 Transferred proceeds 164,510,779 Total proceeds 356,022,667 Part II, line 3 2012AB bonds Issue price 382,960,937 Earnings 2,157,040 Total proceeds 385,117,977 Part II, line 3 2014A bonds Issue price 209,030,800 Earnings 687,091 Total proceeds 209,717,891 Part II, line 3 2016A bonds issue price 178,341,611 escrow earnings 2,835,082 total proceeds 181,176,693 Part II, line 3 2018AB bonds issue price 484,976,577 escrow earnings 1,371,889 total proceeds 486,348,466

Return Reference	Explanation
PART IV, LINE 2C, DATE OF REBATE COMPUTATION	Part 4, line 2C 2005A 5/12/2010 Part 4, line 2C 2005C 8/15/2006 Part 4, line 2C 2010A 9/10/2012 Part 4, line 2C 2012A 10/12/2017

Additional Data

Software ID:
Software Version:
EIN: 54-0620889
Name: INOVA HEALTH CARE SERVICES

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 05/12/2010 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 09/10/2017 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 10/12/2017 Issuer Name Industrial Development Authority of Fairfax County, Virginia Date the Rebate Computation was Performed 02/18/2018
PART I, COLUMN E, ISSUE PRICE	Part I, column E, 2005A bonds 2005A, B, D, E bond issue price per form 8038 476,700,000 2005B, D, E bonds refinanced by subsequent issues (352,700,000) Remaining 2005A issue price 124,000,000
PART I, COLUMN F, DESCRIPTION OF PURPOSE	Bond A 1) Renovate and expand certain portions of Inova Alexandria Hospital (IAH), Inova Fairfax Hospital (IFH), Inova Fair Oaks Hospital (IFOH), 2) Acquire certain capital equipment for use in or in connection with IAH, IFH, IFOH, and Inova Mount Vernon Hospital (IMVH) and renovate any space necessary or incidental to the installation of such equipment, 3) Pay issuance costs for Series 2005 A and B, 4) Refund prior bonds issued by the Industrial Development Authority of Loudoun County, Virginia Hospital Revenue Bonds, Series 1995 issued 10/26/1995 and 2002A issued 6/27/2002, and pay issuance costs of Series 2005D, 5) Refund prior bonds Series 2001A, B, C, and D issued 12/11/2001 Bond B 1) Refund prior bonds - 2009B issued 4/16/2009, 2) Pay issuance costs of series 2010A bonds Bond C 1) Construct, renovate and expand certain portions of IFH, IMVH and IFOH Bond D 1) Advance refund a portion of 2009A bonds issued 4/16/2009 Bond E 1) Refund prior bonds - 1988A-D issued 8/4/1988, 2000 issued 3/23/2000, 2005A and 2005C issued 5/12/2005 Bond F 1) Construct, renovate and expand certain portions of IFH, IMVH and IFOH Bond G 1) Refund prior bonds - portion of 2009A issued 4/16/09 (advance) and portion of 2012C issued 8/23/12 (current) Bond H 1) Refund prior bonds - portion of 2012C issued 8/23/12 Bond I 1) Refunded prior bonds-2000 issued 03/23/2000, 2005C issued 05/12/2005,2017 issued 12/27/2017 2)Expansion of Inova Loudoun Hospital and a variety of projects at IFMC
PART II, LINE 3, PROCEEDS	Part II, line 3 2005A bonds Issue price 124,000,000 Earnings 6,441,544 Total proceeds 130,441,544 Part II, line 3 2010A bonds Issue price 190,000,000 Earnings 1,511,888 Transferred proceeds 164,510,779 Total proceeds 356,022,667 Part II, line 3 2012AB bonds Issue price 382,960,937 Earnings 2,157,040 Total proceeds 385,117,977 Part II, line 3 2014A bonds Issue price 209,030,800 Earnings 687,091 Total proceeds 209,717,891 Part II, line 3 2016A bonds issue price 178,341,611 escrow earnings 2,835,082 total proceeds 181,176,693 Part II, line 3 2018AB bonds issue price 484,976,577 escrow earnings 1,371,889 total proceeds 486,348,466
PART IV, LINE 2C, DATE OF REBATE COMPUTATION	Part 4, line 2C 2005A 5/12/2010 Part 4, line 2C 2005C 8/15/2006 Part 4, line 2C 2010A 9/10/2012 Part 4, line 2C 2012A 10/12/2017

