

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
2019
Open to Public Inspection

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

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

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

G Gross receipts \$ 93,502,636

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. DURING 2019, THE FOUNDATION DISBURSED \$5,993,271 IN CASH GRANTS AND ASSISTANCE TO OTHER ORGANIZATION'S TO HELP ACHIEVE THEIR MISSION.

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)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	72
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,437
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	390,000
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,061,811	16,205,535
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)	19,061,811	16,595,535
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,520,008	5,685,138
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)	2,970,903	3,413,295
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)	2,001,942	2,399,139
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,492,853	11,497,572
19 Revenue less expenses. Subtract line 18 from line 12	8,568,958	5,097,963

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	207,476,063	232,161,179
21 Total liabilities (Part X, line 26)	3,838,922	3,959,581
22 Net assets or fund balances. Subtract line 21 from line 20	203,637,141	228,201,598

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: 2020-11-05

BRUCE CHERNOF PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ DELOITTE TAX LLP		2020-11-04		P00545657
Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1200 COSTA MESA, CA 92626			Firm's EIN ▶ 86-1065772	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.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 2019, THE FOUNDATION DISBURSED \$5,993,271 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 \$ 9,382,106 including grants of \$ 5,685,138) (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 ▶ 9,382,106

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, a box for '2a' (with value 14), and three columns for 'Yes/No' responses. Rows cover topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 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.
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 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.

See instructions for the order in which to list the persons above.

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) BRUCE CHERNOF PRESIDENT/CEO	40.00 0.00	X		X				507,845	0	50,871
(2) JENNIE CHIN-HANSEN CHAIRPERSON	4.40 6.25	X		X				47,000	95,000	0
(3) FRANCESCA RUIZ DE LUZURIAGA DIRECTOR	2.80 8.00	X						35,000	130,000	0
(4) COLLEEN CAIN DIRECTOR	3.10 6.70	X						37,500	105,000	0
(5) RYAN TRIMBLE DIRECTOR	2.80 5.50	X						35,000	87,000	0
(6) PATRICK SEAVER DIRECTOR	2.80 5.00	X						35,000	75,000	0
(7) THOMAS HIGGINS DIRECTOR	2.80 5.00	X						35,000	75,000	0
(8) CAROL RAPHAEL DIRECTOR	3.10 0.00	X						37,500	0	0
(9) CHERYL PHILLIPS DIRECTOR	3.10 0.00	X						37,500	0	0
(10) MELANIE BELLA DIRECTOR	3.10 0.00	X						37,500	0	0
(11) IVELISSE ESTRADA DIRECTOR	2.80 0.00	X						35,000	0	0
(12) RENE SEIDEL SECRETARY/TREASURER	40.00 0.00			X				270,791	0	31,802
(13) GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	40.00 0.00				X			265,222	0	32,889
(14) JOHN ZAPOLSKI VP INNOVATIONS	40.00 0.00				X			241,941	0	12,270
(15) ERIN WESTPHAL PROGRAM OFFICER	40.00 0.00					X		144,514	0	37,205
(16) ERIC THAI DIRECTOR OF FINANCE	40.00 0.00					X		145,380	0	33,638
(17) MARI NICHOLSON DIRECTOR OF COMMUNICATIONS	40.00 0.00					X		126,059	0	24,195

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) KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINISTRA	40.00 0.00					X		131,406	0	18,106
(19) KALI PETERSON PROGRAM OFFICER	40.00 0.00					X		132,927	0	12,821

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		2,338,085	567,000
				253,797

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 ▶ 11

	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
RODRIGUEZ HORII CHOI CAFFERATA 777 S FIGUEROA LOS ANGELES, CA 90017	LEGAL SERVICES	178,686

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 ▶ 1

Part VIII Statement of Revenue

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

Table with 5 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 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 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 2a-f and 9 Total.

Table for Other Revenue with 5 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 3-11e and 12 Total 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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,606,197	5,606,197		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	78,941	78,941		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,785,632	1,331,042	454,590	
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	1,227,557	993,506	234,051	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	176,985	143,310	33,675	
9 Other employee benefits	79,123	64,045	15,078	
10 Payroll taxes	143,998	116,517	27,481	
11 Fees for services (non-employees):				
a Management	255,548		255,548	
b Legal	170,717		170,717	
c Accounting	107,458		107,458	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	546,705		546,705	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	470,672	332,529	138,143	
12 Advertising and promotion				
13 Office expenses	6,311	4,821	1,490	
14 Information technology	162,656	157,943	4,713	
15 Royalties				
16 Occupancy	167,330	135,538	31,792	
17 Travel	259,471	221,976	37,495	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	220,608	170,740	49,868	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,344	19,761	4,583	
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	4,388	4,240	148	
b TAXES	1,931		1,931	
c DONATIONS	1,000	1,000		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,497,572	9,382,106	2,115,466	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	1,228,277	1	1,592,075
	2 Savings and temporary cash investments	2,678,164	2	2,762,945
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	333,864	4	314,226
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,673	9	8,755
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	959,946		
	b Less: accumulated depreciation	831,952		
		133,107	10c	127,994
	11 Investments—publicly traded securities	159,896,033	11	182,186,611
	12 Investments—other securities. See Part IV, line 11	42,177,875	12	44,150,503
	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)	207,476,063	16	232,161,179	
Liabilities	17 Accounts payable and accrued expenses	1,116,567	17	1,410,601
	18 Grants payable	1,992,689	18	1,605,703
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	729,666	25	943,277
	26 Total liabilities. Add lines 17 through 25	3,838,922	26	3,959,581
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	203,637,141	27	228,071,938
	28 Net assets with donor restrictions	0	28	129,660
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	203,637,141	32	228,201,598	
33 Total liabilities and net assets/fund balances	207,476,063	33	232,161,179	

