

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
SCAN HEALTH PLAN

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 100

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

D Employer identification number
95-3858259

E Telephone number
(562) 989-5100

G Gross receipts \$ 2,456,112,450

F Name and address of principal officer
CHRISTOPHER WING
3800 KILROY AIRPORT WAY NO 100
LONG BEACH, CA 908065616

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.SCANHEALTHPLAN.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SCAN'S MISSION IS TO KEEP SENIORS HEALTHY AND INDEPENDENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 11 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 10 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 980 |
| 6 Total number of volunteers (estimate if necessary) | 2,010 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|---------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 3,742,566 | 3,695,334 |
| 9 Program service revenue (Part VIII, line 2g) | 2,165,129,374 | 2,247,839,714 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 22,668,603 | 15,465,067 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,786 | 5,999 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,191,548,329 | 2,267,006,114 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 539,636 | 833,196 |
| 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) | 84,016,498 | 85,648,357 |
| 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) | 2,058,409,266 | 2,139,310,244 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,142,965,400 | 2,225,791,797 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 48,582,929 | 41,214,317 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 569,821,364 | 582,031,197 |
| 21 Total liabilities (Part X, line 26) | 217,647,454 | 249,977,629 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 352,173,910 | 332,053,568 |

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 2017-11-10
CHRISTOPHER WING CHIEF EXECUTIVE OFFICER
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
DIANA MCCUTCHEN DIANA MCCUTCHEN
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1200 Phone no (714) 436-7100
COSTA MESA, CA 92626

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

SCAN'S MISSION IS TO KEEP SENIORS HEALTHY AND INDEPENDENT

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 \$ 1,990,391,039 including grants of \$ 15,000) (Revenue \$ 2,247,839,714)
See Additional Data

4b (Code) (Expenses \$ 13,335,780 including grants of \$ 818,196) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 141,790 including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 2,003,868,609

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)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: VIRGINIA HAVAI 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 908065616 (562) 989-5100

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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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 | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|-----------|-----------|-----------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 9,550,071 | 2,855,343 | 5,530,705 |

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 ▶ 148

| | 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 |
|--|--------------------------------|---------------------|
| EXPRESS SCRIPTS INC 21653 NETWORK PLACE CHICAGO, IL 606731216 | MEDICAL SERVICES | 400,310,300 |
| DAVITA HEALTHCARE PARTNERS PLAN 2175 PARK PLACE EL SEGUNDO, CA 90245 | MEDICAL SERVICES | 271,559,830 |
| HERITAGE PROVIDER NETWORK 777A FLOWER ST GLENDALE, CA 91201 | MEDICAL SERVICES | 228,769,605 |
| PRIMECARE MEDICAL NETWORK 3990 CONCOURSE STE 500 ONTARIO, CA 91764 | MEDICAL SERVICES | 148,574,246 |
| SCRIPPS HEALTH PLAN SERVICES 10666 N TORREY PINES RD SAN DIEGO, CA 92037 | MEDICAL SERVICES | 113,419,204 |

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 ▶ 462

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 3,664,511 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 30,823 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f | | 3,695,334 | | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a MEDICARE PREMIUMS | 900099 | 2,191,361,017 | 2,191,361,017 | | | |
| | b MEDI-CAL PREMIUMS | 900099 | 56,478,697 | 56,478,697 | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 2,247,839,714 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 7,240,162 | | | 7,240,162 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 197,331,241 | | | | | |
| | | b Less cost or other basis and sales expenses | 189,084,335 | 22,001 | | | |
| | | c Gain or (loss) | 8,246,906 | -22,001 | | | |
| | d Net gain or (loss) | | | 8,224,905 | | 8,224,905 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a OTHER REVENUE | 900099 | 5,999 | | | 5,999 | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 5,999 | | | | | |
| 12 Total revenue. See Instructions | | 2,267,006,114 | 2,247,839,714 | 0 | 15,471,066 | | |

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 | 833,196 | 833,196 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,469,056 | | 7,469,056 | |
| 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 | 61,944,421 | 15,385,872 | 46,558,549 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 4,954,672 | 886,381 | 4,068,291 | |
| 9 Other employee benefits | 6,396,186 | 1,572,950 | 4,823,236 | |
| 10 Payroll taxes | 4,884,022 | 1,227,576 | 3,656,446 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 11,100 | | 11,100 | |
| b Legal | | | | |
| c Accounting | 511,108 | | 511,108 | |
| d Lobbying | 870,535 | | 870,535 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 1,019,679 | | 1,019,679 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,020,108,706 | 1,980,774,848 | 39,333,858 | |
| 12 Advertising and promotion | 12,116,405 | 193,521 | 11,922,884 | |
| 13 Office expenses | 2,122,592 | 184,127 | 1,938,465 | |
| 14 Information technology | 952,105 | 85,283 | 866,822 | |
| 15 Royalties | | | | |
| 16 Occupancy | 418,294 | 386,466 | 31,828 | |
| 17 Travel | 1,213,190 | 242,620 | 970,570 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 117,485 | 5,918 | 111,567 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,898,671 | 23,488 | 3,875,183 | |
| 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 ALLOC TO/FROM AFFIL | 62,649,082 | 2,055,723 | 60,593,359 | |
| b BROKER COMMISSIONS | 23,070,056 | | 23,070,056 | |
| c ALL OTHER | 10,231,236 | 10,640 | 10,220,596 | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,225,791,797 | 2,003,868,609 | 221,923,188 | 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 | -7,420,336 | 1 | -8,461,768 |
| | 2 Savings and temporary cash investments | 128,642,920 | 2 | 156,417,317 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 91,830,807 | 4 | 95,397,900 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,249,071 | 9 | 1,290,370 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 59,749,339 | | |
| | b Less accumulated depreciation | 46,322,165 | | |
| | 11 Investments—publicly traded securities | 116,009,362 | 11 | 87,546,548 |
| | 12 Investments—other securities See Part IV, line 11 | 224,638,362 | 12 | 236,113,656 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 472,936 | 15 | 300,000 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 569,821,364 | 16 | 582,031,197 | |
| Liabilities | 17 Accounts payable and accrued expenses | 198,949,158 | 17 | 231,166,220 |
| | 18 Grants payable | 235,976 | 18 | 123,543 |
| | 19 Deferred revenue | 14,402,131 | 19 | 14,183,937 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 4,060,189 | 25 | 4,503,929 |
| | 26 Total liabilities. Add lines 17 through 25 | 217,647,454 | 26 | 249,977,629 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 352,173,910 | 27 | 332,053,568 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 352,173,910 | 33 | 332,053,568 |
| | 34 Total liabilities and net assets/fund balances | 569,821,364 | 34 | 582,031,197 |

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 | 2,267,006,114 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,225,791,797 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 41,214,317 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 352,173,910 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,665,341 |
| 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 | -65,000,000 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 332,053,568 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>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?</p> | 3a | Yes | |
| <p>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</p> | 3b | Yes | |

Software ID:**Software Version:****EIN:** 95-3858259**Name:** SCAN HEALTH PLAN

Form 990 (2016)

Form 990, Part III, Line 4a:

