

SUMMARY ANNUAL REPORT FOR INOVA HEALTH SYSTEM 403(B) PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of Inova Health System 403(b) Plan and Employer Identification Number 54-1071867/Plan Number 003 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: 403(b), 403(b), total participant-directed account, total or partial participant-directed account, member of a controlled group.

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were \$11,029,395. These expenses included \$11,048 in administrative expenses and \$10,995,636 in benefits paid to participants and beneficiaries, and \$22,711 in certain deemed and/or corrective distributions. A total of 22,529 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 \$149,375,695 as of the end of the plan year, compared to \$131,158,119 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$18,217,576. 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 \$29,246,971, including employee contributions of \$8,269,475, other contributions/other income of \$3,471,544, and earnings from investments of \$17,505,952.

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. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 8095 Innovation Park Drive, Fairfax, VA 22031 and phone number, 703-205-2166.

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: 8095 Innovation Park Drive, Fairfax, VA 22031, 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 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.