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	16,595,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,497,572
3	Revenue less expenses. Subtract line 2 from line 1	3	5,097,963
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203,637,141
5	Net unrealized gains (losses) on investments	5	19,334,277
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	132,217
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	228,201,598

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

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

Form 990 (2019)

Form 990, Part III, Line 4a:

IN OCTOBER 2018, THE BOARD APPROVED THE NEW STRATEGIC FRAMEWORK FOR 2019-2023. IN THIS REFRESHED FRAMEWORK, THE FORMER THEMATIC GOAL 1: MEDICARE-MEDICAID INTEGRATION, AND GOAL 2: PERSON-CENTERED CARE, WERE COMBINED INTO THE CURRENT GOAL 1. A NEW GOAL 2 WAS ADDED, AND GOAL 3 REMAINED LARGELY THE SAME, WITH UPDATED OBJECTIVES UNDERLYING IT: (1) ESTABLISH PERSON-CENTERED, INTEGRATED MODELS AS THE STANDARD OF CARE THAT ALL OLDER ADULTS WITH COMPLEX NEEDS COME TO EXPECT & RECEIVE. (2) BUILD RESILIENCE & CAPACITY IN OLDER ADULTS, FAMILIES, & COMMUNITIES. (3) DRIVE RESPONSIVE FEDERAL & STATE FINANCING POLICIES TO CREATE MEANINGFUL CARE CHOICES FOR OLDER ADULTS OF TODAY & TOMORROW. 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 2019: THEMATIC GOAL 1: TRANSFORM CARE AND DELIVERY. ESTABLISH PERSON-CENTERED, INTEGRATED MODELS AS THE GOLD STANDARD OF CARE THAT ALL OLDER ADULTS COME TO EXPECT AND RECEIVE-REGARDLESS OF WHETHER THEY HAVE MEDICARE ONLY, OR ARE DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID. 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 SUCCESSSES: MY CARE, MY CHOICE: THE FOUNDATION CONTINUED ITS IMPORTANT EFFORTS TO PROVIDE INFORMATION TO CALIFORNIANS, DUALLY ELIGIBLE FOR MEDICAL AND MEDICARE, ON THEIR INTEGRATED CARE OPTIONS THROUGH ITS INNOVATIVE MY CARE, MY CHOICE WEB-BASED DECISION TOOL. THIS TOOL IS NOW AVAILABLE IN ENGLISH, SPANISH AND CHINESE. THROUGHOUT 2019, THE FOUNDATION ENGAGED A NUMBER OF PARTNERS, INCLUDING UNIVISION, TO REACH OUT TO DUALLY ELIGIBLE CALIFORNIANS AND MAKE THEM AWARE OF THIS RESOURCE. OVER 100,000 DUALS WERE REACHED AND THE FOUNDATION IS CURRENTLY STRATEGIZING HOW TO MAKE THIS TOOL AVAILABLE TO DUALS IN OTHER STATES. CALIFORNIA MASTER PLAN FOR AGING: GIVEN THE STEADILY INCREASING NUMBER OF OLDER ADULTS IN CALIFORNIA, AND THE WOEFULLY UNDER-RESOURCED AGING SERVICES, THE FOUNDATION HAS FOR SEVERAL YEARS CALLED ON THE STATE TO DEVELOP A MASTER PLAN FOR AGING TO PREPARE AND EQUIP THE STATE FOR THE NEEDS OF ITS POPULATION. IN GREAT PARTS DUE TO THE FOUNDATION'S EFFORTS, CALIFORNIA GOVERNOR NEWSOM ISSUED AN EXECUTIVE ORDER IN JUNE 2019 FOR THE STATE TO DEVELOP A MASTER PLAN FOR AGING BY OCTOBER 2020. THE FOUNDATION QUICKLY SUPPORTED STATE EFFORTS BY PROVIDING FINANCIAL SUPPORT FOR THE ADMINISTRATION TO HAVE ACCESS TO POLICY ADVISORS, LOGISTICAL PARTNERS FOR THE VARIOUS STAKEHOLDER AND WORK GROUP MEETINGS, AS WELL AS THE DEVELOPMENT OF A COMMUNICATIONS PLAN TO ENGAGE ALL CALIFORNIANS IN THIS EFFORT. ADDITIONALLY, TO ENSURE THE VOICES OF OLDER CALIFORNIANS WERE HEARD AND THEIR NEEDS AND IDEAS ARE INCLUDED IN THE MASTER PLAN, THE FOUNDATION ENGAGED GREATER GOOD STUDIO TO ELICIT THESE VOICES BY SPENDING TIME WITH OLDER CALIFORNIANS THROUGHOUT THE STATE, AND COALESCE THEIR FINDINGS IN A REPORT DELIVERED TO THE STATE. THE FOUNDATION'S ANNUAL LONG-TERM SERVICES AND SUPPORT SUMMIT, HELD IN OCTOBER IN SACRAMENTO, WAS EXCLUSIVELY DEDICATED TO THE MASTER PLAN EFFORTS, AND INCLUDED A PANEL DISCUSSION OF A SELECT GROUP OF OLDER ADULTS WHO PARTICIPATED IN THE GREATER GOOD STUDIO RESEARCH. ADVOCACY NETWORK: AS IN PREVIOUS YEARS, THE FOUNDATION