SCAN HEALTH CARE SERVICES SCAN HEALTH PLAN HAS A CULTURE OF QUALITY AND A LONG HISTORY OF FULFILLING OUR MISSION KEEPING SENIORS HEALTHY AND INDEPENDENT AS A MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN (MAPD) IN CALIFORNIA, SCAN COLLABORATES WITH A NETWORK OF DELEGATED PROVIDERS TO OFFER MEDICARE AND MEDI-CAL COVERED HEALTH AND BEHAVIORAL HEALTHCARE AND ADDITIONAL SUPPLEMENTAL BENEFITS OUR MEMBER-CENTRIC MODEL OF CARE ENSURES QUALITY, INDIVIDUALIZED CARE FOR ALL MEMBERS, INCLUDING MEMBERS WITH SPECIAL NEEDS SUCH AS MEMBERS ELIGIBLE FOR BOTH MEDICARE AND MEDICAID, MEMBERS WITH CHRONIC CONDITIONS AND FRAIL MEMBERS WITH FUNCTIONAL DEFICITS THE HEALTH CARE SERVICES PROGRAMS AT SCAN ARE EVIDENCE-BASED AND ALIGNED WITH GERIATRIC BEST PRACTICES THEY INCLUDE COMPLEX CARE MANAGEMENT, ADVANCED ILLNESS MANAGEMENT, MEMORY PROGRAM, DISEASE MANAGEMENT AND CARE NAVIGATION AND COORDINATION THE PROGRAMS ARE ALIGNED WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM AND SEEK TO ENSURE - A SAFE AND SATISFYING HEALTH CARE EXPERIENCE- IMPROVED HEALTH OUTCOMES FOR INDIVIDUALS AND POPULATIONS- ACCESS AND AFFORDABILITY FOR OUR MEMBERSIN GENERAL, POPULATION BASED QUALITY ACTIVITIES ARE PERFORMED BY SCAN'S HEALTH CARE SERVICES DEPARTMENT, WHICH INCLUDES A DEDICATED AND HIGHLY QUALIFIED TEAM OF REGISTERED NURSES AND MASTER'S PREPARED SOCIAL WORKERS, SUPPORTED BY AN INTERDISCIPLINARY TEAM OF NURSES, SOCIAL WORKERS, GERONTOLOGISTS, A BOARD CERTIFIED GERIATRICIAN, A BEHAVIORAL HEALTH SPECIALIST, AND A CLINICAL PHARMACIST SCAN HEALTH PLAN SUPPORTED THE FORMATION OF THE SCAN FOUNDATION IN 2007 WITH A CONTRIBUTION OF \$205 MILLION, FOR CALENDAR YEAR 2016 THE SCAN FOUNDATION AWARDED GRANTS IN THE AMOUNT OF \$5,813,138 AND INCURRED PROGRAM EXPENSES IN THE AMOUNT OF \$8,652,917 IN ADDITION, SCAN HEALTH PLAN PARTICIPATES IN NUMEROUS ACTIVITIES RELATED TO THE CARE OF SENIORS WHICH PROVIDE SIGNIFICANT COMMUNITY BENEFIT, INCLUDING BUT NOT LIMITED TO THE FOLLOWING 1 CHANGE A LIFE FOUNDATION (GRANT) ONE TIME GRANTS TO MEMBERS AND INDEPENDENCE AT HOME (IAH) CLIENTS FOR NEEDED SERVICES NOT OTHERWISE AVAILABLE (RAMPS, REFRIGERATORS, EXTENSIVE DENTAL WORK, BATHROOM MODIFICATIONS, WHEELCHAIR RAMPS, CHAIR LIFTS) 2 CONNECTING PROVIDER TO HOME SCAN STAFF WORK WITH 4 MEDICAL GROUPS TO PROVIDE IN HOME SUPPORT THROUGH SOCIAL WORKER AND COMMUNITY HEALTH WORKER TEAMS IN ORDER TO ENHANCE INTEGRATION BETWEEN THE HOME AND THE PHYSICIAN SERVES MEMBERS OF OTHER HEALTH PLANS AS WELL AS SCAN ASSESSES THE EFFICACY OF A MODEL THAT CAN BE DISSEMINATED TO MULTIPLE MEDICAL GROUPS/HEALTH PLANS 3 COUNCIL ON AGING ADOPT-A-SENIOR PROGRAM PROVIDES HOLIDAY GIFTS FOR OLDER AND/OR DISABLED RESIDENTS OF CARE FACILITIES IN ORANGE COUNTY 4 PROVIDER EDUCATION ANNUALLY, SCAN OFFERS FOUR 1-HOUR TRAINING SESSIONS FOR MEDICAL GROUPS ON COMPLIANCE REQUIREMENTS TO PROTECT MEMBERS FROM INAPPROPRIATE DENIALS AND TO ASSIST THEM IN BETTER PRACTICES AROUND SERVICE DENIALS 5 CODING QUALITY TRAINING SCAN BUILDS AND DISSEMINATES TRAINING MATERIALS TO OTHER HEALTH PLANS AND MEDICAL GROUPS TO USE AS PART OF THEIR INTERNAL PROGRAM DEVELOPMENT 6 COMPASSIONATE CARE COALITION OF CALIFORNIA (CCCC) SCAN IS A CORPORATE MEMBER OF THIS ORGANIZATION, WHICH OFFERS TRAINING AS WELL AS CONSUMER AND PROVIDER MATERIALS TO A VARIETY OF AUDIENCES IN CALIFORNIA, EXAMPLES ARE TRAINING AND SUPPORT OF ADVANCE CARE PLANNING, AND PHYSICIAN ORDERED LIFE SUSTAINING TREATMENT (POLST) 7 CO-SPONSORSHIP OF LEADERSHIP AND MANAGEMENT IN GERIATRICS (LMG) SCAN SPONSORED AND PROVIDED THE CONTINUING MEDICAL EDUCATION (CME) FOR THE LEADERSHIP AND MANAGEMENT OF A GERIATRICS PROGRAM THE TWO DAY CONFERENCE TRAINS CLINICIANS TO TAKE ON LEADERSHIP ROLES IN DELIVERY OF GERIATRIC SERVICES COURSE ATTENDEES INCLUDE SCAN, OTHER MEDICAL GROUPS AND HEALTH PLANS, AND GERIATRIC FELLOWS 8 PRESENTATIONS AT ACADEMIC AND POLICY CONFERENCES SCAN LEADERSHIP PREPARE AND PRESENT PRESENTATIONS AT KEY POLICY AND CLINICAL CONFERENCES INCLUDING SNP ALLIANCE, AHIP, AMERICAN GERIATRICS SOCIETY, CALIFORNIA ACCOUNTABLE PHYSICIAN GROUPS (CAPG), IN ORDER TO IMPROVE CARE OF OLDER ADULTS, EDUCATE PROFESSIONALS, AND SHARE BEST PRACTICES 9 SELECT SKILLED NURSING FACILITY NETWORK (SNF) TRAINING PROVIDED TRAINING FOR ST JOE'S HOSPITAL EMERGENCY DEPARTMENT AND SELECTED SNF STAFF ON RECOGNIZING WHEN IT IS APPROPRIATE FOR A PATIENT TO BE ADMITTED DIRECTLY TO A SKILLED NURSING FACILITY RATHER THAN ADMITTED AS AN INPATIENT, RESULTING IN BETTER CARE FOR THE PATIENT 10 PHARMACY INTERN ROTATIONS UCSF AND OTHER PHARMACY SCHOOLS ROTATE PHARM D STUDENTS THROUGH THE SCAN PHARMACY DEPARTMENT FOR 6-16 WEEKS, WHERE SCAN TRAINS FUTURE PHARMACISTS THROUGH ENGAGEMENT WITH PHARMACY PROJECTS AND CASE REVIEWS 11 TEACHING RESIDENTS AT UCI MEDICAL SCHOOL TEACHING RESIDENTS BOTH SENSITIZES THEM TO THE NEEDS OF OLDER INDIVIDUALS AND WILL HOPEFULLY ENCOURAGE THEM TO FOCUS THEIR FUTURE PRACTICE ON WORKING WITH OLDER POPULATIONS, WHICH IS AN AREA THAT IS TYPICALLY NOT ATTRACTIVE TO MANY PHYSICIANS 12 SUPPORT CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE (CALTCM), CEO AND BOARD MEMBERS EDUCATIONAL PROGRAMS CALTCM IS AN ORGANIZATION OF PROFESSIONALS IN THE LONG TERM CARE FIELD THE ORGANIZATION OFFERS PERFORMANCE IMPROVEMENT EDUCATION PROGRAMS TO IMPROVE THE QUALITY OF CARE AND PROFESSIONALISM OF STAFF IN LONG TERM SETTINGS 13 SERVICE ON BOARDS OF DIRECTORS AND COMMITTEES FOR INDUSTRY GROUPS I E RESOURCE, INITIATIVE AND SOCIETY FOR EDUCATION (RISE), AHIP, RISE AND OTHER INDUSTRY GROUPS CREATE POLICY AND SHARE BEST PRACTICES ON SUBJECTS RANGING FROM AUDIT TO ENCOUNTER SUBMISSION, OUR EMPLOYEES ARE ACTIVE MEMBERS OF A NUMBER OF OTHER ORGANIZATIONS AS WELL 14 HEALTH CARE CODING (HCC) UNIVERSITY OPEN TO THE PUBLIC, HEALTH PLANS AND MEDICAL GROUPS CAN USE INFORMATION FOR THEIR OPERATIONS AND PROVIDER AND MEMBER INTERVENTIONS 15 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) LONG TERM SERVICES AND SUPPORTS ADVISORY COMMITTEE MEMBER , THIS COMMITTEE ASSISTS NCQA WITH THE DEVELOPMENT OF QUALITY STANDARDS FOR LONG TERM SERVICES AND SUPPORTS (LTSS) 16 SAN JOAQUIN HEALTH NEEDS ASSESSMENT STEERING COMMITTEE STEERING COMMITTEE FOR SAN JOAQUIN'S MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS INITIATIVE COMMITTEE DEVELOPS AN ASSESSMENT FOR SAN JOAQUIN COUNTY COMMUNITY MEMBERS, IDENTIFIES AND RANKS HEALTH DISPARITIES, AND DEVELOPS A PLAN TO REMEDY HEALTH DISPARITIES 17 BOARD CHAIR OF ST BARNABAS SENIOR SERVICES SERVE AS BOARD CHAIR OF COMMUNITY AGENCY THAT SERVES VULNERABLE OLDER PEOPLE IN CENTRAL LOS ANGELES AND HOLLYWOOD DEVELOPS CAPACITY OF AGENCY TO BETTER SERVE POPULATION 18 AMERICAN SOCIETY ON AGING, HEALTHCARE AND AGING NETWORK EDITORIAL BOARD CHAIR AMERICAN SOCIETY ON AGING (ASA) IS A KEY PROFESSIONAL ORGANIZATION FOR PRACTITIONERS IN THE FIELD OF AGING WORKING IN HOME AND COMMUNITY BASED SETTINGS PROVIDES PUBLICATIONS, CONFERENCES AND CONSULTATION 19 EDUCATIONAL SESSIONS FOR OFFICE STAFF PRESENTATIONS ON END OF LIFE PLANNING, DEALING WITH OLDER INDIVIDUALS, AND CASE MANAGEMENT FOR MEDICAL GROUPS 20 CO-SPONSORSHIP OF CALTCM CONFERENCE AS PART OF ITS PERFORMANCE IMPROVEMENT EDUCATION, CALIFORNIA ASSOCIATION OF LONG TERM MEDICINE (CALTCM) SPONSORS AN ANNUAL CONFERENCE FOR MEDICAL PROFESSIONALS WORKING IN LONG TERM CARE FACILITIES SCAN WAS A CO-SPONSOR OF THE CONFERENCE IN 2016 21 PRACTICAL PROVIDER AND OFFICE STAFF TOOLS, DEVELOPED 5 STAR POCKET GUIDE OPEN TO PUBLIC THROUGH THE SCAN WEBSITE/PROVIDER OFFICES CREATED AND UPDATED MULTIPLE CLINICAL GUIDELINES AND PROVIDERS TOOLS DISSEMINATED PRINT MATERIALS THROUGH CONTRACTED MEDICAL GROUPS TOOLS ARE FOR USE BY ANY PROVIDERS - CONTRACTED OR NOT - AND BENEFIT ALL PATIENTS, SCAN MEMBERS AND NON-MEMBERS INCLUDES PATIENT EDUCATION MATERIALS/ASSISTANCE WITH COMMON GERIATRIC CONDITIONS, ASSESSMENT TOOLS, PATIENT EDUCATION MATERIALS, QUALITY GERIATRIC CARE

