

SUMMARY ANNUAL REPORT FOR INOVA HEALTH SYSTEM RETIREMENT SAVINGS PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of Inova Health System Retirement Savings Plan and Employer Identification Number 54-1071867/Plan Number 002 for the plan year January 1, 2023 through December 31, 2023. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: ERISA section 404(c), code section 401(k) feature, code section 401(m) arrangement, 401(k) or 403(b) plan that provides for automatic enrollment, total or partial participant-directed account, member of a controlled group, profit sharing.

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$182,280,862. These expenses included \$1,062,980 in administrative expenses and \$180,984,936 in benefits paid to participants and beneficiaries, and \$232,946 in certain deemed and/or corrective distributions. A total of 29,551 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$2,940,294,573 as of the end of the plan year, compared to \$2,357,356,013 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$582,938,560. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$765,219,422, including employer contributions of \$89,141,405, employee contributions of \$180,393,470, other contributions of \$33,471,406, and earnings from investments of \$462,213,141.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 8110 Gatehouse Rd. 2w, Falls Church, VA 22042 and phone number, 703-205-2165.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 8110 Gatehouse Rd. 2w, Falls Church, VA 22042, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the

OMB Control number 1210-0040; Expiration Date 03/31/2026

Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
The annual report is also available online at the Department of Labor website www.efast.dol.gov.