SUPPORTED A STATEWIDE ADVOCACY NETWORK, CONSISTING OF 21 REGIONAL AGING AND DISABILITY COALITIONS AND A SACRAMENTO-BASED COLLABORATIVE OF STATE ADVOCATES. MANY OF THE REGIONAL COALITIONS ACTIVELY PARTICIPATED IN ENGAGING WITH OLDER ADULTS IN RESPECT TO PROVIDING MASTER PLAN INPUT. MOST COALITIONS ADDITIONALLY HELD INFORMATIONAL CONFERENCES TO INFORM LOCAL ELECTED OFFICIALS, AS WELL AS THE GENERAL PUBLIC, OF THE MASTER PLAN DEVELOPMENT EFFORTS AND THEIR OPPORTUNITY TO PROVIDE INPUT ON THE STATE'S "ENGAGE" WEBSITE. PERSON-CENTERED CARE: REGARDLESS WHETHER A PERSON RECEIVES ONLY MEDICARE BENEFITS OR IS A DUALLY ELIGIBLE PERSON, PROVIDING PERSON-CENTERED CARE TO HIGH-NEED, HIGH-COST PERSONS IMPROVES THE QUALITY OF CARE AND LIFE AND MAY PROVIDE COST SAVINGS. THE FOUNDATION CONTINUED ITS EFFORTS TO SCALE PERSON-CENTERED CARE IN CALIFORNIA THROUGH A DEEPER ANALYSIS OF WHAT IT TAKES FOR A HEALTH CARE ORGANIZATION TO IMPLEMENT A PERSON-CENTERED CARE PROGRAM. ADDITIONALLY, IT CONTINUED ITS ENGAGEMENT AND FUNDING PARTNERSHIP WITH SIX OTHER FOUNDATIONS TO ACHIEVE NATIONWIDE SCALING THROUGH VARIOUS INITIATIVES, INCLUDING THE PLAYBOOK FOR BETTER CARE, AND A LEARNING COLLABORATIVE OF ACCOUNTABLE CARE ORGANIZATIONS. THE WORK OF ELICITING A PERSON'S CARE GOALS ALSO CONTINUED THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE PROJECT ON TESTING PERSON REPORTED OUTCOME MEASURES IN VARIOUS HEALTH CARE SETTINGS, WITH THE GOAL TO ROUTINELY IMPLEMENT PERSON-CENTERED MEASURES IN THE NATIONAL QUALITY MEASUREMENT SET. OTHER PROJECTS: THE FOUNDATION CONTINUED SUPPORTING A LEARNING COLLABORATIVE OF CALIFORNIAN HEALTH PLANS PARTICIPATING IN THE FINANCIAL ALIGNMENT PROJECT FOR DUALLY ELIGIBLE PERSONS. THE FOUNDATION ALSO CO-FUNDED A REPORT OF THE NATIONAL ACADEMY OF SCIENCES ON INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE, AND SUPPORTED THE NATIONAL AGING AND DISABILITY BUSINESS INSTITUTE. THEMATIC GOAL 2: BUILD RESILIENCE AND CAPACITY INSPIRE AND ENABLE ENTREPRENEURS AND INNOVATORS TO DESIGN WITH OLDER ADULTS NOT JUST FOR THEM AND CREATE NEW OFFERINGS THAT EMBRACE THE BEAUTY OF LIFE AS WE AGE. GOAL 2 SUCCESSSES: SINCE 2019 WAS THE FIRST YEAR FOR THIS EXCITING BUT ALSO CHALLENGING NEW STRATEGIC GOAL, THE ACTIVITIES SURROUNDING THIS GOAL WERE TO LEARN AND PREPARE FOR THE IMPLEMENTATION OF A VENTURE STUDIO IN 2020. TO ACHIEVE OUR GOAL, WE SEE THE NEED TO ENGAGE AND CONNECT THREE DISTINCT COMMUNITIES: OLDER ADULTS, ENTREPRENEURS AND INVESTORS. WITH BIRSEL+SECK, A REPUTABLE DESIGN FIRM, WE LAUNCHED 16 CO-DESIGN SESSIONS WITH OLDER ADULTS IN URBAN, SUBURBAN AND RURAL AREAS OF THE COUNTRY, WITH THE THEME DESIGN THE AGING YOU LOVE. THIS ALLOWED US TO LEARN ABOUT THE NEEDS AND ALSO WANTS OF OLDER ADULTS, WHICH WILL INFORM THE ENTREPRENEURS WHO TO THIS DATE LARGELY DESIGN FOR THE CARE GIVERS (INCLUDING THE HEALTH CARE SECTOR) RATHER THAN OLDER ADULTS THEMSELVES. WE FURTHER LAUNCHED FOUR PILOT WORKSHOPS THROUGH A PROJECT WITH THE INNOVATION DEVELOPMENT INSTITUTE, TO DIRECTLY LEARN FROM ENTREPRENEURS WHY THERE CURRENTLY IS SUCH LIMITED DESIGN FOR SUCH A LARGE AND GROWING POPULATION, AND WHAT INFORMATION WOULD FOSTER AN INCREASE IN DESIGNING FOR OLDER ADULTS. FINALLY, WE ALSO COMMISSIONED A MARKET ASSESSMENT OF THE CURRENT VENTURE ECOSYSTEM OF FOR-PROFIT STARTUP COMPANIES IN THE UNITED STATES, WHOSE CUSTOMER, END USER, OR BENEFICIARY IS AN OLDER ADULT. THEMATIC GOAL 3: DRIVE RESPONSIVE FINANCING POLICIES SUPPORT AND ENCOURAGE RESPONSIVE FEDERAL AND STATE FINANCING POLICIES TO CREATE MEANINGFUL CARE CHOICES FOR OLDER ADULTS OF TODAY AND TOMORROW. 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 LONG-TERM SERVICES AND SUPPORT (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