Form 990, Part III, Line 4b:

INDEPENDENCE AT HOME SCAN'S MISSION OF KEEPING SENIORS HEALTHY AND INDEPENDENT IS NOT LIMITED TO SCAN MEMBERS SCAN RECOGNIZES ITS RESPONSIBILITY TO ENHANCE THE QUALITY OF LIFE FOR ALL THOSE IN THE COMMUNITIES WE SERVE TO THAT END, SCAN SPONSORS AND PROMOTES INNOVATIVE GERIATRIC RESEARCH, INVESTS IN SIGNIFICANT COMMUNITY EDUCATION AND OUTREACH EFFORTS, AND SUPPORTS LIKE-MINDED COMMUNITY ORGANIZATIONS THROUGH GRANTS THE CORNERSTONE OF SCAN'S COMMUNITY ENGAGEMENT COMES THROUGH INDEPENDENCE AT HOME (IAH) THROUGH THE PROGRAMS RUN BY IAH, SCAN HAS CONNECTED WITH TENS OF THOUSANDS OF SENIORS AND CAREGIVERS ACROSS ITS SERVICE AREAS TODAY'S INDEPENDENCE AT HOME PROGRAMS ARE SUPPORTED BY FUNDING THROUGH THE STATE AND FROM SCAN HEALTH PLAN THE PROGRAMS ARE GEARED TO SUPPORTING THE UNDERSERVED, FRAIL AND DISABLED SENIORS IN OUR COMMUNITY IAH'S HALLMARK PROGRAMS ARE - MULTIPURPOSE SENIOR SERVICES PROGRAM (MSSP) THIS PROGRAM PROVIDES LONG-TERM IN-HOME CARE MANAGEMENT FOR ADULTS 65 PLUS WHO QUALIFY FOR MEDI-CAL THIS PROGRAM WAS STARTED IN 1977 - LOS ANGELES COUNTY'S SUPPORTIVE SERVICES PROGRAM (SSP) THIS PROGRAM INCLUDES CARE MANAGEMENT, PLANNING, AND DAILY LIVING ASSISTANCE SERVICES FOR FUNCTIONALLY IMPAIRED OLDER ADULTS - LOS ANGELES COUNTY'S LINKAGES PROGRAM THIS PROGRAM PROVIDES CARE MANAGEMENT, CARE PLANNING, COMPREHENSIVE INFORMATION, AND SERVICE ARRANGEMENTS FOR FRAIL, AT-RISK ADULTS - INSIGHTS THIS PROGRAM PROVIDES IN-HOME MENTAL HEALTH SUPPORT - CALIFORNIA COMMUNITY TRANSITIONS (CTT) THIS PROGRAM ASSISTS WITH THE SAFE TRANSITION FROM HEALTHCARE FACILITIES BACK TO COMMUNITY LIVING - LOS ANGELES COUNTY'S FAMILY CAREGIVER PROGRAM (FCSP) THROUGH THIS PROGRAM, FAMILY CAREGIVERS RECEIVE INFORMATION, TRAINING, COUNSELING, CARE MANAGEMENT, RESPITE AND COMMUNITY RESOURCE REFERRALS BECAUSE SCAN'S COMMUNITY OUTREACH PROGRAMS AND INDEPENDENCE AT HOME (IAH) DEPARTMENTS SHARE THE SAME GOALS AND PERFORM MANY OF THE SAME COMMUNITY FUNCTIONS, IN 2014 SCAN COMBINED ITS COMMUNITY OUTREACH PROGRAMS WITH INDEPENDENCE AT HOME TO ACHIEVE GREATER CONSISTENCY AND IMPACT SCAN HEALTH PLAN COMMUNITY GIVING PROGRAM SCAN'S COMMUNITY GIVING (CG) PROGRAM IS FOCUSED ON MEETING AN INDIVIDUAL'S BASIC NEEDS INCLUDING NUTRITION, SHELTER, HEALTH AND SOCIALIZATION, AND ON ENHANCING AN INDIVIDUAL'S ABILITY TO REMAIN INDEPENDENT IN THEIR OWN COMMUNITY THIS IS ACCOMPLISHED THROUGH ONE-TIME OPERATING GRANTS THE SCAN COMMUNITY GIVING COMMITTEE IDENTIFIES ORGANIZATIONS WHOSE MISSION ALIGNS WITH THE PROGRAM PRIORITIES AS A RESULT OF THIS APPROACH, THE MAJORITY OF GRANTEEES ARE IDENTIFIED AND CONTACTED BY OUR STAFF POLICIES AND PROCEDURES A IDENTIFICATION AND VETTING OF POTENTIAL PROGRAM GRANTEEES - THE DIRECTORS, COMMUNITY OUTREACH, COLLABORATE WITH VARIOUS SCAN HEALTH PLAN DEPARTMENTS (I E HEALTH CARE SERVICES, AND INDEPENDENCE AT HOME) AND REPUTABLE AGENCIES TO IDENTIFY PROSPECTIVE GRANTEE ORGANIZATIONS THE PROSPECTIVE GRANTEEES UNDERGO THE COMMUNITY GROUP VETTING PROCESS AND ARE MEASURED AGAINST THE FOLLOWING CRITERIA 1) ALIGNMENT WITH THE SCAN HEALTH PLAN MISSION, 2) VERIFIED STATUS AS A NONPROFIT OR GOVERNMENTAL AGENCY WITH TAX-EXEMPT STATUS, AND 3) THE ORGANIZATION IS AT LEAST TWO YEARS OLD SUCCESSFUL CANDIDATES ARE ADDED TO THE LARGER SCAN HEALTH PLAN GRANTEE POOL B SHORT LISTING POTENTIAL GRANTEEES - THE DIRECTORS AND THE MANAGER, COMMUNITY OUTREACH AND GIVING, USE VARIOUS METHODS, INCLUDING OUTBOUND CALLS, INTERNET RESEARCH, AND INDUSTRY RATINGS TO REVIEW THE POTENTIAL GRANTEE POOL AND GENERATE A SHORTLIST C EVALUATION AND SELECTION OF GRANTEEES BY THE COMMUNITY GIVING COMMITTEE (CGC) - THE CGC IS A NINE-MEMBER COMMITTEE REPRESENTATIVE OF ALL LEVELS OF MANAGEMENT AND CHAIRED BY THE VICE-PRESIDENT OF INDEPENDENT AT HOME (IAH) THE CGC MEETS ON A QUARTERLY BASIS AND ITS ROLE IS TWOFOLD 1) EVALUATE, SELECT, AND DECIDE THE AMOUNT TO BE AWARDED TO THE GRANTEE ORGANIZATIONS, AND 2) STEER THE CG PROGRAM THE CGC BASES ITS DECISION TO MAKE AWARDS ON THE INFRASTRUCTURE OF THE GRANTEE ORGANIZATION, ITS PERCEIVED ABILITY TO EFFECTIVELY AND EFFICIENTLY IMPACT THE LIVES OF SENIORS, AND CONTINUE A SUSTAINABLE RELATIONSHIP D GRANTEE OUTREACH - SUBSEQUENT TO THE CGC EARMARKING AND APPROVING GRANT FUNDS, THE MANAGER, COMMUNITY OUTREACH AND GIVING, PLACES AN OUTREACH CALL TO THE PROSPECTIVE GRANTEE ORGANIZATION THE GRANTEE ORGANIZATION IS INFORMED OF ITS SELECTION TO APPLY FOR A ONE-TIME GRANT VIA SCAN'S ONLINE GRANT TRACKING SYSTEM THE MANAGER, COMMUNITY