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Part I

Issues											
Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
ment Authority Virginia	91-1920228		12-04-2013	79,530,000	See Part VI		X		X		X
ment Authority Virginia	91-1920228	303823KX5	12-17-2014	209,030,800	See Part VI		X		X		X
ment Authority Virginia	91-1920228	303823LM8	05-11-2016	178,341,611	See Part VI		X		X		X
ment Authority Virginia	91-1920228	303823LR7	05-11-2016	99,685,000	See Part VI		X		X		X

Part II

S									
	A		B		C		D		
retired	13,020,000						730,000		
legally defeased									
issue	79,530,000		209,717,891		181,176,693		99,685,000		
in reserve funds									
lost from proceeds									
holding escrows					122,131,012				
from proceeds									
sent from proceeds									
expenditures from proceeds									
res from proceeds			209,717,891						
ceeds	79,530,000		59,045,682		52,698,925		99,685,000		
ceeds									
al completion			2017						
	Yes	No	Yes	No	Yes	No	Yes	No	
issued as part of a current refunding issue?	X			X	X		X		
issued as part of an advance refunding issue?		X		X	X			X	
ation of proceeds been made?	X		X		X		X		
ation maintain adequate books and records to support the final allocation of	X		X		X		X		

Part III

Private Business Use					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 200 %		0 700 %		1 100 %		3 500 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government					2 200 %		1 000 %	
6 Total of lines 4 and 5	1 200 %		0 700 %		3 300 %		4 500 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X			X		X
b Exception to rebate?	X			X	X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Industrial Development Authority of Fairfax County Virginia	91-1920228	303823MX3	07-31-2018	484,976,577	See Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	486,348,466							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	139,628,594							
11	Other spent proceeds	220,051,092							
12	Other unspent proceeds	126,688,780							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 900 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 900 %							
6 Total of lines 4 and 5	1 800 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

Schedule L

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INOVA HEALTH CARE SERVICES

Employer identification number
54-0620889

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?	
				Yes	No

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	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount 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) Jay Tyroler MD	Trustee	115,000	Medical staff president Services provided at arm's length and customary rates		No
(2) Keith Sterling MD	Trustee	160,000	Fee for physician services Services provided at arm's length and customary rates		No
(3) Rashid Nayyar MD	Trustee	176,605	Fee for physician services Services provided at arm's length and customary rates		No
(4) Charles Beard Jr	Trustee	59,674	Family member employed under IHCS 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
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317039829
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization INOVA HEALTH CARE SERVICES		Employer identification number 54-0620889	