SCHEDULE A
(Form 990 or
990EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		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>	Yes	No
		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

- 1** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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), GOVERNMENT AND OTHER ORGANIZATIONS THAT ENGAGE IN ACTIVITIES THAT ARE CONSISTENT WITH A ND 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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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 instructions and the latest information.

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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) PRIVATE EQUITY	44,150,503	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	44,150,503	

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	943,277

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	35,253,449
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,334,279
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	19,334,279
3	Subtract line 2e from line 1	3	15,919,170
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	546,705
b	Other (Describe in Part XIII.)	4b	129,660
c	Add lines 4a and 4b	4c	676,365
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,595,535

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	10,818,650
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	-132,217
e	Add lines 2a through 2d	2e	-132,217
3	Subtract line 2e from line 1	3	10,950,867
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	546,705
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	546,705
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,497,572

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, 2019 AND 2018, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RESTRICTED CONTRIBUTIONS 129,660.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	UNEXPENDED GRANTS -132,217.

Supplemental Information

Return Reference	Explanation
PART VIII, LINE 1:	INVESTMENTS PROGRAM RELATED, MISSION-IMPACT INVESTMENTS MISSION IMPACT INVESTMENTS ("MIIS") ARE PART OF THE FOUNDATION'S PORTFOLIO OF PROGRAM ACTIVITIES, IN ADDITION TO GRANT MAKING AND PROGRAM EXPENSES, WITH THE PRIMARY PURPOSE TO ADVANCE THE FOUNDATION'S MISSION. MIIS 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 SIGNIFICANT 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

2019

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" on Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		23,081,212
3a Sub-total	0	0			23,081,212
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			23,081,212

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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
PART III ACCOUNTING METHOD:	

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 as Filed, 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

2019

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34
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) PROVIDE MEETING AND ADMINISTRATIVE SUPPORT TO THE CALIFORNIA COLLABORATIVE AND 21 REGIONAL COALITIONS.	1	5,605			
(2) DESIGN AND PROTOTYPE THE CONCEPT FOR THE WEB-BASED DECISION-SUPPORT TOOL FOR DUALY ELIGIBLE CALIFORNIANS.	1	10,374			
(3) PROVIDE DESIGN SUPPORT FOR THE WEB-BASED DECISION SUPPORT TOOL FOR DUAL ELIGIBLE CALIFORNIANS	1	62,962			
(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
AGEWELL FRESNO PO BOX 711 MENDOCINO, CA 95460	26-8864464		783				COORDINATE LOCAL AGING & DISABILITY SERVICES AND DEVELOP LEADERSHIP IN AGING (2018).
AGEWELL FRESNO PO BOX 711 MENDOCINO, CA 95460	26-8864464		18,925				COORDINATE LOCAL AGING & DISABILITY SERVICES AND DEVELOP LEADERSHIP IN AGING (2019).

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
ALAMEDA COUNTY MEALS ON WHEELS 1721 BROADWAY 201 OAKLAND, CA 94612	94-2651065	501(C)(3)	25,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	95-3702013	501(C)(3)	25,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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 627 EYE STREET SUITE 835 WASHINGTON, DC 20006	46-5466993		13,524				DEVELOP THE BUSINESS CASE FOR NON-MEDICAL SUPPLEMENTAL BENEFITS.
ANNE TUMLINSON INNOVATIONS LLC 627 EYE STREET SUITE 835 WASHINGTON, DC 20006	46-5466993		67,669				DEVELOP GUIDING PRINCIPLE CONSENSUS FOR SPECIAL SUPPLEMENTAL MEDICARE 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
ANNE TUMLINSON INNOVATIONS LLC 627 EYE STREET SUITE 835 WASHINGTON, DC 20006	46-5466993		51,980				ADVANCE AND DISSEMINATE THE CONSENSUS STATEMENT ON SPECIAL SUPPLEMENTAL MEDICARE BENEFITS.
BIRSEL SECK 28 WEST 38TH STREET 3E NEW YORK, NY 10018	20-1269051		48,750				DEVELOP PILOT PROGRAM TO UNPACK THE WORRIES OLDER ADULTS FACE IN PREPARATION FOR RESEARCH.

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 3E NEW YORK, NY 10018	20-1269051		664,024				RESEARCH THE NEEDS AND WANTS OF OLDER ADULTS THROUGH CO-DESIGN SESSIONS.
CALIFORNIA ASSOCIATION OF HEALTH PLANS 1415 L STREET STE 850 SACRAMENTO, CA 95814	95-3825285	501(C)(6)	36,300				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
CAMARILLO HEALTH CARE DISTRICT 3639 LAS POSAS ROAD CAMARILLO, CA 93010	95-2834854	501(C)(3)	10,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
CENTER FOR HEALTHCARE STRATEGIES 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NJ 08619	22-3375015	501(C)(3)	74,971				ANALYZE STATE PROGRESS TOWARD ADVANCING INTEGRATED CARE MODELS AND REBALANCING TO HCBS.

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)	10,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
DISABILITY ACTION CENTER 1161 EAST AVE CHICO, CA 95926	94-2735218	501(C)(3)	10,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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 435 SUTTON WAY GRASS VALLEY, CA 95945	68-0085639	501(C)(3)	25,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
GRANTMAKERS IN AGING INC C/O CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD SUITE 200 ARLINGTON, VA 22203	13-4014982	501(C)(3)	7,500				MEMBERSHIP IN GRANTMAKERS IN AGING (2019).

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 INC C/O CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD SUITE 200 ARLINGTON, VA 22203	13-4014982	501(C)(3)	8,000				EARLY MEMBERSHIP PAYMENT FOR GRANTMAKERS IN AGING (2020).
GRANTMAKERS IN AGING INC C/O CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD SUITE 200 ARLINGTON, VA 22203	13-4014982	501(C)(3)	20,000				SUPPORT FOR THE WORK OF GRANTMAKERS IN AGING DURING A TRANSITION PHASE.