OUTREACH AND GIVING, REVIEWS EACH APPLICATION AND DISCUSSES CRITERIA WITH THE DIRECTORS, COMMUNITY OUTREACH, IN ORDER TO MAKE A RECOMMENDATION FOR FUNDING THE LIST OF RECOMMENDED GRANTEEES IS SUBMITTED TO THE CGC EACH QUARTER TO BE DISCUSSED AND VOTED ON A GRANT AGREEMENT IS DEVELOPED FOR EACH APPROVED GRANT, CONTAINING INFORMATION ON FUNDING RESTRICTIONS AND REQUIREMENTS FOR GRANT REPORTING ONLY AFTER A SIGNED AGREEMENT HAS BEEN FULLY EXECUTED WILL THE GRANT PAYMENT PHASE BE INITIATED E PAYMENT OF GRANT - THE MANAGER, COMMUNITY OUTREACH AND GIVING, PREPARES A COVER LETTER, ENVELOPE, AND CHECK REQUEST FORM WHICH IS SIGNED AND APPROVED BY THE VICE PRESIDENT, INDEPENDENCE AT HOME, AND FORWARDED TO ACCOUNTS PAYABLE FOR PROCESSING ACCOUNTS PAYABLE DISBURSES PAYMENT F ALL GRANTEEES SUBMIT A QUARTERLY REPORT DOCUMENTING METRICS AND PERFORMANCE YEAR-TO-DATE THROUGHOUT THE DURATION OF THE FUNDING THE MANAGER, COMMUNITY OUTREACH AND GIVING, TRACKS AND REVIEWS THE REPORTS TO ENSURE COMPLIANCE THE MANAGER ADDRESSES ANY IDENTIFIED ISSUES WITH THE GRANTEE TO DETERMINE THE CAUSE AND ANY REMEDIATION REQUIRED ISSUES WITH COMPLIANCE ARE RAISED TO THE VICE PRESIDENT, IAH, WHO WILL ASSIST WITH REMEDIATION OR ELEVATE TO THE CGC FOR ADVISEMENT AND/OR APPROVAL IF A CHANGE TO THE GRANTEE'S SCOPE OF WORK IS REQUIRED SCAN'S VOLUNTEER ACTION FOR AGING THROUGH THIS PROGRAM, SCAN RECRUITS, TRAINS AND MANAGES VOLUNTEERS IN 2016, THROUGH THIS PROGRAM, VOLUNTEERS IN THE COMMUNITY DONATED OVER 4,800 HOURS TO COMPLETE 134 SENIOR SUPPORT EVENTS/PROGRAMS, HOSTED 402 COMMUNITY EVENTS, AND DELIVERED 2,237 THANKSGIVING MEALS SCAN HEALTH PLAN COMMUNITY OUTREACH SCAN HEALTH PLAN HAS A LONG (35 PLUS YEARS) HISTORY OF CREATING PROGRAMS AND PROVIDING SERVICES TO OLDER ADULTS AND THEIR CAREGIVERS SCAN'S EXPERIENCE WITH THIS SEGMENT OF THE POPULATION HAS ALLOWED US TO DEVELOP A UNIQUE EXPERTISE IN GERIATRIC CARE AND HEALTH INTERVENTIONS SCAN HEALTH PLAN IS COMMITTED TO SHARING THIS SET OF SKILLS AND VAST KNOWLEDGE WITH THE BROADER COMMUNITY BY DEVELOPING COMMUNITY OUTREACH INITIATIVES THESE INITIATIVES ARE AN IMPORTANT TOOL FOR BRINGING EDUCATION DIRECTLY TO COMMUNITY MEMBERS, AS WELL AS CONTRIBUTING TO REDUCING HEALTH DISPARITIES, AND IMPROVING HEALTH LITERACY, IN PARTICULAR AMONG UNDERSERVED COMMUNITIES THROUGH OUR OUTREACH ACTIVITIES AND COMMUNITY GIVING PROGRAM, WE WORK TO SUPPORT ACCESS TO BASIC NEEDS SUCH AS FOOD AND NUTRITION, TO ENCOURAGE ACTIVE AND HEALTHY LIFESTYLES, TO ENGAGE OLDER ADULTS IN HEALTH MAINTENANCE, AND TO COLLABORATE WITH LOCAL SERVICE PARTNERS TO MEET GAPS IN COMMUNITY SERVICES WE DO THIS IN MANY WAYS, BRINGING NEEDED RESOURCES AND A THOUGHTFUL PRESENCE TO OLDER ADULTS AND THEIR SUPPORT NETWORKS THROUGHOUT CALIFORNIA OUR GOAL IS TO MAKE AN IMPACT IN ALL OF THE COMMUNITIES WE SERVE AND TO IMPROVE THE LIVES OF ALL SENIORS - NOT JUST SCAN MEMBERS SCAN RECOGNIZES THAT ITS RESPONSIBILITY TO THE COMMUNITIES WE SERVE GOES BEYOND BUSINESS AND PROVIDING QUALITY HEALTHCARE IN 2016, THE COMMUNITY OUTREACH TEAM FROM IAH PARTICIPATED IN 624 COMMUNITY AND INFORMATION/ASSISTANCE EVENTS ACROSS ALL SCAN COUNTIES OF THESE 624 EVENTS, 460 WERE UNIQUE HEALTHY LIVING EDUCATIONAL PRESENTATIONS DELIVERED TO THE COMMUNITY AT LARGE BY NURSES, SOCIAL WORKERS AND GERONTOLOGISTS 95 EVENTS CONSISTED OF A RANGE OF COMMUNITY SERVICES INCLUDING CLINICAL HEALTH SCREENING TABLES AT HEALTH FAIRS TO DISTRIBUTE EDUCATION AND INFORMATION, AS WELL AS EVENTS ATTENDED BY THE SCAN RV/VAN ADDITIONALLY, THERE WERE 69 "TRADING AGES" PRESENTATIONS TO KEY ORGANIZATIONS SUCH AS NATIONAL CENTER ON ELDER ABUSE, ADULT PROTECTIVE SERVICES OC, ILLUMINATION FOUNDATION, DOVIA - PROFESSIONAL VOLUNTEER COORDINATORS ORGANIZATION, LOS ANGELES CITY EMPLOYEE RETIREE ASSOCIATION (LACERS), CALIFORNIA PARKS & RECREATION SERVICES (CPRS), BOY SCOUTS OF AMERICA, PROFESSIONAL ASSOCIATION SENIOR HOUSING SOCIAL WORKERS, RIVERSIDE COUNTY NURSES, PROJECT ACCESS, ST JOSEPH MEDICAL GROUP STAFF, HEALTH CARE PROFESSIONALS (SCAN MEDICAL GROUPS), HEALTH CARE PROFESSIONALS (HEALTH CARE PARTNERS), BONE BUILDERS - VOLUNTEERS OF VENTURA COUNTY, USC - ARCHITECTURE STUDENTS, USC - GERONTOLOGY STUDENTS, CSULB - GERONTOLOGY STUDENTS AND CSULB - NURSING STUDENTS IN 2016, SCAN GAVE 37 GRANTS IN 8 COUNTIES, AND SUPPORTED 69 ORGANIZATIONS THROUGH SPONSORSHIPS FOR THE YEAR ENDING DECEMBER 31, 2016 THE IAH PROGRAM INCURRED \$13,335,780 IN PROGRAM EXPENSES AND RECEIVED \$818,196 IN GRANTS

Form 990, Part III, Line 4c:

PROVIDER INTEGRATION PROGRAM SCAN HAS LONG RECOGNIZED THE IMPORTANCE OF THE PROVIDER NETWORK IN SUPPORTING OUR MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT AND THAT OUR MEMBERS HIGHLY VALUE THEIR RELATIONSHIP WITH THEIR PHYSICIANS THIS APPRECIATION HAS LED SCAN TO CHARTER THE SCAN PROVIDER INTEGRATION STEERING COMMITTEE, WITH MEMBERSHIP COMING FROM THE CLINICAL AND OPERATIONAL LEADERS OF OUR KEY PHYSICIAN GROUPS AND HEALTH SYSTEMS A MAIN AREA OF FOCUS FOR THIS EFFORT HAS BEEN QUALITY IMPROVEMENT, SUPPORTING MEDICARE 5 STAR QUALITY PERFORMANCE METRICS SCAN AND THE PROVIDER ORGANIZATION LEADERS RECOGNIZE THAT IF WE ARE TO SUCCEED IN THE CMS MEDICARE ADVANTAGE 5 STAR PROGRAM WE MUST DO SO AS A COLLECTIVE SYSTEM SCAN SHARES 5 STAR METRICS DATA THAT HIGHLIGHTS INDIVIDUAL PHYSICIAN GROUP PERFORMANCE ON HEDIS AND PART D QUALITY MEASURES, SUPPORTING IDENTIFICATION OF BEST PRACTICES WITHIN THE SCAN PROVIDER NETWORK WE INVITE THE PROVIDERS TO SHARE THEIR BEST QUALITY IMPROVEMENT PRACTICES WITH THEIR COLLEAGUES FROM OTHER PROVIDER ORGANIZATIONS, HOSTING A WEBINAR SERIES SEVERAL TIMES A YEAR WITH A BEST PRACTICE ORGANIZATION LEADING THE WEBINAR, SHARING THEIR APPROACHES AND LESSONS LEARNED WE HAVE ALSO WORKED WITH UCLA GERIATRIC MEDICINE RESEARCHERS TO PROMOTE BEST PRACTICE IDENTIFICATION AND IMPLEMENTATION IN THE AREAS OF END OF LIFE CARE AND CHRONIC DISEASE MANAGEMENT THIS EFFORT CULMINATED IN A PROCESS WITHIN WHICH THE PROVIDER INTEGRATION PHYSICIAN GROUPS WERE SUPPORTED IN IMPLEMENTING AN IDENTIFIED BEST PRACTICE UCLA PRESENTED THE RESULTS OF THIS RESEARCH AT THE GERONTOLOGICAL SOCIETY OF AMERICA AND THE AMERICAN ASSOCIATION PUBLIC HEALTH ASSOCIATION ANNUAL NATIONAL MEETINGS SCAN FURTHER SUPPORTS ADVANCES IN CARE FOR SENIORS BY WORKING CLOSELY WITH OUR PROVIDER NETWORKS TO SUPPORT THEIR EFFORTS, KNOWING THAT THE WORK THEY DO TO IMPROVE SYSTEMS AND PROCESSES OF CARE WILL BENEFIT THEIR ENTIRE PATIENT POPULATION FOR THE YEAR ENDING DECEMBER 31, 2016, THE PROVIDER INTEGRATION PROGRAM INCURRED \$141,790 IN PROGRAM EXPENSES

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | (D) | (E) | (F) |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|-----|
| (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) | | | | | | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations | |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| RYAN TRIMBLE DIRECTOR | 0 70 | X | | | | | | 156,949 | 0 | 0 | |
| COLLEEN CAIN DIRECTOR | 0 55 | X | | | | | | 132,500 | 0 | 0 | |
| LEOBARDO ESTRADA DIRECTOR | 0 55 | X | | | | | | 83,000 | 0 | 0 | |
| THOMAS HIGGINS DIRECTOR | 0 50 | X | | | | | | 110,000 | 0 | 0 | |
| ANDREW ALLOCCO DIRECTOR | 0 55 | X | | | | | | 87,000 | 0 | 0 | |
| KIM HUNTER DIRECTOR | 0 50 | X | | | | | | 75,000 | 0 | 0 | |
| PATRICK SEAVER DIRECTOR | 0 30 | X | | | | | | 65,500 | 0 | 0 | |
| MICHAEL NOEL DIRECTOR | 0 50 | X | | | | | | 112,500 | 0 | 0 | |
| FRANCESCA RUIZ DE LUZURIAGA DIRECTOR | 0 55 | X | | | | | | 89,500 | 0 | 0 | |
| CHRISTOPHER WING CHIEF EXECUTIVE OFFICER | 30 00 10 00 | X | | X | | | | 1,575,067 | 0 | 1,074,918 | |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JENNIE CHIN-HANSEN DIRECTOR | 0 50 7 30 | X | | | | | | 112,500 | 0 | 0 |
| WILLIAM ROTH PRESIDENT | 31 00 9 00 | | | X | | | | 928,578 | 0 | 582,842 |
| NANCY MONK CHIEF ADMIN OFFICER | 32 00 8 00 | | | X | | | | 0 | 692,003 | 390,519 |
| CATHERINE BATTEER SVP & GM ALL SCAN MARKETS | 31 00 9 00 | | | X | | | | 613,356 | 0 | 315,177 |
| VINOD MOHAN CHIEF FINANCIAL OFFICER | 31 00 9 00 | | | X | | | | 718,133 | 0 | 445,173 |
| JANET KORNBLATT SECRETARY | 31 00 9 00 | | | X | | | | 0 | 570,930 | 308,318 |
| SHERRY STANISLAW SVP GM, SOUTHERN CA | 36 00 4 00 | | | | X | | | 759,564 | 0 | 202,589 |
| PETER BEGANS SVP PUBLIC GOV'T & COMMUNITY AFFAIRS | 20 00 20 00 | | | | X | | | 0 | 556,967 | 224,437 |
| EVE GELB SVP HEALTHCARE SERVICES | 32 00 8 00 | | | | X | | | 473,323 | 0 | 199,293 |
| JOSH GOODE CHIEF TECHNOLOGY EXECUTIVE | 32 00 8 00 | | | | X | | | 0 | 454,257 | 238,244 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service
Name of the organization
SCAN HEALTH PLAN

Employer identification number
95-3858259

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 3,705,569 | 3,635,285 | 3,653,657 | 3,742,566 | 3,695,334 | 18,432,411 |
| 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 | 1,682,067,393 | 1,862,239,431 | 2,013,469,295 | 2,165,129,374 | 2,247,839,714 | 9,970,745,207 |
| 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 | 1,685,772,962 | 1,865,874,716 | 2,017,122,952 | 2,168,871,940 | 2,251,535,048 | 9,989,177,618 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 9,989,177,618 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------------|---------------|---------------|---------------|---------------|----------------|
| 9 Amounts from line 6 | 1,685,772,962 | 1,865,874,716 | 2,017,122,952 | 2,168,871,940 | 2,251,535,048 | 9,989,177,618 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,221,474 | 11,114,175 | 9,788,407 | 8,616,023 | 7,240,162 | 50,980,241 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 14,221,474 | 11,114,175 | 9,788,407 | 8,616,023 | 7,240,162 | 50,980,241 |
| 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.) | 1,699,994,436 | 1,876,988,891 | 2,026,911,359 | 2,177,487,963 | 2,258,775,210 | 10,040,157,859 |
| 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.490 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 99.510 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.510 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 0.490 % |

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

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 | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | | 2 | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 2016 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-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

| | |
|--|---|
| Name of the organization SCAN HEALTH PLAN | Employer identification number 95-3858259 |
|--|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals **(b)** Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | Yes | | 18,500 |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 771,590 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 80,445 |
| j Total Add lines 1c through 1i | | | 870,535 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART II-B | LOBBYING EXPENSES REPRESENT SCAN'S ADVOCACY ON BEHALF OF THE SENIORS WE SERVE THEY INCLUDE EMPLOYEE SALARIES, OUTSIDE COUNSEL FEES, CONSULTING FEES, AND TRADE ASSOCIATION DUES ATTRIBUTABLE TO DIRECT FEDERAL LOBBYING SCAN WORKS TO INCREASE AWARENESS OF THE UNIQUE NEEDS OF THE ELDERLY AND TO ENHANCE THE PROGRAMS THAT WILL HELP THEM TO MAINTAIN THEIR INDEPENDENCE AND REMAIN IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number
95-3858259

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 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 25,605,963 | 18,143,920 | 7,462,043 |
| d Equipment | | 12,196,860 | 9,937,599 | 2,259,261 |
| e Other | | 21,946,516 | 18,240,646 | 3,705,870 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 13,427,174 |

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) US GOVERNMENT & AGENCY OBLIGATIONS | 57,584,589 | F |
| (B) CORPORATE BONDS | 48,557,450 | F |
| (C) ASSET-BACKED SECURITIES | 19,634,165 | F |
| (D) MORTGAGE-BACKED SECURITIES | 100,019,708 | F |
| (E) COMMINGLED FUNDS | 10,317,744 | F |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 236,113,656 | |

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 | |
| DEFERRED COMPENSATION LIABILITY | 4,503,929 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 4,503,929 |

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

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

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

| | | | |
|----------|---|-----------|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,269,667,778 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 3,665,341 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 3,665,341 |
| 3 | Subtract line 2e from line 1 | 3 | 2,266,002,437 |
| 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 | 1,019,679 |
| b | Other (Describe in Part XIII) | 4b | -16,002 |
| c | Add lines 4a and 4b | 4c | 1,003,677 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 2,267,006,114 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | |
|----------|--|-----------|---------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,224,772,118 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 2,224,772,118 |
| 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 | 1,019,679 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 1,019,679 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 2,225,791,797 |

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 |
|------------------|-------------|
| | |
| | |
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Additional Data

Software ID:

Software Version:

EIN: 95-3858259

Name: SCAN HEALTH PLAN

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | UNDER FASB ASC 740, INCOME TAXES, THE COMPANY 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, 2016 AND 2015, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS |

Supplemental Information

| Return Reference | Explanation |
|---|----------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | LOSS ON SALE -16,002 |

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization SCAN HEALTH PLAN

Employer identification number

95-3858259

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry, corresponding to the columns in the header above.