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	<p>Cancer Care Inova Schar Cancer Institute (Inova Schar) is a state-of-the-art cancer care destination in the DC Metro area designed to meet the needs of our evolving region and to bring healing and hope to our patients. The Inova Schar team - 1,000+ doctors, researchers, nurses, cancer specialists and emotional support experts - delivers the nation's highest standard of compassionate, multi-disciplinary and holistic cancer care, customized to the needs of each patient. Inova Schar's coordinated model puts the patient at the center, allowing them to see their entire care team in one visit, at one location, improving communication and minimizing travel time. Nationally renowned specialists, surgeons, genetic counselors and leading researchers are backed by the latest in drug discovery, clinical trials, research and advanced treatments. Inova Schar Cancer Institute, a Department of Inova Fairfax Hospital, operates full-service, accredited, cancer centers at all five of Inova's hospitals - Inova Fairfax Medical Campus, Inova Alexandria Hospital, Inova Fair Oaks Hospital, Inova Loudoun Hospital, and Inova Mount Vernon Hospital. Inova Fairfax Medical Campus is designated by the American College of Surgeons Commission on Cancer as a Teaching Hospital Cancer Program, and Inova Alexandria Hospital has a Community Hospital Comprehensive Cancer Program designation. Other System Hospitals meet the American College of Surgeons Community Hospital Cancer Program standards. The System maintains several programs dedicated to different types of cancer, cancer care and cancer risk assessment, including the Inova Breast Care Program (certified at all 5 hospitals), the Cancer Genetic Counseling Program (hereditary conditions), the Inova Melanoma and Skin Cancer Program, the Inova Head and Neck Cancer Program, the Inova Gastrointestinal Multidisciplinary Clinic, the Inova Genitourinary Cancer Program, the Inova Molecular Tumor Board, and Life with Cancer (support and education to cancer patients). The Emergency and Trauma Center at Inova Fairfax Medical Campus, Northern Virginia's only Level I trauma center, is a state-of-the-art facility. Emergency medical specialists with expertise in trauma care, treat every type of illness, injury, or life-threatening trauma. The Inova Center for Rehabilitation, located on the Inova Mount Vernon campus, is accredited by the Commission on Accreditation and Rehabilitation Facilities (CARF) and provides comprehensive inpatient and outpatient medical rehabilitation services to patients with severe head injuries, spinal cord injuries, strokes, multiple sclerosis, and other orthopedic and neurological disabilities. These services are staffed by an interdisciplinary team representing psychiatry, psychology, vocational counseling, physical therapy, occupational therapy, and nursing with treatment tailored to meet the specific needs of each patient. ACCESS of Fairfax, and ACCESS of Reston are 24-hour, free standing emergency centers located</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	<p>d in Fairfax City, and Reston, Virginia, respectively During 2018, ACCESS of Fairfax provided 14,640 emergency room visits and ACCESS of Reston reported 9,284 emergency room visits Long Term Care Services Assisted Living Facilities IHCS's assisted living facilities provide care and services for adults who need assistance with activities of daily living and 24 hour oversight They provide accommodations with 408 units Each community has specialized memory care units and programs A nursing staff is on-site 24 hours a day IHCS maintains four assisted living facilities in Fairfax, Reston, Fair Oaks, and Mt Vernon, Virginia In addition, IHCS owns a 60% interest in an assisted living joint venture in McLean, Virginia IHCS owns and Sunrise operates five assisted living facilities across Fairfax County with total assisted living days in 2018 of 148,434 InovaCares for Seniors (PACE) InovaCares for Seniors, a Program of All-inclusive Care for the Elderly (PACE) is the first program of its kind in Northern Virginia PACE is an evidenced-based model of care that delivers high quality, cost effective care that includes medical, dental, vision and social activities The program is built on the foundation that seniors with complex health care needs should be able to live in the comfort of their home environment for as long as possible In 2018, PACE had an enrollment of 120 participants and \$2 million in unreimbursed expenses Unfortunately, in October 2018 Inova had to close the program Physical Therapy Services Inova Physical Therapy Centers IHCS promotes and conducts specific research and educational activities related to the care of the sick and injured In 2018, outpatient visits totaled 165,650 with services offered at seventeen outpatient centers located throughout Northern Virginia Areas of specialty include Physical Therapy (PT) and Occupational Therapy (OT) Urgent Care Centers Inova Urgent Care Centers The IHCS mission includes serving the community as a not-for-profit organization through the provision of urgent medical care In 2018, outpatient visits totaled 138,289 with services being provided seven days a week with no appointment necessary at eleven locations The centers provide services for medical conditions that require prompt attention but do not pose an immediate or serious threat to life Treatment is provided for such ailments as sore throats, ear infections or minor cuts and bruises Services offered also include treatment for work-related injuries and worker's compensation cases, physical exams including camp, sport, school, pre-employment, immigration medical examinations and travel medicine Laboratory tests, X-rays, audiology & vision screening, alcohol & drug testing and flu shots are provided on-site The centers are staffed by board-certified/board-eligible physicians licensed in Virginia A physician, nurse, and radiology technologist are on duty at each center during hours of operation Employee Assistance Program</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	<p>rams Inova Employee Assistance (EAP) is part of IHCS providing counseling, work life services and resources to help improve the overall health and wellbeing of the employees of Inova Health System and the employer communities served by Inova and its affiliates. EAP was organized to promote health through referral to a wide range of behavioral health, financial, legal and other supportive services. In 2018, EAP supported 18,201 Inova employees and approximately 191,215 total employees/household members with the following services:</p> <p>Confidential Counseling Short-term counseling services can help find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse.</p> <p>Financial & Legal Services Employees and their household members can speak with a financial & legal professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options and a variety of other financial concerns.</p> <p>Work Life Referral Services Work Life consultants help assess needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. Consultants can locate resources in a variety of areas, including childcare, adoption, eldercare and convenience services.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Behavioral Services IHCS's Behavioral Services are committed to providing intensive, personalized care to help people cope with, and overcome, addictions and emotional problems that prevent them from fully functioning in the community. Inova CATS Program (Comprehensive Addiction Treatment Services) is a leader in providing the highest quality addiction treatment services in Northern Virginia and surrounding areas. A series of structured programs offers effective, compassionate treatment for individuals dealing with all forms of substance abuse disorders, including addiction to alcohol, prescription drugs, heroin, cocaine and other drugs. Services are available to adults ages 18 and older. The range of services includes Inpatient Medical Detoxification, Partial Hospitalization Program, Intensive Outpatient Program, Outpatient Groups, Medication Assisted Therapy and Substance Use Assessments. In 2018, the CATS Partial Hospitalization/Intensive Outpatient Program provided 10,457 encounters. The Kellar Center is a comprehensive, behavioral health treatment center and special education school for children, adolescents and their families. With locations in Fairfax and Loudoun counties, Inova Kellar Center provides a full continuum of outpatient services for psychiatric disorders, substance use disorders, and behavioral and emotional issues. Services include assessment, psychological testing, educational testing, psychiatric evaluation, medication management, individual, family and group therapy and Intensive In-Home services. For adolescents who require intense mental health interventions, the Center provides an afterschool Intensive Outpatient Program for mental health and co-occurring disorders and a full day Partial Hospitalization Program for adolescents who are in crisis and unable to attend school. The treatment services and programs are provided to children and families regardless of ability to pay. The Kellar School of Inova Kellar Center provides special education services to children and adolescents who have not been successful in the public school setting and may be at risk for being removed from the community and placed in more restrictive settings. During 2018, the Kellar Center provided 84,891 hours of programming, treatment and education to children, adolescents and families in the community. The total unreimbursed cost for 2018 was approximately \$121 million dollars. Charity Care All Inova facilities, including the IHCS facilities with the exception of the assisted living facilities, provide charity care in accordance with Inova policies which ensures 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. These policies include the following key provisions: 1. Emergency care shall be provided to all persons regardless of their ability to pay. 2. Non-emergency medically necessary care, except for certain specialty or referral.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>programs, shall be provided by all hospitals and access facilities to medically indigent patients "Medically necessary" refers to conditions which, if not promptly treated, would have an adverse change in the health status of a patient Free care is provided to uninsured individuals with Family Incomes at or below 400% of the current Federal Poverty Guidelines (FPG) Free care is also available to certain insured individuals with Family Incomes at or below 250% of the current FPG who have partial coverage Inova Health System utilizes a multifaceted approach to educate and inform patients and the public about Inova's Financial Assistance Policy (FAP) or charity care policy Upon admission to any Inova hospital or any visit to outpatient facilities or clinics including emergency departments, Inova has information posted regarding patient rights and responsibilities In addition, Inova provides information about the charity care program and referrals to meet with Inova financial counselors who assist patients in completing Inova's charity care application This financial information is reviewed by the Inova Patient Accounts Department with the patient contacted if additional information is required in order to make a determination The patient is subsequently provided a letter, notifying them as to whether or not they qualify for charity care In 2018 IHCS's unreimbursed cost of charity care, including free and discounted services, was \$119.4 million Medicaid Established under Title XIX of the Social Security Act, this program provides assistance for the medically indigent, including those who cannot pay for care despite being able to afford other living expenses Also included under this program are the blind, disabled, pregnant women, very low income parents, children and the elderly The reimbursement that IHCS facilities receive from the Medicaid program routinely falls below the actual cost of services provided During 2018, IHCS provided care to Medicaid patients at an unreimbursed cost of 133.2 million Participation in Governmental Programs for Those Without the Ability to Pay Various government programs provide for the indigent, including Medicaid recipients These programs provide a percentage of reimbursement for qualifying patients, however, payment is typically below the cost of those services In addition to federal and state programs, the Inova subsidiaries, including IHCS, work with various County governments and agencies in providing certain free services to those residents the County identifies as most in need</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4D	<p>Inova Center for Wellness and Metabolic Health The Inova Center