

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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
THE SCAN FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
3800 KILROY AIRPORT WAY NO 400

City or town, state or province, country, and ZIP or foreign postal code
LONG BEACH, CA 908065616

D Employer identification number
45-0552845

E Telephone number
(888) 569-7226

G Gross receipts \$ 87,668,513

F Name and address of principal officer
BRUCE CHERNOF
3800 KILROY AIRPORT WAY NO 400
LONG BEACH, CA 908065616

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: ▶ WWW.THESCANFOUNDATION.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2007

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE A COORDINATED AND EASILY NAVIGATED SYSTEM OF HIGH-QUALITY SERVICES FOR OLDER ADULTS THAT PRESERVE DIGNITY AND INDEPENDENCE

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)	11
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)	13
6 Total number of volunteers (estimate if necessary)	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	-50,897
7b Net unrelated business taxable income from Form 990-T, line 34	-60,434

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,045,642	19,061,811
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,045,642	19,061,811
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,412,204	5,520,008
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,938,762	2,970,903
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,630,299	2,001,942
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,981,265	10,492,853
19 Revenue less expenses Subtract line 18 from line 12	2,064,377	8,568,958
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	225,031,352	207,476,064
21 Total liabilities (Part X, line 26)	4,287,792	3,838,922
22 Net assets or fund balances Subtract line 21 from line 20	220,743,560	203,637,142

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: *****
Date: 2019-11-13

BRUCE CHERNOF PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DELOITTE TAX LLP
Preparer's signature: [Signature]
Date: [Date]

Check if self-employed
PTIN: P00545657
Firm's EIN: 86-1065772
Firm's address: 695 TOWN CENTER DRIVE SUITE 1200 COSTA MESA, CA 92626
Phone no: (714) 436-7100

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

THE SCAN FOUNDATION'S MISSION IS TO ADVANCE A COORDINATED AND EASILY NAVIGATED SYSTEM OF HIGH-QUALITY SERVICES FOR OLDER ADULTS THAT PRESERVE DIGNITY AND INDEPENDENCE DURING 2018, THE FOUNDATION DISBURSED \$5,983,885 IN CASH GRANTS AND ASSISTANCE TO OTHER ORGANIZATIONS TO HELP ACHIEVE THEIR MISSION

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 \$ 8,526,293 including grants of \$ 5,520,008) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 8,526,293

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	Yes	
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	13		
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			No
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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 11b 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 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 (checked), 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: RENE SEIDEL 3800 KILROY AIRPORT WAY SUITE 400 LONG BEACH, CA 908065616 (562) 308-2862

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL RAPHAEL DIRECTOR	3 10 0 00	X					37,500	0	0	
(2) CHERYL PHILLIPS DIRECTOR	2 80 0 00	X					35,000	0	0	
(3) COLLEEN CAIN DIRECTOR	3 40 5 50	X					37,500	87,000	0	
(4) FRANCESCA RUIZ DE LUZURIAGA DIRECTOR	2 80 6 00	X					35,000	115,000	0	
(5) IVELISSE ESTRADA DIRECTOR	2 80 0 00	X					35,000	0	0	
(6) JENNIE CHIN-HANSEN CHAIRPERSON	4 40 5 50	X		X			47,000	83,000	0	
(7) MELANIE BELLA DIRECTOR	2 80 0 00	X					35,000	0	0	
(8) PATRICK SEAVER DIRECTOR	3 10 5 00	X					37,500	75,000	0	
(9) RYAN TRIMBLE DIRECTOR	3 10 5 50	X					37,500	87,000	0	
(10) THOMAS HIGGINS DIRECTOR	2 80 5 00	X					35,000	75,000	0	
(11) BRUCE CHERNOF PRESIDENT/CEO	40 00 0 00	X		X			808,689	0	92,803	
(12) RENE SEIDEL SECRETARY/TREASURER	40 00 0 00			X			270,273	0	29,229	
(13) GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	40 00 0 00				X		247,665	0	24,530	
(14) ERIC THAI DIRECTOR OF FINANCE	40 00 0 00					X	145,192	0	33,143	
(15) ERIN WESTPHAL PROGRAM OFFICER	40 00 0 00					X	149,498	0	35,955	
(16) KALI PETERSON PROGRAM OFFICER	40 00 0 00					X	134,944	0	9,653	
(17) KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINIS	40 00 0 00					X	132,585	0	18,944	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGAN JURING PROGRAM OFFICER	40 00 0 00					X		150,817	0	12,150
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,411,663	522,000	256,407

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 ▶ **9**

	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>		No
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>	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>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ **0**

Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,161,268	5,161,268		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	358,740	358,740		
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.	1,698,627	1,273,834	424,793	
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.	1,004,862	823,987	180,875	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	53,605	44,467	9,138	
9 Other employee benefits.	78,366	64,260	14,106	
10 Payroll taxes.	135,443	111,063	24,380	
11 Fees for services (non-employees)				
a Management.	264,968		264,968	
b Legal.	98,793		98,793	
c Accounting.	60,440		60,440	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	524,886		524,886	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	278,420	44,772	233,648	
12 Advertising and promotion.				
13 Office expenses.	6,698	5,400	1,298	
14 Information technology.	60,352	53,300	7,052	
15 Royalties.				
16 Occupancy.	165,045	135,336	29,709	
17 Travel.	268,639	182,564	86,075	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	237,909	237,909		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,535	16,019	3,516	
23 Insurance.				
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 SUBSCRIPTIONS & MEMBERS	6,966	6,837	129	
b BOOKS	5,537	5,537		
c TAXES	2,579		2,579	
d DONATIONS	1,000	1,000		
e All other expenses	175		175	
25 Total functional expenses. Add lines 1 through 24e.	10,492,853	8,526,293	1,966,560	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 Sheet

Check 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	2,083,806	1	1,228,278
	2 Savings and temporary cash investments	3,842,867	2	2,678,164
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	312,993	4	333,864
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,372	9	10,673
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	947,039		
	b Less accumulated depreciation	813,932		
		152,643	10c	133,107
	11 Investments—publicly traded securities	180,113,873	11	159,896,033
	12 Investments—other securities See Part IV, line 11	37,504,728	12	42,177,875
	13 Investments—program-related See Part IV, line 11	999,998	13	999,998
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	18,072	15	18,072	
16 Total assets. Add lines 1 through 15 (must equal line 34)	225,031,352	16	207,476,064	
Liabilities	17 Accounts payable and accrued expenses	1,093,427	17	1,116,567
	18 Grants payable	2,280,428	18	1,992,689
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	913,937	25	729,666
	26 Total liabilities. Add lines 17 through 25	4,287,792	26	3,838,922
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	220,743,560	27	203,637,142
	28 Temporarily restricted net assets		28	
	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	220,743,560	33	203,637,142	
34 Total liabilities and net assets/fund balances	225,031,352	34	207,476,064	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,061,811
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,492,853
3	Revenue less expenses Subtract line 2 from line 1	3	8,568,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	220,743,560
5	Net unrealized gains (losses) on investments	5	-25,734,361
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	58,985
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	203,637,142