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

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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (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 | ALL GRANTEEES SUBMIT A QUARTERLY REPORT DOCUMENTING METRICS AND PERFORMANCE YEAR-TO-DATE THROUGHOUT THE DURATION OF THE FUNDING THE MANAGER, COMMUNITY OUTREACH AND GIVING, TRACKS AND REVIEWS THE REPORTS TO ENSURE COMPLIANCE THE MANAGER ADDRESSES ANY IDENTIFIED ISSUES WITH THE GRANTEE TO DETERMINE CAUSES AND ANY REMEDIATION REQUIRED ISSUES WITH COMPLIANCE ARE RAISED TO THE VICE PRESIDENT, INDEPENDENCE AT HOME, WHO WILL ASSIST WITH REMEDIATION OR ELEVATE TO THE COMMUNITY GIVING COMMITTEE (CGC) FOR ADVISEMENT AND/OR APPROVAL IF A CHANGE TO THE GRANTEE'S SCOPE OF WORK IS REQUIRED |

Additional Data

Software ID:
Software Version:
EIN: 95-3858259
Name: SCAN HEALTH PLAN

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ABILITY FIRST 1300 EAST GREEN STREET PASADENA, CA 91106 | 95-1690983 | 501(C)(3) | 5,000 | | | | GRANT |
| ACACIA ADULT DAY SERVICES 11391 ACACIA PARKWAY GARDEN GROVE, CA 92840 | 95-3509323 | 501(C)(3) | 15,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK E STE 4393 LOS ANGELES, CA 90067 | 95-3301874 | 501(C)(3) | 25,000 | | | | GRANT |
| AGE WELL SENIOR SERVICES 24461 RIDGE ROUTE DR STE 220 LAGUNA HILLS, CA 92653 | 93-1163563 | 501(C)(3) | 10,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ALZHEIMER'S ASSOCIATION 4221 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90010 | 95-3718119 | 501(C)(3) | 25,000 | | | | SPONSORSHIP - EARLY MEMORY LOSS CONFERENCE |
| ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 92646 | 95-3463975 | 501(C)(3) | 15,000 | | | | PROVIDE DEMENTIA- SPECIFIC ADULT DAY SERVICES TO SENIORS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY IRVINE, CA 92614 | 95-3702013 | 501(C)(3) | 20,000 | | | | GRANT |
| CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE PO BOX 800371 SANTA CLARITA, CA 91380 | 94-2552489 | 501(C)(3) | 10,000 | | | | SPONSORSHIP - 42ND ANNUAL MEETING |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CALIFORNIA COMMISSION ON AGING 73 COLGATE DRIVE RANCHO MIRAGE, CA 92270 | 77-0187875 | 501(C)(3) | 5,000 | | | | SPONSORSHIP - AGING, WOMEN AND POVERTY FORUM |
| CHINESE AMERICAN COALITION FOR COMPASSIONATE CARE PO BOX 276 CUPERTINO, CA 95015 | 26-0895114 | 501(C)(3) | 15,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COLORADO RIVER SENIOR CITIZENS HC 20 BOX 3408 BLYTHE, CA 92225 | 33-0143646 | 501(C)(3) | 5,000 | | | | GRANT |
| CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP RD THOUSAND OAKS, CA 91360 | 95-2992927 | 501(C)(3) | 15,000 | | | | PROVIDE 1,600 HOME DELIVERED MEALS TO LOW INCOME, HOMEBOUND SENIORS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COUNCIL ON AGING ORANGE COUNTY 1971 EAST 4TH ST SUITE 200 SANTA ANA, CA 92705 | 95-2874089 | 501(C)(3) | 20,000 | | | | GRANT |
| EPISCOPAL SENIOR COMMUNITIES FOUNDATION 2185 N CALIFORNIA BLVD STE 575 WALNUT CREEK, CA 94596 | 46-0502111 | 501(C)(3) | 15,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD FINDERS 3744 N INDUSTRY AVENUE 401 LAKEWOOD, CA 90712 | 33-0412749 | 501(C)(3) | 10,000 | | | | GRANT |
| FOUNDATION FOR SENIOR CARE PO BOX 2155 FALLBROOK, CA 92088 | 95-3389263 | 501(C)(3) | 20,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HELPING HAND WORLD WIDE 31121 HOLLY DR LAGUNA BEACH, CA 92651 | 75-3164621 | 501(C)(3) | 5,000 | | | | GRANT |
| HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE BELL GARDENS, CA 90201 | 95-1816054 | 501(C)(3) | 15,000 | | | | SPONSORSHIP - SPIRIT OF SERVICE GALA |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ILLUMINATION FOUNDATION 2691 RICHTER AVE STE 107 IRVINE, CA 92606 | 71-1047686 | 501(C)(3) | 25,000 | | | | GRANT |
| INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118 | 94-2978977 | 501(C)(3) | 25,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FAMILY AND CHILDREN'S SERVICE OF LONG BEACH AND WEST ORANGE COUNTY 3801 E WILLOW ST LONG BEACH, CA 90815 | 95-2273033 | 501(C)(3) | 5,000 | | | | GRANT |
| JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123 | 95-1644024 | 501(C)(3) | 10,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FAMILY SERVICE OF THE DESERT 490 S FARRELL DRIVE SUITE C-208 PALM SPRINGS, CA 92262 | 33-0613083 | 501(C)(3) | 10,000 | | | | GRANT |
| JEWISH FEDERATION OF GREATER LONG BEACH AND WEST ORANGE COUNTY 3801 E WILLOW STREET LONG BEACH, CA 90815 | 95-1647830 | 501(C)(3) | 15,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE LAKEWOOD, CA 90712 | 95-2929207 | 501(C)(3) | 5,000 | | | | GRANT |
| LITTLE BROTHERS-FRIENDS OF THE ELDERLY 909 HYDE ST SUITE 628 SAN FRANCISCO, CA 94109 | 94-3143730 | 501(C)(3) | 15,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MEALS ON WHEELS GREATER SAN DIEGO 2254 SAN DIEGO AVE STE 200 SAN DIEGO, CA 92110 | 95-2660509 | 501(C)(3) | 20,000 | | | | GRANT |
| MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124 | 94-1741155 | 501(C)(3) | 15,000 | | | | PROVIDE 3,650 MEALS TAILORED TO DIETARY RESTRICTIONS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MEALS ON WHEELS WEST 1823 S MICHIGAN AVE SANTA MONICA, CA 90404 | 95-4613280 | 501(C)(3) | 10,000 | | | | PROVIDE MEDICALLY APPROPRIATE MEALS AND WELLNESS CHECKS TO SENIORS |
| ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406 | 95-4066979 | 501(C)(3) | 20,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET ST SUITE 600 SAN FRANCISCO, CA 94105 | 94-3093623 | 501(C)(3) | 25,000 | | | | SPONSORSHIP - CA QUALITY COLLABORATIVE |
| PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038 | 95-4115863 | 501(C)(3) | 20,000 | | | | GRANT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PROJECT OPEN HAND 730 POLK ST FL 3 SAN FRANCISCO, CA 94109 | 94-3023551 | 501(C)(3) | 5,000 | | | | GRANT |
| RIVERSIDE MEALS ON WHEELS 4845 BROCKTON AVE RIVERSIDE, CA 92506 | 23-7262925 | 501(C)(3) | 10,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SECOND HARVEST FOODBANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618 | 32-0362611 | 501(C)(3) | 20,000 | | | | GRANT |
| SELF-HELP FOR THE ELDERLY 731 SANSOME STREET STE 100 SAN FRANCISCO, CA 94111 | 94-1750717 | 501(C)(3) | 20,000 | | | | GRANT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SERVING SENIORS 525 14TH STREET SUITE 200 SAN DIEGO, CA 92101 | 95-2850121 | 501(C)(3) | 25,000 | | | | PROVIDE EMERGENCY ASSISTANCE TO LOWEST INCOME, HIGH RISK SENIORS |
| SF-MARIN FOODBANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107 | 94-3041517 | 501(C)(3) | 10,000 | | | | GRANT |