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.
GREATER GOOD STUDIO 2864 N MILWAUKEE AVENUE CHICAGO, IL 60618	90-0815736		298,503				ELICIT THE VOICES OF OLDER CALIFORNIANS FOR INPUT IN THE MASTER PLAN FOR 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
HALYARD MC OPCO LLC (TI HEALTH) 10 WEST 37TH STREET NEW YORK, NY 10018	83-0851115		50,000				OUTREACH TO CA DUAL ELIGIBLES BY DEPLOYING INNOVATIVE TECH-ENABLED MARKET SEGMENTATION.
HARBAGE CONSULTING 1400 K STREET SUITE 204 SACRAMENTO, CA 95814	26-2265256		11,376				CONDUCT OUTREACH FOR THE MY CARE, MY CHOICE DECISION TOOL FOR DUAL ELIGIBLES.

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		244,983				CONTINUE OUTREACH FOR THE MY CARE, MY CHOICE DECISION TOOL FOR DUAL ELIGIBLES.
HOLLYWOOD HEALTH & SOCIETY USC KERCKHOFF HALL 734 W ADAMS BLVD BLVD BEVERLY HILLS, CA 90007	95-1642394	501(C)(3)	250,000				PROVIDE NETWORK, CABLE & STREAMING SHOWS WITH ACCURATE & INNOVATIVE INFORMATION ON 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
HOMEBRIDGE 1035 MARKET ST L-1 SAN FRANCISCO, CA 94103	94-2985244	501(C)(3)	428,395				SERVE AS FISCAL AGENT FOR THE CALIFORNIA COLLABORATIVE FOR LONG TERM SERVICES & SUPPORTS.
HOMEBRIDGE 1035 MARKET ST L-1 SAN FRANCISCO, CA 94103	94-2985244	501(C)(3)	10,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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
INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE SUITE 200 BAKERSFIELD, CA 93309	77-0384453	501(C)(3)	29,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
INDEPENDENT LIVING RESOURCE CENTER INC 423 W VICTORIA STREET SANTA BARBARA, CA 93101	95-3255012	501(C)(3)	20,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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)	145,000				CONVENE ENTREPRENEURS TO TEST OUR ABILITY TO ACTIVATE THEM TO DESIGN FOR OLDER ADULTS.
INSTITUTE FOR ACCOUNTABLE CARE 601 13TH STREET NW SUITE 900 SOUTH WASHINGTON, DC 20002	82-2461803	501(C)(6)	8,995				ENHANCE THE MY CARE MY SCHOICE TOOL BY PROVIDING DETAILED ACO 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 ACCOUNTABLE CARE 601 13TH STREET NW SUITE 900 SOUTH WASHINGTON, DC 20005	82-2461803	501(C)(3)	199,990				CONVENE ACOS TO IMPLEMENT HOME VISIT MODELS FOR OLDER ADULTS WITH COMPLEX HEALTH CARE NEEDS.
INSTITUTE FOR HEALTHCARE IMPROVEMENT 53 STATE STREET 19TH FLOOR BOSTON, MA 02109	38-3017223	501(C)(3)	120,636				CONVENE A MEDICARE ADVANTAGE PLAN LEARNING COLLABORATIVE FOR 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
INSTITUTE FOR HEALTHCARE IMPROVEMENT 53 STATE STREET 19TH FLOOR BOSTON, MA 02109	38-3017223	501(C)(3)	75,000				MANAGE PLAYBOOK FOR BETTER CARE (PHASE IV)
JENNINGS POLICY STRATEGIES INC 601 13TH STREET NW SUITE 1150 N WASHINGTON, DC 20005	52-2307507		45,000				ENGAGE A FEDERAL STRATEGIC POLICY ADVISOR (2018/19).

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 601 13TH STREET NW SUITE 1150 N WASHINGTON, DC 20005	52-2307507		135,000				ENGAGE A FEDERAL STRATEGIC POLICY ADVISOR (2019/20).
JLW HEALTH CONSULTING (JENNIFER WONG) 3041 NW 56TH STREET SEATTLE, WA 98107	84-3645168		32,922				PROVIDE POLICY CONSULTING SERVICES TO THE MASTER PLAN FOR AGING WORK GROUPS.

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
KALINA INSTITUTE 6841 MARABOU COURT SACRAMENTO, CA 95628	61-2921621		91,048				PROVIDE LOGISTICAL SUPPORT TO THE CALIFORNIA COLLABORATIVE AND THE LTSS FORUM.
LEADING RESOURCES INC 1930 N ST SACRAMENTO, CA 95811	91-1762703		28,151				PROVIDE LOGISTICAL SUPPORT TO THE MASTER PLAN FOR AGING STAKEHOLDER COMMITTEES.

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

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LONG-TERM QUALITY ALLIANCE 1666 K STREET NW - SUITE 1100 WASHINGTON, DC 20006	46-3140288	501(C)(3)	21,289				DEVELOP GUIDING PRINCIPLE CONSENSUS FOR SPECIAL SUPPLEMENTAL MEDICARE BENEFITS.
LONG-TERM QUALITY ALLIANCE 1666 K STREET NW - SUITE 1100 WASHINGTON, DC 20006	46-3140288	501(C)(3)	69,691				ADVANCE AND DISSEMINATE THE CONSENSUS STATEMENT ON SPECIAL SUPPLEMENTAL MEDICARE 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
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		221,498				RESEARCH, DEVELOP AND LAUNCH INFORMED ADVERTISING TO REACH CA DUAL-ELIGIBLES.
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20009	81-1239309		40,258				INCREASE VISIBILITY AND ENGAGEMENT OF CAREGIVERS BY PARTICIPATING IN THE ROSE PARADE.

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		4,852				DEVELOP A SERIES OF VIDEOS FOR THE FOUNDATION'S MY CARE, MY CHOICE DECISION TOOL.
MEMORYWELL LLC 1440 G ST NW SUITE 9150 WASHINGTON, DC 20005	08-1245468		30,000				KICKSTART A NEWS PLATFORM TO SUPPORT FAMILY CAREGIVING.