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
1		
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 45-0552845**Name:** THE SCAN FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE SCAN FOUNDATION STARTED ITS GRANT-MAKING ACTIVITIES IN 2008. IN JANUARY 2009, THE FOUNDATION BOARD OF DIRECTORS FORMALLY ADOPTED A 5-YEAR STRATEGIC PLAN, AND GRANT-MAKING THROUGHOUT THE 2013 FISCAL YEAR OCCURRED IN ACCORDANCE WITH THIS PLAN. IN DECEMBER 2013, THE BOARD APPROVED AN UPDATED FIVE-YEAR STRATEGIC FRAMEWORK FOR 2014-2018 THAT WAS GUIDING THE FOUNDATION'S WORK IN 2018. THE 2014-2018 STRATEGIC FRAMEWORK BUILDS ON THE INITIAL THREE FUNDING PRIORITIES OF THE FOUNDATION: (1) RAISING PUBLIC AWARENESS AND ENGAGEMENT, (2) ADVANCING REALISTIC POLICY OPTIONS AROUND FINANCING AND DELIVERY SYSTEM REFORM, AND (3) BRINGING PROMISING PROGRAMS TO SCALE WITHIN THESE FUNDING PRIORITIES. THE NEW STRATEGIC FRAMEWORK OUTLINED THREE SPECIFIC THEMATIC GOALS, FOCUSED TO SERVE SPECIFIC POPULATIONS: (1) MEDICARE-MEDICAID INTEGRATION - BRIDGING CARE AND FINANCING FOR LOW-INCOME OLDER ADULTS, (2) PERSON-CENTERED CARE - PUTTING DECISIONS IN THE HANDS OF PEOPLE AND FAMILIES, (3) LONG-TERM CARE FINANCING - ENABLING WORKING FAMILIES TO PAY FOR LONG-TERM CARE NEEDS AS IN THE PAST, THE SCAN FOUNDATION'S GRANT-MAKING IS PRIMARILY FOR THE BENEFIT OF CALIFORNIANS. HOWEVER, SINCE CARE FOR CALIFORNIA SENIORS IS TO A LARGE EXTENT FINANCED BY THE FEDERAL GOVERNMENT (THROUGH MEDICARE AND MEDICAID), THE POLICY WORK OF THE FOUNDATION ALSO HAS A FEDERAL FOCUS. THE FOLLOWING HIGHLIGHTED PROJECTS SHAPED PROGRESS IN THE FOUNDATION'S THEMATIC GOALS IN 2018.

THEMATIC GOAL 1: MEDICARE-MEDICAID INTEGRATION
OUR FIRST THEMATIC GOAL FOCUSES ON EFFORTS TO BEST INTEGRATE MEDICARE AND MEDICAID SERVICES AND FUNDING IN ORDER TO PROVIDE THE HIGHEST QUALITY OF CARE FOR PEOPLE WITH ACCESS TO BOTH OF THESE PROGRAMS. THE FOUNDATION'S LEADERSHIP AND COLLABORATIVE PARTNERSHIPS HAVE CHALLENGED LONGSTANDING MYTHS AND MARSHALLED KEY STAKEHOLDERS TO ADVANCE THE PROMISE OF COORDINATED CARE. GOAL 1 SUCCESS: OUR WORK UNDER GOAL 1 INCLUDED TWO EXCITING NEW INITIATIVES: (1) THE DEVELOPMENT AND LAUNCH OF OUR WEB-BASED MY CARE, MY CHOICE EDUCATION AND DECISION TOOL FOR CALIFORNIANS WHO ARE ELIGIBLE FOR BOTH MEDICARE AND MEDI-CAL. THIS TOOL ASKS DUALY ELIGIBLE INDIVIDUALS WHAT MATTERS MOST TO THEM, AND THEN PROVIDES THEM WITH THE BEST CARE OPTIONS AVAILABLE IN THEIR ZIP CODE AREA. IT ALSO EXPLAINS WHAT THE DIFFERENCES ARE BETWEEN INTEGRATED MODELS (E.G. PACE AND THE CA DUALS DEMONSTRATION). (2) THE OTHER EXCITING CAMPAIGN-STYLE WORK WAS AROUND THE NEED FOR CALIFORNIA TO DEVELOP A MASTER PLAN FOR AGING. AS THE NUMBER OF OLDER ADULTS IS STEADILY INCREASING, THE CURRENT PATCHWORK OF PROGRAMS WILL NOT BE SUFFICIENT, NOR EFFECTIVE TO PROVIDE THE SERVICES AND CARE NEEDED. STATES WITH MASTER PLANS FOR AGING ARE SCORING AT THE TOP OF THE STATE LONG-TERM SERVICES AND SUPPORTS (LTSS) SCORECARD. IN ORDER TO MAKE THE MASTER PLAN A PRIORITY FOR THE CALIFORNIA LEGISLATURE AND ADMINISTRATION, WE CONDUCTED A POLL OF WHAT CALIFORNIANS WANT, WHICH CONFIRMED THAT THE VAST MAJORITY WANT THE STATE TO DEVELOP SUCH A PLAN. THE FINAL GUBERNATORIAL CANDIDATES COMMITTED TO DEVELOPING SUCH A MASTER PLAN, AND DID SO VIA A VIDEO AT OUR ANNUAL LTSS SUMMIT. IN ADDITION TO ORGANIZING AND HOSTING THE LTSS SUMMIT, WE CONTINUED OUR SUPPORT OF THE CALIFORNIA COLLABORATIVE OF 37 STATEWIDE AGING AND DISABILITY ADVOCATES, AND THE 21 REGIONAL COALITIONS. ONE OF THEIR SPECIFIC GOALS WAS TO ENGAGE LOCAL ELECTED LEADERS, MANY OF WHOM WILL LIKELY MOVE UP TO THE STATE OR FEDERAL LEGISLATURE, ON THE ISSUES OF AGING AND LONG-TERM SERVICES AND SUPPORT, TO ASSURE WE HAVE EDUCATED POLITICAL LEADERSHIP IN THE FUTURE. WE CONTINUED AND FINALIZED OUR RAPID CYCLE POLLING AND BROADER EVALUATION OF THE CALIFORNIA DUALS DEMONSTRATION PROJECT AND DISSEMINATED THE FINDINGS ON A NATIONAL BASIS. FINALLY, WE ALSO CONTINUED OUR IMPORTANT WORK TO DEVELOP STANDARDIZED QUALITY MEASURES FOR ACHIEVING PERSON-DIRECTED GOALS.