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 FRANCIS LIVING ROOM 350 GOLDEN GATE AVE SAN FRANCISCO, CA 94102 | 74-3159355 | 501(C)(3) | 5,000 | | | | GRANT |
| THE FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVE LONG BEACH, CA 90813 | 95-3557056 | 501(C)(3) | 10,000 | | | | BROWN BAG PROGRAM |

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 HEALTH TRUST 3180 NEWBERRY DRIVE SUITE 200 SAN JOSE, CA 95118 | 94-6050231 | 501(C)(3) | 20,000 | | | | PROVIDE HOME DELIVERED MEALS AND WELLNESS CHECKS TO SENIORS |
| US VETS 800 WEST 6TH STREET SUITE 1505 LOS ANGELES, CA 90017 | 95-4382752 | 501(C)(3) | 5,000 | | | | SPONSORSHIP - LONG BEACH 5K/10K WALK, RUN, ROLL |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WISE & HEALTHY AGING 1527 4TH STREET SANTA MONICA, CA 90401 | 95-2788014 | 501(C)(3) | 5,000 | | | | SPONSORSHIP - CELEBRATION OF CARING |
| YWCA OF SAN GABRIEL VALLEY 943 NORTH GRAND AVE COVINA, CA 91724 | 95-1641967 | 501(C)(3) | 20,000 | | | | GRANT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

| | |
|--|--|
| Name of the organization SCAN HEALTH PLAN | Employer identification number 95-3858259 |
|--|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|--|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b | Yes | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | Yes | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | No | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | | | | | | | | |
| a The organization? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | No | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | | | | | | | | |
| a The organization? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | No | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | No | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

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 | | | | |
| See Additional Data Table | | | | | | | |

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 |
|-------------------------|--------------------|
| See Additional Data | |

Additional Data

Software ID:
Software Version:
EIN: 95-3858259
Name: SCAN HEALTH PLAN

Part III, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | SCAN HEALTH PLAN APPROVED AND PAID FOR FIRST CLASS TRAVEL FOR CEO CHRISTOPHER WING ON 6 OCCASIONS WHERE THE FLIGHT WAS 4 HOURS OR LONGER, MR WING IS SIX FEET FIVE INCHES TALL AND A REGULAR AIRPLANE SEAT IS EXTREMELY UNCOMFORTABLE FOR LONG FLIGHTS THE BENEFITS OF FIRST CLASS TRAVEL WERE NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL |

Part III, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 3 | COMPENSATION FOR THE CEO AND CFO WAS ESTABLISHED BY A RELATED ORGANIZATION, SCAN GROUP, AND PAID BY THE COMPANY THE RELATED ORGANIZATION USED THE FOLLOWING TO ESTABLISH THE CEO'S AND CFO'S COMPENSATION 1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) COMPENSATION SURVEY OR STUDY, 4) APPROVAL BY THE BOARD OF DIRECTORS |

Part III, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4A | DURING 2016, THE EMPLOYMENT RELATIONSHIP OF THE FOLLOWING EMPLOYEE OF SCAN HEALTH PLAN ENDED IN CONNECTION WITH THE TERMINATION OF HIS EMPLOYMENT, SCAN HEALTH PLAN NEGOTIATED AND PAID SEVERANCE TO THE EMPLOYEE THE SEVERANCE PAYMENT WAS IN ACCORDANCE WITH THE TERMS OF THE EXECUTIVE SEVERANCE POLICY FOR VICE PRESIDENTS AND ABOVE DENNIS TSE - SCAN HEALTH PLAN - \$126,250 |

Part III, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B | THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO OFFICERS AND SENIOR VICE PRESIDENTS VIA ITS SECTION 457(F) PLAN SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII EVE GELB - \$60,203 KWAN-MOON LEUNG - \$89,721 SHERRY STANISLAW - \$269,770 PETER BEGANS - \$36,083 PURSUANT TO THE TERMS AND CONDITIONS OF THE SECTION 457(F) PLAN, A PARTICIPANT BECOMES 100% VESTED IN THE EMPLOYER CONTRIBUTION UPON THE OCCURRENCE OF ANY OF THE FOLLOWING WHILE THE PARTICIPANT IS AN EMPLOYEE 1) THE PARTICIPANT HAS TEN YEARS OF CONTINUOUS EMPLOYMENT, COUNTING ONLY SERVICE AFTER DECEMBER 31, 2005 2) THE PARTICIPANT REACHES THE AGE OF 62 AND HAS FIVE YEARS OF CONTINUOUS EMPLOYMENT, 3) THE PARTICIPANT'S INVOLUNTARY TERMINATION, 4) THE PARTICIPANT'S DISABILITY, OR 5) THE PARTICIPANT'S DEATH DEFERRED COMPENSATION FOR 2016, REPORTED ON SCHEDULE J, PART II, AND COLUMN C CONSISTS OF THE FOLLOWING 1) 457(F) EMPLOYER CONTRIBUTIONS SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED IN THE ITEMS (1) THROUGH (5) ABOVE BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE 2) 457(B) IS A DEFERRED COMPENSATION PLAN THAT EMPLOYER AND EMPLOYEE CONTRIBUTES TO UP TO THE COMPANY'S DEFINED AND IRS ANNUAL LIMITS 3) 403(B) QUALIFIED RETIREMENT PLAN CONTRIBUTIONS (EMPLOYER MATCH AND SAFE HARBOR) - UP TO THE IRS ANNUAL LIMITS 4) THE COMPANY PROVIDES AN INCENTIVE PLAN TO VICE PRESIDENTS AND ABOVE THERE ARE TWO COMPONENTS OF THE COMPANY INCENTIVE PLAN (ICP) A ANNUAL ICP AWARD - PAID ON OR AROUND APRIL 1ST OF THE SUBSEQUENT YEAR B DEFERRED ICP AWARD - BASED ON THE VESTING TERMS AND CONDITIONS FOR THIS COMPONENT, THERE IS SUBSTANTIAL RISK OF FORFEITURE |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 RYAN TRIMBLE DIRECTOR | (i) | 156,949 | 0 | 0 | 0 | 0 | 156,949 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 CHRISTOPHER WING CHIEF EXECUTIVE OFFICER | (i) | 649,858 | 903,597 | 21,612 | 1,049,218 | 25,700 | 2,649,985 | 903,597 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 WILLIAM ROTH PRESIDENT | (i) | 475,245 | 431,721 | 21,612 | 546,419 | 36,423 | 1,511,420 | 431,721 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 NANCY MONK CHIEF ADMIN OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 399,681 | 270,710 | 21,612 | 368,558 | 21,961 | 1,082,522 | 270,710 |
| 4 CATHERINE BATTEER SVP & GM ALL SCAN MARKETS | (i) | 344,664 | 247,389 | 21,303 | 313,192 | 1,985 | 928,533 | 247,389 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 VINOD MOHAN CHIEF FINANCIAL OFFICER | (i) | 443,860 | 255,013 | 19,260 | 412,446 | 32,727 | 1,163,306 | 255,013 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 JANET KORNBLATT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 342,164 | 201,010 | 27,756 | 303,833 | 4,485 | 879,248 | 201,010 |
| 7 SHERRY STANISLAW SVP GM, SOUTHERN CA | (i) | 292,437 | 175,088 | 292,039 | 187,504 | 15,085 | 962,153 | 175,088 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 PETER BEGANS SVP PUBLIC GOV'T & COMMUNITY AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 309,396 | 188,807 | 58,764 | 191,147 | 33,290 | 781,404 | 188,807 |
| 9 EVE GELB SVP HEALTHCARE SERVICES | (i) | 254,000 | 140,254 | 79,069 | 171,080 | 28,213 | 672,616 | 140,254 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 JOSH GOODE CHIEF TECHNOLOGY EXECUTIVE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 309,714 | 125,847 | 18,696 | 219,373 | 18,871 | 692,501 | 125,847 |
| 11 RIAZ ALI CHIEF MARKETING EXECUTIVE | (i) | 279,708 | 121,506 | 18,569 | 194,388 | 25,948 | 640,119 | 121,506 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 KWAN-MOON LEUNG SVP HEALTHCARE INFORMATICS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 311,150 | 160,699 | 109,337 | 202,045 | 9,044 | 792,275 | 160,699 |
| 13 ROMILLA BATRA CHIEF MEDICAL EXECUTIVE | (i) | 348,270 | 142,558 | 19,172 | 231,810 | 9,775 | 751,585 | 142,558 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 DAVID MILLIGAN SVP SALES | (i) | 282,596 | 144,754 | 19,454 | 201,390 | 23,176 | 671,370 | 144,754 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 RUSSELL BROWER MEDICAL DIRECTOR | (i) | 290,698 | 115,345 | 20,862 | 131,540 | 32,554 | 590,999 | 115,345 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 DENNIS TSE OUTGOING CORPORATE MEDICAL DIRECTOR | (i) | 182,679 | 25,250 | 144,850 | 0 | 18,595 | 371,374 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 YUAN QIN CORP VP ACTUARIAL SVCS | (i) | 291,883 | 84,567 | 18,641 | 153,423 | 5,357 | 553,871 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 SHARON JI CORPORATE VP PHARMACY | (i) | 313,988 | 132,843 | 18,621 | 155,404 | 15,146 | 636,002 | 132,843 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 DAN OSTERWEIL MEDICAL DIRECTOR | (i) | 320,185 | 93,639 | 26,963 | 136,403 | 3,197 | 580,387 | 93,639 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number