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
MISSION INVESTORS EXCHANGE 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036	47-5593271		3,000				MEMBERSHIP IN MISSION INVESTORS EXCHANGE.
NATIONAL ACADEMY OF SCIENCES (INSTITUTE OF MEDICINE) 500 5TH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	20,000				PARTICIPATE IN THE ACADEMIES' FORUM ON AGING, DISABILITY, AND 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)	5,000				SUPPORT A PUBLICATION OF STATE PROGRESS TOWARD ADVANCING INTEGRATED CARE AND REBALANCING TO HCBS.
NATIONAL ACADEMY OF STATE HEALTH POLICY TWO MONUMENT SQUARE SUITE 910 PORTLAND, ME 04101	52-7576801	501(C)(3)	35,000				EDUCATE STATE MEDICAID LEADERS ON THE OPPORTUNITIES IN MEDICARE FOR INTEGRATED PROGRAMS.

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

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NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING PO BOX 791067 BALTIMORE, MD 21279	52-1052345	501(C)(3)	150,000				ADVANCE PARTNERSHIPS AND PAYMENT MODELS BETWEEN SOCIAL SERVICES AND HEALTH SYSTEMS.
NATIONAL COMMITTEE FOR QUALITY ASSURANCE 1100 13TH STREET NW 3RD FLOOR WASHINGTON, DC 20005	52-1191985	501(C)(3)	74,900				CONVENE HEALTH PLANS AND CBOS TO TEST LTSS MEASURE IMPLEMENTATION.

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 INVESTMENT CENTER FOR SENIOR HOUSING & CARE INC 1997 ANNAPOLIS EXCHANGE PARKWAY SUITE 480 ANNAPOLIS, MD 21401	52-1802714	501(C)(3)	15,000				RESEARCH POLICY DATA ON MIDDLE-INCOME SENIORS' NEED FOR SUPPORTIVE HOUSING.
PASCHAL ROTH PUBLIC AFFAIRS INC 1127 11TH STREET SUITE 824 SACRAMENTO, CA 95814	26-3273301		30,000				DEVELOP A COMMUNICATIONS PLAN FOR CALIFORNIA TO GET INPUT ON THE MASTER PLAN FOR AGING.

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

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PASCHAL ROTH PUBLIC AFFAIRS INC 1127 11TH STREET SUITE 824 SACRAMENTO, CA 95814	26-3273301		17,500				IMPLEMENT THE COMMUNICATIONS PLAN FOR THE MASTER PLAN FOR AGING.
PERRY COMMUNICATIONS GROUP 980 9TH STREET SUITE 1480 SACRAMENTO, CA 95814	94-3290737		74,993				SUPPORT MASTER PLAN FOR AGING INITIATION THROUGH COMMUNICATIONS ACTIVITIES.

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

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PERRY COMMUNICATIONS GROUP 980 9TH STREET SUITE 1480 SACRAMENTO, CA 95814	94-3290737		75,000				CONTINUE THE WE STAND WITH SENIORS CAMPAIGN IN CA.
PHOENIX DECORATING COMPANY INC 5400 N IRWINDALE AVE IRWINDALE, CA 91706	95-4027084		275,000				PRODUCE THE FLOAT FOR THE FOUNDATION'S ENTRY IN THE 2020 ROSE PARADE.

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
PROJECT6 DESIGN INC 4071 EMERY STREET EMERYVILLE, CA 94608	56-2533892		69,135				PROVIDE DESIGN AND ENHANCEMENTS FOR THE FOUNDATION'S MY CARE, MY CHOICE DECISION TOOL.
SAN MATEO COUNTY AGING AND ADULT SERVICES 225 37TH AVE SAN MATEO, CA 94403	94-6000532	501(C)(3)	5,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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 INDEPENDENT LIVING CENTER 25 N 14TH STREET SUITE 1000 SAN JOSE, CA 95112	94-2332246	501(C)(3)	7,500				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET SUITE 230 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	9,100				MEMBERSHIP IN SOUTHERN CA 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
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARDONELET ST LOS ANGLEES, CA 90057	95-1641435	501(C)(3)	22,500				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.
ST PAULS SENIOR SERVICES 328 MAPLE STREET SAN DIEGO, CA 92103	33-0627795	501(C)(3)	10,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

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
STEPHEN A SOMERS 285 SUNSET WAY MUIR BEACH, NJ 08619	84-2887507		42,383				PROVIDE TECHNICAL ASSISTANCE TO THE STATE TO DEVELOP THE MASTER PLAN FOR AGING.
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 485 BROADWAY 3RD FLOOR MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	35,000				CONVENE CA HEALTH CARE LEADER TO ADVANCE CARE MODELS FOR COMPLEX POPULATIONS.

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 GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET NW SUITE 901 WASHINGTON, DC 20005	52-1256181	501(C)(3)	75,000				SUPPORT NATIONAL EFFORTS TO REVERSE AGEISM BY REFRAMING AGING LANGUAGE.
THE MARGOLIN GROUP INC 1875 CENTURY PARK EAST ST 1790 LOS ANGELES, CA 90067	41-2065784		21,682				ENGAGE A CALIFORNIA STRATEGIC POLICY ADVISOR (2019/20).

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 ST 1790 LOS ANGELES, CA 90067	41-2065784		4,000				ENGAGE A CALIFORNIA STRATEGIC POLICY ADVISOR (2018/19).
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)(3)	109,384				PROVIDE POLICY RESEARCH AND FACILITATE THE MASTER PLAN FOR AGING SUBCOMMITTEES.