THEMATIC GOAL 2: PERSON-CENTERED CARE
OUR SECOND THEMATIC GOAL RECOGNIZES THAT THE WAY MEDICARE IS CURRENTLY ORGANIZED FOR OLDER ADULTS WITH COMPLEX NEEDS IS INEFFICIENT AND OFTEN INEFFECTIVE, IF NOT HARMFUL, BECAUSE IT IS OVERLY MEDICALIZED AND FAILS TO BUILD PLANS OF CARE THAT ACTUALLY ADDRESS BENEFICIARIES' FULL RANGE OF NEEDS. A MORE INTEGRATED APPROACH TO HEALTH AND SUPPORTIVE SERVICES IS CRITICAL TO BETTER ADDRESSING THESE NEEDS, AND A MORE COMPREHENSIVE CARE COORDINATION MODEL IS REQUIRED-ONE THAT SPECIFICALLY INCORPORATES THE NEEDS, VALUES, AND PREFERENCES OF THE OLDER ADULT. THIS IS PARTICULARLY TRUE FOR OLDER ADULTS WITH MEDICARE ONLY- THE POPULATION FOCUS OF GOAL 2. GOAL 2 SUCCESS: OUR WORK IN GOAL 2 FOCUSED ON DISSEMINATING AND SCALING PERSON-CENTERED CARE (PCC) PROGRAMS. WE CONTINUED OUR WORK WITH FOUR HOSPITALS AND THEIR COMMUNITY PARTNERS TO DEVELOP PCC PROGRAMS THROUGH THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA PROJECT, AND WITH 15 MEDICAL GROUPS THROUGH THE PACIFIC BUSINESS GROUP ON HEALTH. ON A NATIONAL BASIS, WE WORKED WITH THE SPECIAL NEEDS PLAN ALLIANCE AND THE NATIONAL ASSOCIATION OF ACCOUNTABLE CARE ORGANIZATIONS TO CONSIDER WHAT IT WOULD TAKE TO DEVELOP SUCH PROGRAMS. WE PLAYED A VERY ACTIVE ROLE IN WHAT WE TERM THE SIX FOUNDATION COLLABORATIVE. TOGETHER, WE WORK TOWARD HAVING PCC PROGRAMS AVAILABLE FOR MEDICALLY COMPLEX POPULATIONS THROUGHOUT THE COUNTRY. WE COMMISSIONED THE INSTITUTE FOR HEALTHCARE IMPROVEMENT TO CONTINUOUSLY UPDATE THE PLAYBOOK FOR BETTER CARE, WHICH PROVIDES TOOLS FOR HEALTH CARE ORGANIZATIONS AS WELL AS POLICY MAKERS TO DEVELOP PCC. WE PARTNERED WITH THE JOHN A. HARTFORD FOUNDATION ON THEIR AGE FRIENDLY HEALTH SYSTEMS INITIATIVE BY DEVELOPING A TOOL KIT FOR HEALTH CARE ORGANIZATION TO HELP THEM DISCERN AND ACHIEVE WHAT MATTERS MOST TO THEIR PATIENTS. AT THE SAME TIME WE ENGAGED DR. VICTOR TABBUSH TO DEVELOP THE BUSINESS CASE OF THE FIRST FEW ORGANIZATIONS PARTICIPATING IN THAT INITIATIVE, WHICH THEN SERVES AS A MODEL FOR OTHER ORGANIZATIONS. RESPONDING TO A REQUEST OF CALIFORNIA HEALTH CARE ORGANIZATIONS, WE CO-FUNDED THE DEVELOPMENT OF A COMPREHENSIVE TRAINING CURRICULUM FOR DISCHARGE PLANNERS FOCUSED ON PCC. AS WE WERE NEARING THE END OF THE CURRENT STRATEGIC FRAMEWORK, WE ENGAGED AVALERE HEALTH TO CONDUCT A FOLLOW-UP ENVIRONMENTAL SCAN (TO THE ONE CONDUCTED IN 2014) TO LEARN IF AND HOW MANY PCC PROGRAM SLOTS HAVE BECOME AVAILABLE FOR OLDER ADULTS WITH COMPLEX CARE NEEDS IN CALIFORNIA.

THEMATIC GOAL 3: LONG-TERM CARE FINANCING
OUR THIRD THEMATIC GOAL ACKNOWLEDGES THAT THE VAST MAJORITY OF OLDER ADULTS WILL NEED SOME DAILY LIVING SUPPORT AS THEY AGE. THE LIKELIHOOD THAT ANY INDIVIDUAL MIGHT NEED LTSS IS QUITE VARIABLE, WITH APPROXIMATELY 20 PERCENT OF OLDER ADULTS NEVER REQUIRING SUPPORT WHILE A SLIGHTLY LOWER PERCENTAGE WILL NEED HIGH LEVELS OF CARE FOR FIVE OR MORE YEARS. THESE COSTS CAN BE QUITE SUBSTANTIAL, AND FOR MANY OLDER ADULTS LIVING ON FIXED INCOMES, THEY CAN EASILY OVERWHELM REMAINING SAVINGS AND OTHER AVAILABLE RESOURCES. COMPOUNDING THIS PROBLEM IS PEOPLE'S MISPERCEPTIONS ABOUT THE LIKELIHOOD OF NEEDING LTSS AS THEY AGE. AS A RESULT, THERE IS LITTLE DEMAND FOR AN ALTERNATIVE SOLUTION. THE LARGEST SOURCES OF SPENDING TODAY ARE PERSONAL/OUT OF POCKET, THEN MEDICAID. RECENT THREATS TO THE MEDICAID SAFETY NET CHALLENGE NOT ONLY THOSE WHO SPEND DOWN TO POVERTY, BUT ALSO CREATE INCREASING PRESSURE TO CRAFT MEANINGFUL AND MUCH NEEDED SOLUTIONS FOR MIDDLE-INCOME AMERICANS. GOAL 3 SUCCESS: TWO EXCITING ACTIVITIES WERE PART OF OUR EFFORTS IN GOAL 3. WE LEARNED FROM OUR ANNUAL POLL CONDUCTED BY THE ASSOCIATED PRESS/NATIONAL OPINION RESEARCH CENTER THAT MANY MILLENNIALS ARE NOW CAREGIVERS FOR OLDER ADULTS. THIS STARTED OUR OTHER NEW CAMPAIGN, "DO YOU GIVE A CARE?," WHICH WE HIGHLIGHTED AT THE TEDMED CONFERENCE IN NOVEMBER AND THROUGH OUR FIRST PODCAST. THE CAMPAIGN FEATURES ITS OWN WEBSITE PROFILING OUR MILLENNIAL CAREGIVER AMBASSADORS AND PROVIDING SUPPORT AND RESOURCES FOR OTHER MILLENNIALS. THE OTHER EXCITING ACTIVITY, WHICH GREW OUT OF OUR WORK WITH THE BIPARTISAN POLICY CENTER, WAS THE PASSAGE OF THE CHRONIC CARE ACT, WHICH WAS INCLUDED IN THE BIPARTISAN BUDGET ACT OF 2018. (CONT.)

SCHEDULE A
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE SCAN FOUNDATION

Employer identification number

45-0552845

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 1

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		
(A) SCAN HEALTH PLAN	953858259	10	Yes		0	0
Total	1				0	0

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**

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 ▶
- 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 ▶
- 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 ▶
- 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 ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
3a			No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
5a			No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		Yes
6		Yes	
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
9a			No
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? If "Yes," provide detail in Part VI .		No
9b			No
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? If "Yes," provide detail in Part VI .		No
9c			No
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)? If "Yes," answer line 10b below.		No
10a			No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b			

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>		
		11a	No
		11b	No
		11c	No

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>		
		1	
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>		
		2	

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>		
		1	Yes

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?		
		1	
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>		
		2	
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>		
		3	

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>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
		2b	
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>		
		3a	
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>		
		3b	

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

- 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.