for Wellness and Metabolic Health (ICWMH) provides endocrinology medical visits, diabetes education and medical nutrition therapy Endocrinology visits are provided by Board Certified Endocrinologists and an experienced Nurse Practitioner The providers see patients for many endocrine issues, not limited to diabetes The Center is recognized by the American Diabetes Association for diabetes education which is provided by Registered Nurses and Registered Dietitians Staff members are either Certified Diabetes Educators or are in the process of achieving this designation The Center has preliminary recognition from the CDC to provide the Diabetes Prevention Program through telemedicine and in person This program is a year-long lifestyle modification program Inova hopes to achieve full recognition once data is submitted at 18 months In the first year of the program there were 540 participant encounters In addition, ICWMH staff participated in community events providing education about diabetes and pre-diabetes to about 155 people In 2018, ICWMH provided a total of 12,576 outpatient participant encounters (including community education) - 9,053 in the Fairfax centers (Alexandria, Fairfax and Fair Oaks) and 3,523 in the Loudoun site</p> <p>Simplicity Health Simplicity Health is a group of primary care clinics that provides excellent healthcare at affordable fees Simplicity Health serves working adults who may not currently receive regular primary care because they do not qualify for Medicaid, do not get health insurance through work, or have insurance with prohibitively high copays and deductibles Simplicity Health clinics bring excellent care to convenient locations in high need communities, making healthcare not only affordable, but also accessible Sites employ a team of providers and staff who are bilingual in a variety of languages, such as Korean, Vietnamese, Spanish, and Arabic The primary goal of these clinics is to provide ongoing primary care, prevention and disease management for chronic illnesses like diabetes, hypertension and heart disease Staff assist patients who need to arrange for additional services beyond primary care In 2018, Simplicity Health clinics provided services to 2,179 unique patients with a total of 9,432 visits IHCS and its subsidiaries provide many other non-billed and below margin patient services Case management services are provided to the indigent and assistance is provided with financial paperwork Inova Mount Vernon participates in the Health Information and Claims Assistance Program by providing assistance with health insurance paperwork problems In addition, home IV therapy services are provided for the indigent Transportation is provided for some indigent patients to and from IHCS facilities and programs Inova Fairfax Medical Campus provides forensic and medical care to abused adults and children as well as blood alcohol testing for area</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4D	<p>police departments while coordinating the disposition of deaths with various community organizations. Other services include pastoral care, free living accommodations for out-of-town Inova Fairfax Medical Campus heart and lung transplant patients and their families, and emergency assistance to patients and their families needing medication or transportation. Community Health Education and Promotion As part of Inova's overall health promotion effort, IHCS and its subsidiaries are actively involved in sponsoring programs, activities, and services designed to improve community health and prevent the onset of disease. Inova Well Inova Well serves the community as the premier provider of health education and wellness services. Knowing that each individual requires different kinds of support and services to meet their personal wellness needs, Inova Well offers a variety of wellness programming. Inova's wellness services include, but are not limited to, personal health coaching and prenatal support, childbirth education, life support re-certification and first aid, health fairs screenings, seminars, health challenges, fitness classes and immunizations. In order to reach people where they are most comfortable, Inova Well holds programs in community settings, at employer worksites and other easily accessible locations throughout the Northern Virginia and the Greater Metropolitan Washington Area. During 2018, Inova Well served over 236,821 participants. Program highlights are described below.</p> <p>Employee Wellness Inova Well supports employees and spouses at all health and fitness levels through a comprehensive and supportive wellness program. Employees get tools, support and programs to help improve health or maintain healthy habits. Inova Well provides blood work, biometric screenings, in-person and telephonic wellness coaching, fitness classes and wellness events in Inova's operating units. In 2018 Inova Well had 24,790 touches within the Inova Health System. It is the goal of the wellness coaches to work with employees to establish realistic wellness goals and to support employees while they work towards optimal health.</p> <p>Influenza Vaccination The Inova Well Immunization Program provided 43,530 flu shots, Tdap & Hepatitis B vaccinations and TB screenings at 830 events. Inova Well provides immunizations for Inova employees and physicians, community members and workplaces throughout the metropolitan area. Number of flu shots (Quadrivalent, High-Dose & Peds) 41,686 3,104 shots at 18 clinics for Loudoun County Public School employees. Number of TB plants/readings 1,149. Number of Tdap and Hepatitis B vaccinations 695.</p> <p>The Workplace and Community Program The Workplace and Community Program provided over 188 health events that included biometric screenings, seminars, and interactive education stations. The Respiratory Fit Testing program served over 7,996 participants. Clients were located throughout the Washington, DC, Metropolitan area and far west into Virginia.