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
TOURNAMENT OF ROSES ASSOCIATION 391 SOUTH ORANGE GROVE BLVD PASADENA, CA 91184	95-1725190	501(C)(3)	9,880				REGISTER FOR THE 2020 ROSE PARADE.
UNIVISION COMMUNICATIONS INC 8551 NW 30TH TERRACE MIAMI, FL 33122	95-4398884		51,979				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
UNIVISION COMMUNICATIONS INC 8551 NW 30TH TERRACE MIAMI, FL 33122	95-4398884		200,000				ENGAGE MULTIGENERATIONAL HISPANIC FAMILIES IN TWO FOUNDATION CAMPAIGNS.
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		38,421				RESEARCH THE FINANCIAL TIPPING POINT FOR HEALTH CARE TO IMPLEMENT 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
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		2,125				FOSTER THE SUSTAINABILITY OF PERSON-CENTERED CARE MODELS BY ASSESSING THEIR ECONOMIC CONSEQUENCES.
VILLAGE CAPITAL 1101 K ST NW SUITE 920 WASHINGTON, DC 20009	27-4059343	501(C)(3)	125,461				ASSESS THE MARKET FOR VENTURE STUDIO IMPACT INVESTMENT OPPORTUNITIES.

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
VOX MEDIA 1201 CONNECTICUT AVENUE NW 11TH FLOOR WASHINGTON, DC 20036	20-2057273		200,000				PRODUCE A VIDEO IN SUPPORT OF MILLENNIAL CAREGIVERS
YOLO HEALTHY AGING ALLIANCE 600 A STREET SUITE C DAVIS, CA 95616	94-1599229	501(C)(3)	25,000				SUPPORT THE DEVELOPMENT OF A MASTER PLAN FOR AGING; ELEVATE VOICES OF OLDER CALIFORNIANS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 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> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <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>		
<p>b If any of the boxes on 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 on 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> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <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>		
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No 4b Yes 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No 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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No 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)	381,430	103,806	22,609	48,727	2,144	558,716	0
	(ii)	0	0	0	0	0	0	0
2 FRANCESCA RUIZ DE LUZURIAGA DIRECTOR	(i)	35,000	0	0	0	0	35,000	0
	(ii)	130,000	0	0	0	0	130,000	0
3 RENE SEIDEL SECRETARY/TREASURER	(i)	224,379	24,070	22,342	16,780	15,022	302,593	0
	(ii)	0	0	0	0	0	0	0
4 GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	(i)	221,392	24,070	19,760	13,932	18,957	298,111	0
	(ii)	0	0	0	0	0	0	0
5 JOHN ZAPOLSKI VP INNOVATIONS	(i)	209,880	20,000	12,061	0	12,270	254,211	0
	(ii)	0	0	0	0	0	0	0
6 ERIN WESTPHAL PROGRAM OFFICER	(i)	134,574	9,660	280	10,656	26,549	181,719	0
	(ii)	0	0	0	0	0	0	0
7 ERIC THAI DIRECTOR OF FINANCE	(i)	135,674	9,457	249	10,529	23,109	179,018	0
	(ii)	0	0	0	0	0	0	0
8 MARI NICHOLSON DIRECTOR OF COMMUNICATIONS	(i)	117,521	8,328	210	8,984	15,211	150,254	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	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. CIRCUMSTANCES DESCRIBED ABOVE MET THE REQUIREMENTS UNDER THE TRAVEL POLICY.
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, WHEN THE NEW PLAN WAS ADOPTED, A PARTICIPANT BECOMES VESTED IN THE 457 (F) FOLLOWING A 4 YEAR CLASS VESTING CYCLE. DEFERRED COMPENSATION FOR 2019, REPORTED ON SCHEDULE J, PART II, COLUMN B AND COLUMN C CONSISTS OF THE FOLLOWING: 1) 457(F) EMPLOYER CONTRIBUTIONS ARE SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED THE PLAN DOCUMENTS. BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE. 2) 457(B) IS A DEFERRED COMPENSATION PLAN THAT THE EMPLOYER AND EMPLOYEE CONTRIBUTE 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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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 2	AS PART OF IT'S REFRESHED FIVE-YEAR STRATEGIC PLAN COVERING 2019-2023, THE FOUNDATION ADDED A NEW GOAL TO BUILD RESILIENCE AND CAPACITY FOR OLDER ADULTS, FAMILIES AND COMMUNITIES BY DEVELOPING AND OPERATING A VENTURE STUDIO DURING THE FIVE YEAR TIME FRAME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 (CONT.)	<p>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. GOAL 3 SUCCESSES: CHRONIC CARE ACT AND SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI): THE CHRONIC CARE ACT WHICH WAS PASSED AS PART OF THE 2018 BUDGET ACT GIVES MEDICARE ADVANTAGE PLANS FOR THE FIRST TIME THE OPPORTUNITY TO PROVIDE NON-MEDICAL BENEFITS TO SELECT MEMBERS WITH SERIOUS CHRONIC HEALTH CONDITIONS. THE FOUNDATION CONVENED A LARGE STAKEHOLDER GROUP, INCLUDING HEALTH INSURERS, THAT DEVELOPED A CONSENSUS DOCUMENT OF GUIDING PRINCIPLES, WITH THE GOAL OF LARGE-SPREAD IMPLEMENTATION OF SSBCI THROUGHOUT THE COUNTRY. SUBSEQUENT INVESTMENTS WERE MADE TO BROADLY DISSEMINATE THE GUIDING PRINCIPLES. AT THE SAME TIME, THE FOUNDATION PROVIDED EDUCATION TO STATE MEDICAID DIRECTORS TO BETTER UNDERSTAND MEDICARE REGULATIONS AND HOW THEY CAN BE SUCCESSFULLY USED FOR DEVELOPING INTEGRATED CARE PROGRAMS FOR DUALY ELIGIBLE INDIVIDUALS. COMMUNICATIONS: TO PREPARE THE LARGER PUBLIC FOR THE LONG-TERM CARE NEEDS OF THEIR FAMILIES AND THEMSELVES, THE FOUNDATION FUNDED A NUMBER OF KEY COMMUNICATIONS PROJECTS. KAISER HEALTH NEWS DEVELOPED REGULAR ARTICLES FOCUSED ON POLICY ISSUES AROUND LTSS. MEANWHILE A PROJECT WITH HOLLYWOOD HEALTH & SOCIETY EDUCATED SCREENWRITERS FOR FILM AND TELEVISION ON HOW TO ACCURATELY PORTRAY AGING AND LONG-TERM CARE ISSUES AND ENCOURAGED THEM TO PRODUCE MEDIA THAT HELPS THE GENERAL PUBLIC TO CONNECT WITH THESE ISSUES AND PREPARE FOR THEIR LONG-TERM CARE NEEDS. ANOTHER KEY ENGAGEMENT IN 2019 WAS IN SUPPORT OF FAMILY CARE GIVERS. THE FOUNDATION ENGAGED VOX TO DEVELOP A VIDEO THAT SPEAKS SPECIFICALLY TO MILLENNIAL CARE GIVERS WHO MAKE UP A LARGE PORTION OF FAMILY CARE GIVERS, OFTEN AT GREAT PERSONAL AND PROFESSIONAL SACRIFICE. TO REACH AN EVEN LARGER AUDIENCE, THE FOUNDATION SUBMITTED AN APPLICATION TO PARTICIPATE IN THE 2020 TOURNAMENT OF ROSES, WHICH WAS ACCEPTED. FAMILY CAREGIVERS OF ALL GENERATIONS WERE FEATURED ON THE FLOAT, ALL OF WHOM WERE HEAVILY ENGAGED IN SOCIAL MEDIA POSTS AND VARIOUS NEWS OUTLETS IN THE WEEKS LEADING UP TO THE ROSE PARADE. THE FLOAT AND OUR CAREGIVING MESSAGE WAS SEEN BY 750,000 SPECTATORS ALONG THE PARADE ROUTE AND 40 MILLION PEOPLE ON TELEVISION. DURING THE POST PARADE FAIR, FOUNDATION STAFF ENGAGED WITH SEVERAL THOUSAND VISITORS TO THINK ABOUT THEIR AGING AND LONG-TERM CARE NEEDS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>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 AND THAT DISCLOSURE IS COMPLETE. 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: AND ACCEPTED BY FILING 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.</p>