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6	THE FOUNDATION SUPPORTS OR BENEFITS, PERFORMS THE FUNCTIONS OF, AND/OR CARRIES OUT THE PURPOSES OF SCAN HEALTH PLAN BY, AMONG OTHER THINGS, PROVIDING GRANTS AND ASSISTANCE TO 501(C)(3), GOVERNMENT AND OTHER ORGANIZATIONS THAT ENGAGE IN ACTIVITIES THAT ARE CONSISTENT WITH AND COMPLEMENTARY TO, AND THAT FURTHER THE CHARITABLE PURPOSES OF SCAN HEALTH PLAN

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
THE SCAN FOUNDATION

Employer identification number
45-0552845

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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				
b Buildings				
c Leasehold improvements		827,792	694,685	133,107
d Equipment		21,863	21,863	0
e Other		97,384	97,384	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				133,107

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) HEDGE FUNDS	6,424,622	F
(B) PRIVATE EQUITY	35,753,253	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	42,177,875	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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	
DEFERRED COMPENSATION	729,666
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	729,666

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	-7,197,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-25,734,361
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	-25,734,361
3	Subtract line 2e from line 1	3	18,536,925
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	524,886
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	524,886
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,061,811

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	9,908,982
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	-58,985
e	Add lines 2a through 2d	2e	-58,985
3	Subtract line 2e from line 1	3	9,967,967
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	524,886
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	524,886
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,492,853

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: 45-0552845

Name: THE SCAN FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UNDER FASB ASC 740, INCOME TAXES, THE FOUNDATION IS REQUIRED TO RECOGNIZE A LIABILITY FOR EACH UNCERTAIN TAX POSITION AT THE AMOUNT ESTIMATED TO BE REQUIRED TO SETTLE THE ISSUES AS OF DECEMBER 31, 2018 AND 2017, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNEXPENDED GRANTS

Supplemental Information

Return Reference	Explanation
PART VIII, LINE 1	INVESTMENTS - PROGRAM RELATED, MISSION-IMPACT INVESTMENTS MISSION IMPACT INVESTMENTS ("MII S") ARE PART OF THE FOUNDATION'S PORTFOLIO OF PROGRAM ACTIVITIES, IN ADDITION TO GRANT MAK ING AND PROGRAM EXPENSES, WITH THE PRIMARY PURPOSE TO ADVANCE THE FOUNDATION'S MISSION MI IS ARE INVESTMENTS IN SECURITIES OF COMPANIES THAT OFFER PRODUCTS OR SERVICES THAT FURTHER THE FOUNDATION'S MISSION WHILE OFFERING A REASONABLE RATE OF RETURN COMMENSURATE WITH THE RISK ASSOCIATED WITH THE INVESTMENT WHILE OBTAINING A MARKET RATE OF RETURN IS A SIGNIFI CANT OBJECTIVE, IT IS NOT THE PRIMARY OBJECTIVE THESE EQUITY INVESTMENTS ARE RECORDED AT COST AND SEPARATELY FROM THE FOUNDATION'S PRIMARY INVESTMENTS PORTFOLIO

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
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 THE SCAN FOUNDATION

Employer identification number 45-0552845

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [] Yes [] No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Includes rows for CENTRAL AMERICA AND THE CARIBBEAN, 3a Sub-total, b Total from continuation sheets to Part I, and c Totals.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THE AMOUNTS REPORTED IN SCHEDULE F WERE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization
THE SCAN FOUNDATION

Employer identification number

45-0552845

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 42

3 Enter total number of other organizations listed in the line 1 table ▶ 24

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TO PROVIDE MEETING AND ADMINISTRATIVE SUPPORT TO THE CALIFORNIA COLLABORATIVE AND 21 REGIONAL COALITONS	1	177,029			
(2) TO DESIGN AND PROTOTYPE THE CONCEPT FOR THE WEB-BASED DECISION-SUPPORT TOOL FOR DUALY ELIGIBLE CALIFORNIANS	1	124,594			
(3) TO CONDUCT RESEARCH AND INTERVIEWS WITH ENTREPRENEURS, START-UPS, VENTURE CAPITALISTS, AND OLDER ADULTS FOR THE NEW INNOVATIONS LAB	1	57,117			
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE SCAN FOUNDATION MAKES GRANTS TO ORGANIZATIONS THAT CAN BEST SUPPORT THE FOUNDATION'S MISSION AND CHARITABLE PURPOSE, REGARDLESS OF TAX STATUS THE USE OF GRANT FUNDS IS MONITORED BY REVIEWING PROGRAM AND EXPENDITURE REPORTS ON A QUARTERLY BASIS EXPENDITURE REPORTS ARE REVIEWED AGAINST THE PROPOSED AND APPROVED BUDGETS AND PROGRAM REPORTS AGAINST THE PROPOSED AND APPROVED SCOPES OF WORK