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4D	<p>The Care Management Programs continued to provide personalized support and health coaching to encourage healthy behaviors related to weight management, tobacco cessation, back pain management, pregnancy and breastfeeding. Inova Well coaching supported Inova employees, their spouses and community members. Inova Well provides the Program Manager for The Prince William County Wellness Program, which delivers a full range of wellness services and programs for county employees. Programs include health and wellness seminars and screenings, weekly meditation, a walking challenge, and a video tutorial around healthy supermarket strategies. In 2018, the Inova Well Program Manager provided services to over 1,600 employees living in Prince William County. The Health Education Program Inova Well provided Life Support education classes for 14,500 students in community and worksite locations. The Inova Well Childbirth Education program served 7,116 community members through educational classes such as breastfeeding, baby care, and childbirth preparation. Additionally, the program offered over 160 free new mom support groups to 2,308 participants. Childbirth Education also served 5,241 individuals through complimentary maternity tours at IFMC, IAH and IFOH. The Inova WellBaby program, which provides personalized support and education to pregnant and breastfeeding women through email and telephonic outreach, supported around 347 Inova employees and spouses in 2018. The Inova Well Fitness program provided over 330 fitness classes to Inova employees and community members in 2018. The program offers classes at locations throughout the community and in a variety of different formats including multi-week series, workshops and drop-in classes. Class types offered include mind/body classes (yoga, tai chi), cardio/strength building classes (body toning, Zumba), mommy fitness classes (bootcamp, prenatal yoga) and senior focused classes (strength training for seniors, seniorcize). Over 3,157 individuals took part in these fitness classes, multi-week session based classes and workshops.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V, LINE 2A, NUMBER OF EMPLOYEES	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	With the exception of the duties and responsibilities that are reserved to the Board of Trustees as required by law, the Executive Committee is appointed by the Board to support the Board of Trustees in the performance of its duties and responsibilities that are time-sensitive and must be addressed before the next regularly scheduled meeting of the full Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The organization has a single member. The sole member is Inova Health System Foundation, a charitable 501(c)(3) tax-exempt organization which serves as the parent company of the integrated health care delivery system.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the organization, Inova Health System Foundation, is a charitable 501(c)(3) tax-exempt organization. The sole member elects the members of the governing body of the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The sole member of the organization, Inova Health System Foundation, is a charitable 501(c)(3) tax-exempt organization. The sole member holds reserved powers with respect to certain actions, including approval of borrowings, amendments of Articles of Incorporation and Bylaws. In addition to the reserved powers, under the laws of the Commonwealth of Virginia certain extraordinary actions require member approval, such as mergers, consolidations, liquidations and the sale of substantially all of the assets of the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>Completed by related entity, Imanco, Inc. 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 and certain other senior executives 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. Compensation for employed physicians is reviewed and approved by the IMG Executive Committee. The committee is comprised of executive management of the Inova Medical Group. The Fair Market Value (FMV) compensation is based on four nationally recognized industry physician compensation benchmark surveys (MGMA, AMGA, Sullivan & Cotter, Korn Ferry Hay Group). The committee also utilizes independent consultants to provide FMV opinions for positions that are not readily available in the four published benchmark surveys. The consultants' opinions and compensation survey data are presented to the Physician Compensation Committee for review and approval.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Inova Health System makes certain information publicly available. Inova's consolidated financial statements are posted on the Electronic Municipal Market Access's (EMMA) website on a quarterly basis. Inova's governing documents are not currently publicly available. While the conflict of interest policy is not specifically publicly disclosed, Inova's Code of Conduct is on the public website. Section 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	PARTNERSHIP INCOME -17,210,596 CHANGE IN INVESTMENTS BALANCE -7,400,429 EQUITY IN SUBS 16,428,246 CAPITAL REIMBURSEMENT 748,075 UNRECOGNIZED PENSION 366,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2B AND 2C, AUDITED FINANCIAL STATEMENTS	<p>The company is part of the Inova Health System, a not-for-profit integrated health care delivery system serving Northern Virginia and surrounding areas. The company's financial statements are consolidated in the Inova Health System consolidated financial statements. Inova Health System is audited on an annual basis by a "Big Four" independent public accounting firm. In addition, they are responsible for the issuance of a management letter encompassing each member of the consolidated group. The Audit and Compliance 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 3A, A-133 AUDIT	<p>The company is part of the Inova Health System (IHS), a not-for-profit integrated health care delivery system serving Northern Virginia and surrounding areas. IHS receives various federal grants. These grants and awards are audited as part of the consolidated Inova Health System Uniform Guidance compliance audit. The Inova Health System's federal grants are audited on an annual basis by a "Big Four" independent public accounting firm and a "Report of Independent Auditors on Compliance for Each Major Program, Report on Internal Control Over Compliance and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance" is issued on a consolidated basis. The Audit and Compliance Committee of the Board of Trustees of Inova Health System is responsible for the oversight of the Uniform Guidance audit, including the hiring of the audit firm, review and approval of audited financial statements and communications with the external auditors during the year without the presence of internal management.</p>