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 REGARDING ADHERENCE TO THESE POLICIES ON AN ONGOING BASIS.

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<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 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 IS 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. QUESTIONS ARE ASKED OF, AND ANSWERED BY THE COMPENSATION CONSULTANT, REGARDING SUCH REPORT 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 2019 SALARY PACKAGE WAS SULLIVAN COTTER. 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 REPORT TO THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE EVERY YEAR WHICH FURNISHES THE BASIS FOR THE ES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>TABLISHMENT OF SUCH EMPLOYEES' COMPENSATION PACKAGE DURING THE FOLLOWING YEAR. THE EXECUTI VE COMPENSATION REPORT IS BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A V ARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMPARABLE TO THE SCAN FOUNDATION BASED ON VAR IOUS METRICS. THE PRESIDENT & CEO MAKES A RECOMMENDATION TO THE COMPENSATION COMMITTEE WIT H RESPECT TO EACH OF SUCH EMPLOYEES' COMPENSATION PACKAGE IN LIGHT OF THE EXECUTIVE COMPEN SATION REPORT. AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH MATTERS, QUESTIONS AR E ASKED OF, AND ANSWERED BY THE COMPENSATION CONSULTANT REGARDING SUCH REPORT AND OTHER MA TTERS RELEVANT TO SUCH PACKAGE; PURSUANT TO THEIR DELIBERATIONS, THE COMPENSATION COMMITTE E MAKES (1) A DECISION REGARDING THE COMPENSATION PACKAGE FOR SUCH EMPLOYEES OTHER THAN CH IEF FINANCIAL OFFICER (CFO) AND (2) A RECOMMENDATION REGARDING THE CFO'S COMPENSATION PACK AGE, FOR THE FOLLOWING YEAR. THE MINUTES OF THE COMPENSATION COMMITTEE FOR THIS MEETING AR E PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH DELIBERATIONS AND DECISIONS. THE DECISIONS AND RECOMMENDATION OF THE COMPENSATION COMMITTEE ARE REPORTED TO THE FULL BO ARD OF DIRECTORS. THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION REPORT AND GUIDANCE RELATED TO THE 2019 SALARY PACKAGE WAS SULLIVAN COTTER.</p>

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 132,217.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	UNEXPENDED PORTIONS OF GRANTS: THE SCAN FOUNDATION KEEPS TRACK OF ITS GRANTEE'S SPENDING TO ENSURE THAT THE DOLLARS ARE SPENT TOWARDS THE INTENDED GRANT PURPOSES. IF A PROJECT SPENDS LESS THAN THE INITIAL GRANT AMOUNT, THE SCAN FOUNDATION WRITES OFF THE REMAINING AMOUNT OR THE UNSPENT FUNDS ARE REFUNDED TO THE SCAN FOUNDATION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 STE 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 STE 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 STE 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 STE 100 LONG BEACH, CA 90806 46-2962358	HEALTHCARE	CA	N/A	C				Yes	
(2) SCAN CALIFORNIA MANAGEMENT COMPANY INC 3800 KILROY AIRPORT WAY STE 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	402,691	BOOK VALUE
(2)SCAN HEALTH PLAN	P	55,742	BOOK VALUE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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.