Additional Data

Software ID:
Software Version:
EIN: 45-0552845
Name: THE SCAN FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	52-0794300	501(C)(3)	417,600				DEVELOP THE THIRD STATE LONG-TERM SERVICES AND SUPPORTS SCORECARD
AGEWELL FRESNO PO BOX 711 MENDOCINO, CA 95460	26-8864464		8,191				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNE TUMLINSON INNOVATIONS LLC 3505 ALBEMARLE STREET NW WASHINGTON, DC 20008	46-5466993		41,870				PROVIDE LONG-TERM CARE FINANCING COMMUNICATIONS AND DISSEMINATION SUPPORT
ANNE TUMLINSON INNOVATIONS LLC 3505 ALBEMARLE STREET NW WASHINGTON, DC 20008	46-5466993		61,475				DEVELOP THE BUSINESS CASE FOR NON-MEDICAL SUPPLEMENTAL BENEFITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVALERE HEALTH LLC 1350 CONNECTICUT AVE NW STE 900 WASHINGTON, DC 20036	52-2220787		297,978				CONDUCT AN ENVIRONMENTAL SCAN OF PERSON-CENTERED CARE IN CA TO MEASURE PROGRESS
BIPARTISAN POLICY CENTER INC 1225 EYE STREET NW SUITE 1000 WASHINGTON, DC 20005	73-1628382	501(C)(3)	44,980				DEVELOP STRATEGIES FOR THE SUCCESSFUL IMPLEMENTATION OF THE CHRONIC CARE ACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIPARTISAN POLICY CENTER INC 1225 EYE STREET NW SUITE 1000 WASHINGTON, DC 20005	73-1628382	501(C)(3)	228,532				CONVENINGS OF STAKEHOLDERS FOR THE SUCCESSFUL IMPLEMENTATION OF THE CHRONIC CARE ACT
BIRSEL SECK 28 WEST 38TH STREET SUITE 3E NEW YORK, NY 10018	20-1269051		20,000				DEVELOP A CONCEPT FOR A RESILIENCE LAB (LAUNCH PLAN, WORK STRATEGIES, & OUTCOME METRICS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRSEL SECK 28 WEST 38TH STREET SUITE 3E NEW YORK, NY 10018	20-1269051		30,000				PILOT TEST THE RESILIENCE LAB STRATEGY
CALIFORNIA ASSOCIATION OF HEALTH PLANS 1415 L STREET SUITE 850 SACRAMENTO, CA 95814	95-3825285	501(C)(6)	23,675				FACILITATE A LEARNING COLLABORATIVE OF HEALTH PLANS PARTICIPATING IN CA'S DUALS DEMONSTRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	100,000				DEVELOP A PERSON-CENTERED CARE CURRICULUM FOR HOSPITAL DISCHARGE PLANNERS
CENTER FOR CONSUMER ENGAGEMENT IN HEALTH INNOVATION ONE FEDERAL STREET FLOOR 5 BOSTON, MA 02110	04-3355127	501(C)(3)	35,000				CONVENE FEDERAL FINANCIAL ALIGNMENT DEMONSTRATION PROJECTS TO REVIEW PROGRESS AND NEXT STEPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NJ 08619	22-3375015	501(C)(3)	351,481				DEVELOP A TOOLKIT AND TA FOR STATES MEDICAID STAFFS TO STRENGTHEN THEIR LTSS PROGRAMS
CHAPMAN CONSULTING LLC 1133 LOS ROBLES STREET DAVIS, CA 95618	82-3820031		13,186				DEVELOP A CALIFORNIA BLUEPRINT FOR HEALTHCARE AND CBO PARTNERSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICE IN AGING 490 GOLF CLUB ROAD PLEASANT HILL, CA 94523	94-2822559	501(C)(3)	8,000				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT
COMMUNITY ACCESS CENTER 6748 MAGNOLIA AVENUE SUITE 150 RIVERSIDE, CA 92506	33-0663807	501(C)(3)	10,000				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CATALYST ONE FEDERAL STREET BOSTON, MA 02110	30-0687494	501(C)(3)	35,000				CONVENE OMBUDSMAN FROM DUAL DEMONSTRATION STATES TO ADVOCATE FOR BETTER CARE OF DUAL ELIGIBLES
DISABILITY ACTION CENTER 1161 EAST AVENUE CHICO, CA 95926	94-2735218	501(C)(3)	10,000				COORDINATE LOCAL AGING & DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMOTA 3911 FIFTH AVENUE SUITE 204 SAN DIEGO, CA 92103	26-4278899		10,500				DEVELOP A WE STAND WITH SENIORS CAMPAIGN VIDEO, ADVOCATING FOR A MASTER PLAN FOR AGING
FRAMEWORKS INSTITUTE 1333 H STREET NW SUITE 700 WEST WASHINGTON, DC 20005	71-0891642	501(C)(3)	7,000				REVIEW THE FOUNDATION'S COMMUNICATION TO ASSURE THEY ARE CONSISTENT WITH NON-AGEIST FRAMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDADRC OF NEVADA COUNTY 2059 NEVADA CITY HIGHWAY GRASS VALLEY, CA 95945	68-0085639	501(C)(3)	10,000				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 504 ARLINGTON, VA 22202	13-4014982	501(C)(3)	25,000				GIA CONFERENCE SESSION ON OPPORTUNITIES TO ELEVATE ISSUES IN AN ELECTION YEAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 504 ARLINGTON, VA 22202	13-4014982	501(C)(3)	20,000				ENGAGE ADDITIONAL FOUNDATIONS IN OUR PERSON-CENTERED CARE WORK
GRANTMAKERS IN AGING INC 2001 JEFFERSON DAVIS HIGHWAY SUITE 504 ARLINGTON, DC 22202	13-4014982	501(C)(3)	7,500				MEMBERSHIP IN GRANTMAKERS IN AGING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200 WASHINGTON, DC 20036	13-3206571	501(C)(3)	12,650				MEMBERSHIP IN GRANTMAKERS IN HEALTH
GROWTH PHILANTHROPY NETWORK INC 122 EAST 42ND STREET 17TH FLOOR NEW YORK, NY 10168	42-1625224	501(C)(3)	25,000				DEVELOP MECHANISMS FOR HEALTH SYSTEMS TO PROVIDE PERSON-CENTERED CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBAGE CONSULTING 1400 K STREET SUITE 204 SACRAMENTO, CA 95814	26-2265256		80,337				DEVELOP OUTREACH MATERIALS FOR THE MY CARE, MY CHOICE DECISION TOOL FOR DUAL ELIGIBLES
HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	500,000				PROVIDE AGING-RELATED NEWS COVERAGE VIA KAISER HEALTH NEWS SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEBRIDGE 1035 MARKET STREET L-1 SAN FRANCISCO, CA 94103	94-2985244	501(C)(3)	10,000				COORDINATE LOCAL AGING & DISABILITY SERVICES AND FOSTER LEADERSHIP DEVELOPMENT IN AGING
IDEAS42 80 BROAD ST FLOOR 30 NEW YORK, NY 10004	27-1678009	501(C)(3)	20,000				DEVELOP A CONCEPT FOR A RESILIENCE LAB (LAUNCH PLAN, WORK STRATEGIES, & OUTCOME METRICS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEO LP PIER 28 ANNEX THE EMBARCADERO SAN FRANCISCO, CA 94105	26-3362395		20,000				DEVELOP A CONCEPT FOR A RESILIENCE LAB (LAUNCH PLAN, WORK STRATEGIES, & OUTCOME METRICS)
INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE SUITE 200 BAKERSFIELD, CA 93309	77-0384453	501(C)(3)	9,000				COORDINATE LOCAL AGING & DISABILITY SERVICES AND FOSTER LEADERSHIP DEVELOPMENT IN AGING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATION DEVELOPMENT INSTITUTE 222 W MERCHANDISE MART PLAZA SUITE 1230 CHICAGO, IL 60654	46-3253782	501(C)(3)	20,000				DEVELOP A CONCEPT FOR A RESILIENCE LAB (LAUNCH PLAN, WORK STRATEGIES, & OUTCOME METRICS)