95-3858259

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF THE ORGANIZATION IS SCAN GROUP, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | THE SOLE MEMBER HAS THE POWER TO APPOINT THE MEMBERS OF THE BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM OF DELOITTE TAX, LLP, WORKING IN CONJUNCTION WITH SCAN'S FINANCE DEPARTMENT. SCAN HEALTH PLAN'S DIRECTOR OF ACCOUNTING HAS DIRECT RESPONSIBILITY FOR THIS EFFORT, SUBJECT TO SUPERVISION BY THE VICE PRESIDENT AND CONTROLLER OF SCAN HEALTH PLAN. 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, THE FORM 990 IS REVIEWED IN ITS ENTIRETY BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS OF SCAN GROUP AND ALL MEMBERS OF THE BOARD OF DIRECTORS AFTER IT IS PREPARED FOR FILING, BUT PRIOR TO FILING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | SCAN HEALTH PLAN REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ANNUAL CIRCULATION OF A CONFLICT OF INTEREST POLICY AND DISCLOSURE QUESTIONNAIRE WHICH ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND MEMBERS OF EXECUTIVE MANAGEMENT MUST COMPLETE AND SIGN IN ADDITION, THERE IS ANNUAL MANDATORY COMPLIANCE EDUCATION AND TRAINING SCAN'S COMPLIANCE DEPARTMENT IS RESPONSIBLE FOR ENFORCEMENT OF SCAN'S ROBUST COMPLIANCE PROGRAM AND SCAN'S POLICIES AND PROCEDURES MEMBERS OF THE EXECUTIVE TEAM ALSO HAVE RESPONSIBILITY FOR ENFORCEMENT THE LEGAL DEPARTMENT OF SCAN GROUP REVIEWS ALL CONTRACTUAL RELATIONSHIPS ENTERED INTO BY THE ORGANIZATION AND SCAN'S GENERAL COUNSEL IS RESPONSIBLE FOR MONITORING THE CONFLICT OF INTEREST QUESTIONNAIRE THE LEGAL DEPARTMENT OF SCAN GROUP MONITORS AND ENFORCES ADHERENCE TO THESE POLICIES ON AN ONGOING BASIS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15B | <p>THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO) OF SCAN HEALTH PLAN IS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SCAN GROUP, ALL THE VOTING MEMBERS OF WHICH ARE INDEPENDENT PERSONS IN DETERMINING THE COMPENSATION OF THE 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 ORGANIZATIONS, 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 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 SCAN HEALTH PLAN BASED UPON CERTAIN INDUSTRY STANDARD METRICS THE COMPENSATION COMMITTEE DELIBERATES ON THE ISSUE OF THE 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 THESE DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS OF SCAN GROUP REGARDING THE COMPENSATION PACKAGE FOR THE CEO FOR THE FOLLOWING YEAR THE FULL BOARD OF DIRECTORS OF SCAN GROUP DELIBERATES AND THEN VOTES ON SUCH RECOMMENDATION, THE CEO 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 SUBSTANTIATE SUCH DELIBERATIONS AND DECISIONS THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION REPORT AND GUIDANCE RELATED TO THE 2016 SALARY PACKAGE WAS ERNST & YOUNG EFFECTIVE 6/1/2016, THE OUTSIDE COMPENSATION CONSULTANT PROVIDING SUCH TOOLS AND GUIDANCE IS SULLIVAN COTTER THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS OR OTHER KEY EMPLOYEES OF SCAN HEALTH PLAN AND SCAN GROUP IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT AND CHIEF EXECUTIVE OFFICER (CEO) OF SCAN HEALTH PLAN, WITH THE APPROVAL OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SCAN GROUP ALL OF THE VOTING MEMBERS OF THE COMPENSATION 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 NONPROFIT ORGANIZATIONS, 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 EACH YEAR WHICH</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15B | <p>CH FURNISHES THE BASIS FOR THE DETERMINATION OF EACH EMPLOYEE'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 SCAN HEALTH PLAN BASED ON VARIOUS METRICS. THE CHIEF EXECUTIVE OFFICER (CEO) MAKES A RECOMMENDATION TO THE COMPENSATION COMMITTEE WITH RESPECT TO EACH EMPLOYEE'S COMPENSATION PACKAGE IN LIGHT OF THE EXECUTIVE COMPENSATION REPORT. AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH MATTERS, QUESTIONS ARE ASKED OF, AND ANSWERED BY, THE COMPENSATION CONSULTANT, REGARDING THEIR REPORT AND OTHER MATTERS RELEVANT TO THE PACKAGE, PURSUANT TO THEIR DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A DECISION REGARDING THE COMPENSATION PACKAGE FOR SUCH EMPLOYEES FOR THE FOLLOWING YEAR. THE MINUTES OF THE COMPENSATION COMMITTEE FOR THIS MEETING ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND SUBSTANTIATE SUCH DELIBERATIONS AND DECISIONS. THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION REPORT AND GUIDANCE RELATED TO THE 2016 SALARY PACKAGE WAS ERNST & YOUNG. EFFECTIVE 6/1/2016, THE OUTSIDE COMPENSATION CONSULTANT PROVIDING SUCH TOOLS AND GUIDANCE IS SULLIVAN COTTER.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | SCAN HEALTH PLAN'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC SCAN HEALTH PLAN'S AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH THE DEPARTMENT OF MANAGED HEALTH CARE'S WEBSITE AND TAX RETURNS ARE AVAILABLE ON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART IX, LINE 11G | MEDICAL SERVICES PROGRAM SERVICE EXPENSES 1,980,040,181 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,980,040,181 OTHER FEES PROGRAM SERVICE EXPENSES 734,667 MANAGEMENT AND GENERAL EXPENSES 39,333,858 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,068,525 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | FUND BALANCE TRANSFER TO SCAN GROUP -65,000,000 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number

95-3858259

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) SCAN GROUP 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 95-3826037 | ADMIN SUPPORT | CA | 501(C)(3) | 12B | N/A | | No |
| (2) THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY SUITE 400 LONG BEACH, CA 90806 45-0552845 | GRANT MAKING | CA | 501(C)(3) | 12B | SCAN GROUP | Yes | |
| (3) SCAN HEALTH PLAN ARIZONA 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 73-1729007 | MEDICARE ADVANTAGE | AZ | 501(C)(4) | N/A | SCAN GROUP | Yes | |
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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 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) SCAN HEALTHCHECK ASSESSMENT CENTERS INC 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2962358 | HEALTHCARE | CA | N/A | C | | | | Yes | |
| (2) SCAN CALIFORNIA MANAGEMENT COMPANY 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2951831 | MANAGEMENT | CA | N/A | C | | | | Yes | |
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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) | Yes | |
| 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) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| 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 | B | 65,000,000 | BOOK VALUE |
| (2)SCAN GROUP | P | 43,031,110 | BOOK VALUE |
| (3)SCAN HEALTH PLAN ARIZONA | P | 1,943,310 | BOOK VALUE |
| (4)THE SCAN FOUNDATION | Q | 284,815 | BOOK VALUE |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--|
| PART V, LINE 2 | THE PERCENTAGE OF ALLOCATION TO AFFILIATED COMPANIES IS DETERMINED BASED ON ESTIMATED PERCENTAGE OF TIME WORKED, PERCENTAGE OF HEADCOUNT, PERCENTAGE OF SCAN MEMBERSHIP, AND/OR THE PERCENTAGE OF BID SUBMISSIONS, AS APPROPRIATE BASED ON THE NATURE OF THE EXPENSE |