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INOVA HEALTH CARE SERVICES

Employer identification number
54-0620889

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) INOVA CAP LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 27-0927074	INSURANCE CAPTIVE	VA	11,248,783	88,123,539	INOVA HEALTH CARE SERVICES
(2) SPRINGFIELD HEALTHPLEX CONDOMINIUM DEVELOPMENT LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 27-4533736	REAL ESTATE	VA	2,386,367	15,951,188	INOVA HEALTH CARE SERVICES
(3) FC GATEWAY ASSOCIATES LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 46-1280044	REAL ESTATE	VA	822,279	769,169	INOVA HEALTH CARE SERVICES
(4) INOVA METRO CT LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 47-5049063	INFORMATION SYSTEMS	VA	0	0	INOVA HEALTH CARE SERVICES
(5) CLEAN ADVANCED RENEWABLE ENERGY LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 81-2395604	ENERGY CONSULTING	VA	0	0	INOVA HEALTH CARE SERVICES
(6) INOVA SHARED SERVICES LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 81-5346280	IT SERVICES	VA	11,173,848	700,528	INOVA HEALTH CARE SERVICES

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0620889
Name: INOVA HEALTH CARE SERVICES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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) INOVA CAP LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 27-0927074	INSURANCE CAPTIVE	VA	11,248,783	88,123,539	INOVA HEALTH CARE SERVICES
(1) SPRINGFIELD HEALTHPLEX CONDOMINIUM DEVELOPMENT LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 27-4533736	REAL ESTATE	VA	2,386,367	15,951,188	INOVA HEALTH CARE SERVICES
(2) FC GATEWAY ASSOCIATES LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 46-1280044	REAL ESTATE	VA	822,279	769,169	INOVA HEALTH CARE SERVICES
(3) INOVA METRO CT LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 47-5049063	INFORMATION SYSTEMS	VA	0	0	INOVA HEALTH CARE SERVICES
(4) CLEAN ADVANCED RENEWABLE ENERGY LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 81-2395604	ENERGY CONSULTING	VA	0	0	INOVA HEALTH CARE SERVICES
(5) INOVA SHARED SERVICES LLC 8110 GATEHOUSE ROAD FALLS CHURCH, VA 22042 81-5346280	IT SERVICES	VA	11,173,848	700,528	INOVA HEALTH CARE SERVICES