INSTITUTE FOR ACCOUNTABLE CARE 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	74,081				IMPLEMENT/SCALE NEW INITIATIVES IN ACOS TO BETTER SERVE HIGH-NEED & HIGH-COST PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR ACCOUNTABLE CARE 601 13TH STREET NW SUITE 900 SOUTH WASHINGTON, DC 20002	82-2461803	501(C)(3)	9,266				OBTAIN ZIP CODE LEVEL DATA OF ACOS IN CA FOR THE MY CARE, MY CHOICE DECISION TOOL
INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	63,000				MAINTAIN AND UPDATE THE PLAYBOOK FOR BETTER CARE WITH LATEST INFORMATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	80,490				DEVELOP THE BUSINESS CASE FOR CREATING AGE FRIENDLY HEALTH SYSTEMS
INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	134,212				DEVELOP A TOOLKIT FOR HEALTHCARE ORGANIZATIONS TO PROVIDE PERSON-CENTERED CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JENNINGS POLICY STRATEGIES INC 1150 N 601 THIRTEENTH STREET NW WASHINGTON, DC 20005	52-2307507		180,000				ENGAGE A FEDERAL STRATEGIC POLICY ADVISOR
LONG-TERM QUALITY ALLIANCE 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006	46-3140288	501(C)(3)	50,000				DISCERN HOW MA PLANS RESPONDED TO THE NEW FLEXIBILITIES THROUGH THE CHRONIC CARE ACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		33,780				ASSIST THE FOUNDATION WITH ITS EDUCATIONAL ACTIVITIES AT THE ASPEN IDEAS FESTIVAL
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		83,266				PROVIDE GENERAL COMMUNICATIONS CONSULTATION TO THE FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		123,282				DEVELOP A COMMUNICATIONS STRATEGY FOR THE FOUNDATION'S MILLENNIAL CAREGIVER CAMPAIGN
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		30,148				DEVELOP A SERIES OF VIDEOS FOR THE FOUNDATION'S MY CARE, MY CHOICE DECISION TOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIT AGELAB 77 MASSACHUSETTS AVE NE 49-3000 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	20,000				DEVELOP A CONCEPT FOR A RESILIENCE LAB (LAUNCH PLAN, WORK STRATEGIES, & OUTCOME METRICS)
NATIONAL ACADEMY OF SCIENCES (INSTITUTE OF MEDICINE) 500 5TH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	25,000				PROVIDE SUPPORT AND PARTICIPATE IN THE FORUM OF AGING, DISABILITY, & INDEPENDENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES (INSTITUTE OF MEDICINE) 500 5TH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	20,000				PROVIDE SUPPORT FOR A CONSENSUS STUDY ON INTEGRATING SOCIAL NEEDS INTO HEALTH CARE
NATIONAL ASSOCIATION OF ACOS 601 13TH STREET NW SUITE 900 SOUTH WASHINGTON, DC 20002	46-1581524	501(C)(3)	9,550				PROVIDE ACO SPECIFIC DATA FOR THE FOUNDATION'S MY CARE, MY CHOICE DECISION TOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMMITTEE FOR QUALITY ASSURANCE 1100 13TH ST NW 3RD FLOOR WASHINGTON, DC 20005	52-1191985	501(C)(3)	606,768				DEVELOP PERSON-DRIVEN OUTCOME MEASURES FOR AGE-FRIENDLY HEALTH SYSTEMS
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES 444 N CAPITOL SUITE 267 WASHINGTON, DC 20001	23-7391796	501(C)(3)	25,000				SURFACE BEST PRACTICES FOR STATES TO PROVIDE MORE EFFICIENT AND EFFECTIVE LONG-TERM CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET FLOOR 20 CHICAGO, IL 60603	36-2167808	501(C)(3)	7,500				SURVEY MILLENNIAL CAREGIVERS ON THEIR EXPERIENCES AND NEEDS
PERRY COMMUNICATIONS GROUP 980 NINTH STREET SUITE 410 SACRAMENTO, CA 95814	94-3290737		274,991				ELEVATE AGING IN THE 2018 CA GUBERNATORIAL RACE AS PART OF THE WE STAND WITH SENIORS CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICY IMPACT 1107 9TH STREET SUITE 500 SACRAMENTO, CA 95814	36-4657870	501(C)(3)	15,000				PROVIDE AGING-RELATED EDUCATION TO CA LEGISLATIVE STAFFS
PROJECT 6 DESIGN INC 4071 EMERY STREET EMERYVILLE, CA 94608	56-2533892		180,345				DEVELOP AND UPDATE THE INTERACTIVE WEBSITE FOR THE FOUNDATION'S MY CARE, MY CHOICE DECISION TOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC CONSULTING GROUP 2150 RIVER PLAZA DRIVE SUITE 380 SACRAMENTO, CA 95833	04-2942913		15,000				SUPPORT THE UCSF & BERKELY EVALUATING THE CA DUALS DEMO BY PROVIDING NECESSARY DATA
SENIORS COUNCIL OF SANTA CRUZ & SAN BENITO COUNTIES 234 SANTA CRUZ AVENUE APTOS, CA 95003	94-2662950	501(C)(3)	10,000				COORDINATE LOCAL AGING & DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY COUNCIL OF NONPROFITS SOBRATO CENTER FOR NONPROFITS 1400 PARKMOOR AVENUE SUITE 130 SAN JOSE, CA 95126	77-0524747	501(C)(3)	10,000				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET SUITE 230 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	9,100				MEMBERSHIP IN SOUTHERN CALIFORNIA GRANTMAKERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL NEEDS PLAN ALLIANCE INC 750 9TH STREET NW SUITE 650 WASHINGTON, DC 20001	81-4850675	501(C)(6)	33,228				ENGAGE SNPS TO CONSIDER IMPLEMENTING PERSON-CENTERED CARE PROGRAMS
ST BARNABAS SENIOR CENTER 675 S CARONDELET STREET LOS ANGELES, CA 90057	95-1641435	501(C)(3)	10,000				COORDINATE LOCAL AGING& DISABILITY SERVICES AND FOSTER POLITICAL LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MARGOLIN GROUP INC 1875 CENTURY PARK EAST SUITE 1790 LOS ANGELES, CA 90067	41-2065784		25,543				ENGAGE A CALIFORNIA STRATEGIC POLICY ADVISOR
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)(3)	74,676				CONDUCT A REAL-TIME EVALUATION OF THE CA DUAL DEMONSTRATION PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEDMED FOUNDATION 2 HIGH RIDGE PARK STAMFORD, CT 06905	81-2485592	501(C)(3)	200,000				SHOWCASE THE BENEFITS OF PERSON-CENTERED CARE AT THE TEDMED CONFERENCE
UNIVISION COMMUNICATIONS INC 8551 NW 30TH TERRACE MIAMI, FL 33122	95-4398884		91,871				PROVIDE EXTENSIVE MEDIA CONTENT ON AGING RELATED ISSUES FOR THE HISPANIC COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		45,616				FOSTER THE SUSTAINABILITY OF PERSON-CENTERED CARE MODELS BY ASSESSING THEIR ECONOMIC CONSEQUENCES
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		23,600				DEVELOP BUSINESS CASE FOR HEALTH CARE ORGANIZATIONS PARTICIPATING IN PERSON-CENTERED CARE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **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
THE SCAN FOUNDATION

Employer identification number
45-0552845

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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

(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				
1 BRUCE CHERNOF PRESIDENT/CEO	(i)	370,321	122,379	315,989	90,634	2,169	901,492	293,923
	(ii)	0	0	0	0	0	0	0
2 RENE SEIDEL SECRETARY/TREASURER	(i)	221,260	28,377	20,636	15,089	14,140	299,502	0
	(ii)	0	0	0	0	0	0	0
3 GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	(i)	200,381	28,377	18,907	10,883	13,647	272,195	0
	(ii)	0	0	0	0	0	0	0
4 ERIC THAI DIRECTOR OF FINANCE	(i)	134,428	10,554	210	9,621	23,522	178,335	0
	(ii)	0	0	0	0	0	0	0
5 ERIN WESTPHAL PROGRAM OFFICER	(i)	137,841	11,388	269	9,877	26,078	185,453	0
	(ii)	0	0	0	0	0	0	0
6 KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINIS	(i)	122,467	10,118	0	8,775	10,169	151,529	0
	(ii)	0	0	0	0	0	0	0
7 MEGAN JURING PROGRAM OFFICER	(i)	138,775	11,554	488	9,336	2,814	162,967	0
	(ii)	0	0	0	0	0	0	0

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 1A	ONE DOMESTIC FIRST-CLASS FLIGHT WAS PROVIDED TO A BOARD MEMBER, DUE TO AN ORIGINAL FLIGHT THAT WAS DELAYED BY THE AIRLINE. ONLY FIRST-CLASS SEATS WERE AVAILABLE ON ANOTHER FLIGHT THAT WOULD ALLOW THE BOARD MEMBER TO ARRIVE ON TIME FOR A BOARD MEETING. THIS WAS NOT TREATED AS TAXABLE COMPENSATION. FOR MEDICAL REASONS, FIRST-CLASS FLIGHTS WERE PROVIDED TO AN EMPLOYEE OF THE FOUNDATION. THIS WAS NOT TREATED AS TAXABLE COMPENSATION. WHILE THE FOUNDATION'S TRAVEL POLICY NORMALLY REQUIRES THE USE OF ECONOMY CLASS FLIGHTS AT THE LOWEST AVAILABLE FARE, TRAVEL IN BUSINESS CLASS (OR FIRST CLASS, IF BUSINESS CLASS IS NOT OFFERED FOR THE FLIGHT BEING TAKEN) IS PERMITTED UNDER CERTAIN SPECIFIED OR OTHER EXTENUATING CIRCUMSTANCES. BOTH CIRCUMSTANCES DESCRIBED ABOVE MET THE REQUIREMENTS UNDER THE TRAVEL POLICY.

Return Reference	Explanation
PART I, LINE 4B	THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO ONLY THE CEO VIA ITS SECTION 457(F) PLAN FOR CONTRIBUTIONS MADE PRIOR TO DECEMBER 31, 2017, A PARTICIPANT BECOMES VESTED IN THE 457(F) UPON COMPLETION OF ONE OF THE CHOSEN VESTING OPTIONS 1) FIVE YEARS OF SERVICE AND 62 YEARS OF AGE OR 2) 10 YEARS OF SERVICE FOR CONTRIBUTIONS MADE ON OR AFTER JANUARY 1, 2018, A PARTICIPANT BECOMES VESTED IN THE 457(F) FOLLOWING A 4 YEAR CLASS VESTING CYCLE THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE COMPANY'S SECTION 457(F) PLAN DURING THE YEAR 2018 AND RECEIVED THE FOLLOWING PAYMENT BRUCE CHERNOF \$293,923 DEFERRED COMPENSATION FOR 2018, REPORTED ON SCHEDULE J, PART II, AND COLUMN C CONSISTS OF THE FOLLOWING, 1) 457(F) EMPLOYER CONTRIBUTIONS SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED IN ITEMS (1) THROUGH (5) ABOVE BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE 2) 457(B) IS A DEFERRED COMPENSATION PLAN THAT EMPLOYER AND EMPLOYEE CONTRIBUTES TO UP TO THE COMPANY'S DEFINED AND IRS ANNUAL LIMITS 3) 403(B) QUALIFIED RETIREMENT PLAN CONTRIBUTIONS (EMPLOYER MATCH AND SAFE HARBOR) UP TO THE IRS ANNUAL LIMITS



Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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 www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
THE SCAN FOUNDATION