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
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1071867	FUNDRAISING	VA	501(C)(3)	12,II	N/A		No
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1277164	HOME CARE SERVICES	VA	501(C)(3)	10	INOVA HEALTH CARE SERVICES	Yes	
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1340725	PAYROLL CORPORATION	VA	501(C)(3)	12, I	INOVA HEALTH SYSTEM FOUNDATION		No
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 20-1581237	HMO	VA	501(C)(3)	10	INOVA HEALTH CARE SERVICES	Yes	
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 51-0241913	FUNDRAISING	VA	501(C)(3)	12, I	INOVA HEALTH CARE SERVICES	Yes	
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-0525802	HOSPITAL	VA	501(C)(3)	3	INOVA HEALTH SYSTEM FOUNDATION		No
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1361310	REHABILITATION SERVICES	VA	501(C)(3)	10	LOUDOUN HOSPITAL CENTER		No
8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-2011240	FUNDRAISING	VA	501(C)(3)	12, I	LOUDOUN HOSPITAL CENTER		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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) TECHNICAL DYNAMICS LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 43-2041666	EQUIPMENT REPAIRS	VA	INOVA HEALTH CARE SERVICES	RELATED	2,993,520	4,660,237		No		Yes		86 360 %
(1) INOVA AMBULATORY SURGERY CTR AT LORTON LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 46-1955980	SURGERY CENTER	VA	INOVA HEALTH CARE SERVICES	RELATED	521,877	2,892,138		No		Yes		58 950 %
(2) NORTHERN VIRGINIA SURGERY CENTER 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 20-3502477	SURGERY CENTER	VA	INOVA HEALTH CARE SERVICES	RELATED	3,720,904	2,719,149		No		Yes		61 180 %
(3) FRANCONIA-SPRINGFIELD SURGERY CENTER LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-2018390	SURGERY CENTER	VA	INOVA HEALTH CARE SERVICES	RELATED	2,660,055	1,478,871		No		Yes		57 960 %
(4) POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-1802733	RADIATION ONCOLOGY	VA	INOVA HEALTH CARE SERVICES	RELATED	106,505	1,056,322		No		Yes		50 000 %
(5) INOVA RESTON MRI CENTER LLC 2722 MERRILEE DRIVE SUITE 230 FAIRFAX, VA 22031 26-4587374	MRI SERVICES	VA	INOVA HEALTH CARE SERVICES	RELATED	6,934,553	4,835,671		No	780	Yes		65 000 %
(6) SUNRISE INOVA MCLEAN ASSISTED LIVING LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 54-2022822	ASSISTED LIVING	VA	INOVA HEALTH CARE SERVICES	RELATED	1,460,544	7,609,810		No			No	60 000 %
(7) MCLEAN AMBULATORY SURGERY CENTER LLC 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 47-4966649	SURGERY CENTER	VA	INOVA HEALTH CARE SERVICES	RELATED	1,109,103	6,635,515		No		Yes		64 500 %
(8) INOVA HH HOLDINGS LLC 1050 FORRER BLVD KETTERING, OH 45420 82-5217263	HOME CARE	VA	INOVA HEALTH CARE SERVICES	RELATED	-502,673	1,058,536		No			No	51 000 %
(9) INOVA- SPH INSTITUTE OF TRADITIONAL CHINESE MEDICINE 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042 82-2920194	MEDICAL SERVICES	VA	INOVA HEALTH CARE SERVICES	RELATED	-64,302	67,673		No		Yes		100 000 %
(10) CONTINUUMRX OF NORTH VIRGINIA LLC 2 PERIMETER PARK SOUTH STE 260 BIRMINGHAM, AL 35243 81-2936260	PHARMACY SERVICES	VA	INOVA HEALTH CARE SERVICES	RELATED	-265,133	652,138		No			No	50 000 %