Employer identification number

45-0552845

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 (CONT)	<p>THE CHRONIC CARE ACT, AMONG OTHER PROVISIONS, PERMITS MEDICARE ADVANTAGE PLANS FOR THE FIRST TIME TO PROVIDE NON-MEDICAL SERVICES TO ITS MEDICALLY COMPLEX MEMBERS, IF THESE SERVICES ARE EXPECTED TO MAINTAIN OR IMPROVE HEALTH WE ARE COGNIZANT THAT HAVING THIS NEW FLEXIBILITY DOES NOT MEAN IT IS BEING WIDELY USED, AND WE ENGAGED CONSULTANTS TO DEVELOP A BUSINESS CASE TO DEMONSTRATE THE BENEFITS IN PREPARATION FOR 2019, WE CONTRACTED THE LONG-TERM QUALITY ALLIANCE TO SURVEY MEDICARE ADVANTAGE PLANS TO LEARN HOW THEY WILL MAKE USE OF THE NEW FLEXIBILITY, OR WHAT BARRIERS EXIST FOR THEM WE CONTINUED OUR WORK ON THE MEDICAID FRONT, BY CONTRACTING WITH THE CENTER FOR HEALTH CARE STRATEGIES AND MILBANK MEMORIAL HOSPITAL TO PROVIDE TECHNICAL ASSISTANCE TO STATES ON IMPROVING THEIR PROGRAMS FOR MEDICAID ONLY AND DUALY ELIGIBLE PERSONS FINALLY, WE CONTINUED OUR IMPORTANT COMMUNICATIONS EFFORTS WHICH STRETCH REALLY OVER ALL THREE GOALS, THROUGH THE SUPPORT OF THE AGING DESK OF KAISER HEALTH NEWS, UNIVISION, AND THE DEVELOPMENT OF TOPIC SPECIFIC VIDEOS FOR OUR MEDIA PARTNERS, OUR WEBSITE AND EVENTS LOOKING FORWARD THE 2019-2023 STRATEGIC FRAMEWORK AS WE WERE NEARING THE END OF OUR SECOND STRATEGIC FRAMEWORK, THE BOARD AND STAFF SPENT SIGNIFICANT TIME TO CONSIDER WHAT THE NEXT FIVE YEAR FRAMEWORK SHOULD LOOK LIKE IN PREPARATION FOR ONE OF THE NEW GOALS WE ENGAGED FIVE HUMAN-CENTERED DESIGN FIRMS TO DEVELOP THEIR CONCEPT OF AN INNOVATION LAB THAT WILL HELP TO BUILD RESILIENCE IN OLDER ADULTS, THEIR FAMILIES AND COMMUNITIES WE ALSO ENGAGED A CONSULTANT WITH SIGNIFICANT HUMAN-CENTERED DESIGN EXPERIENCE TO CONDUCTED RESEARCH AND NUMEROUS INTERVIEWS WITH ENTREPRENEURS, START-UPS, VENTURE CAPITALISTS, AND OLDER ADULTS IN PREPARATION FOR THIS NEW GOAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY DELOITTE TAX, LLP, WORKING IN CONJUNCTION WITH THE SCAN FOUNDATION EXECUTIVE TEAM AND DIRECTOR OF FINANCE THE SCAN FOUNDATION'S DIRECTOR OF FINANCE HAS DIRECT RESPONSIBILITY FOR THIS EFFORT, SUBJECT TO SUPERVISION BY THE VICE PRESIDENT OF PROGRAMS AND OPERATIONS AND THE PRESIDENT/CEO OF THE FOUNDATION AFTER AN INITIAL DRAFT OF THE FORM 990 IS PREPARED, IT IS CIRCULATED FOR REVIEW AND COMMENT BY RELEVANT MEMBERS OF THE EXECUTIVE TEAM WHO HAVE RESPONSIBILITY FOR AND/OR KNOWLEDGE REGARDING THE VARIOUS MATTERS DISCLOSED AND/OR DESCRIBED IN THE FORM THE GENERAL COUNSEL, IN PARTICULAR, REVIEWS THE FORM 990 AND ENSURES ACCURACY OF DESCRIPTIONS THE DRAFT FORM 990 IS REVIEWED IN PERTINENT PART BY THE COMPENSATION COMMITTEE OF THE BOARD, AND THE FORM 990 IS REVIEWED IN ITS ENTIRETY BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 AFTER IT IS PREPARED FOR FILING, PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE SCAN FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ANNUAL CIRCULATION OF A CONFLICT OF INTEREST QUESTIONNAIRE WHICH ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND ALL MEMBERS OF THE STAFF MUST COMPLETE AND SIGN THE FOUNDATION'S GENERAL COUNSEL ASSISTS IN MONITORING THE CONFLICTS OF INTEREST QUESTIONNAIRE, AND ADVISES REGRADING ADHERENCE TO THESE POLICIES ON AN ONGOING BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO) OF THE SCAN FOUNDATION IS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION. ALL THE VOTING MEMBERS OF WHICH ARE INDEPENDENT PERSONS IN DETERMINING THE COMPENSATION OF THE PRESIDENT & CEO, THE COMPENSATION COMMITTEE WORKS WITH AND RELIES UPON THE COUNSEL AND EXPERTISE OF AN OUTSIDE COMPENSATION CONSULTANT WITH WELL-ESTABLISHED EXPERIENCE AND EXPERTISE IN THE AREA OF NONPROFIT ORGANIZATION EXECUTIVE COMPENSATION AND COMPLIANCE WITH THE INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUCH COMPENSATION. THE COMPENSATION CONSULTANT PROVIDES AN EXECUTIVE COMPENSATION REPORT AND REASONABLENESS OPINION TO THE COMPENSATION COMMITTEE EACH YEAR WHICH FURNISHES THE BASIS FOR DETERMINING THE PRESIDENT & CEO'S COMPENSATION PACKAGE DURING THE FOLLOWING YEAR. THE EXECUTIVE COMPENSATION REPORT AND REASONABLENESS OPINION ARE BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZATIONS CONSIDERED COMPARABLE TO THE SCAN FOUNDATION BASED UPON CERTAIN INDUSTRY STANDARD METRICS. THE COMPENSATION COMMITTEE DELIBERATES ON THE ISSUE OF THE PRESIDENT & CEO'S COMPENSATION PACKAGE IN CONSIDERATION OF THE EXECUTIVE COMPENSATION REPORT AND OPINION. QUESTIONS ARE ASKED OF, AND ANSWERED BY THE COMPENSATION CONSULTANT, REGARDING SUCH REPORT AND OPINION AND OTHER MATTERS RELEVANT TO SUCH PACKAGE. BASED ON SUCH DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION REGARDING THE COMPENSATION PACKAGE FOR THE CEO FOR THE FOLLOWING YEAR. THE FULL BOARD OF DIRECTORS OF THE SCAN FOUNDATION DELIBERATES ON AND THEN VOTES ON SUCH RECOMMENDATION, THE PRESIDENT & CHIEF EXECUTIVE OFFICER IS RECUSED FOR THE ENTIRETY OF SUCH DELIBERATIONS AND VOTE. THE MINUTES OF THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS FOR THESE MEETINGS ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH DELIBERATIONS AND DECISIONS. THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION REPORT AND GUIDANCE RELATED TO THE 2018 SALARY PACKAGE WAS SULLIVAN COTTER FORM 990, PART VI, SECTION B, LINE 15B. THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS OR OTHER KEY EMPLOYEES OF THE SCAN FOUNDATION IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT, THE CHIEF EXECUTIVE OFFICER AND THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION, ALL OF THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT PERSONS. IN DETERMINING EACH EMPLOYEE'S COMPENSATION, THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE WORK WITH AND RELY UPON THE COUNSEL AND EXPERTISE OF AN OUTSIDE COMPENSATION CONSULTANT WITH WELL-ESTABLISHED EXPERIENCE AND EXPERTISE IN THE AREA OF NON-PROFIT ORGANIZATION EXECUTIVE COMPENSATION AND COMPLIANCE WITH THE INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUCH COMPENSATION. THE COMPENSATION CONSULTANT PROVIDES AN EXECUTIVE COMPENSATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ON REPORT AND REASONABLENESS OPINION TO THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE EVERY YEAR WHICH FURNISHES THE BASIS FOR THE ESTABLISHMENT OF SUCH EMPLOYEES' COMPENSATION PACKAGE DURING THE FOLLOWING YEAR THE EXECUTIVE COMPENSATION REPORT AND REASONABLENESS OPINION ARE BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMPARABLE TO THE SCAN FOUNDATION BASED ON VARIOUS METRICS THE PRESIDENT & CEO MAKES A RECOMMENDATION TO THE COMPENSATION COMMITTEE WITH RESPECT TO EACH OF SUCH EMPLOYEES' COMPENSATION PACKAGE IN LIGHT OF THE EXECUTIVE COMPENSATION REPORT AND OPINION AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH MATTERS, QUESTIONS ARE ASKED OF, AND ANSWERED BY THE COMPENSATION CONSULTANT REGARDING SUCH REPORT AND OPINION AND OTHER MATTERS RELEVANT TO SUCH PACKAGE, PURSUANT TO THEIR DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A DECISION REGARDING THE COMPENSATION PACKAGE FOR SUCH EMPLOYEES FOR THE FOLLOWING YEAR THE MINUTES OF THE COMPENSATION COMMITTEE FOR THIS MEETING ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH DELIBERATIONS AND DECISIONS THE DECISIONS OF THE COMPENSATION COMMITTEE ARE REPORTED TO THE FULL BOARD OF DIRECTORS THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION REPORT AND GUIDANCE RELATED TO THE 2018 SALARY PACKAGE WAS SULLIVAN COTTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE SCAN FOUNDATION GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC THE SCAN FOUNDATION MAKES ITS FORM 990, WHICH CONTAINS FINANCIAL INFORMATION, AVAILABLE FOR PUBLIC INSPECTION THE SCAN FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE FOR PUBLIC INSPECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNEXPENDED GRANTS 58,985

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE SCAN FOUNDATION

Employer identification number

45-0552845

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SCAN GROUP 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 95-3826037	ADMIN SUPPORT	CA	501(C)(3)	12B, II	N/A		No
(2) SCAN HEALTH PLAN 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 95-3858259	MEDICARE ADVANTAGE	CA	501(C)(3)	10	SCAN GROUP	Yes	
(3) SCAN HEALTH PLAN ARIZONA 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 73-1729007	MEDICARE ADVANTAGE	AZ	501(C)(4)	N/A	SCAN GROUP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
(1) SCAN HEALTHCHECK ASSESSMENT CENTERS INC 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2962358	HEALTHCARE	CA	N/A	C				Yes	
(2) SCAN CALIFORNIA MANAGEMENT COMPANY 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2951831	MANAGEMENT	CA	N/A	C				Yes	

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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
(1)SCAN GROUP	P	351,228	BOOK VALUE
(2)SCAN HEALTH PLAN	P	119,287	BOOK VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 2	ACTUAL AMOUNTS PAID ON BEHALF OF THE ORGANIZATION WERE REIMBURSED WHEN POSSIBLE FOR SG&A OVERHEAD, THE PERCENTAGE OF ALLOCATION TO AFFILIATED COMPANIES IS DETERMINED BASED ON ESTIMATED PERCENTAGE OF TIME WORKED, OR THE PERCENTAGE OF HEADCOUNTS, AS APPROPRIATE BASED ON THE NATURE OF THE EXPENSE

Schedule Form 2016