

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
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 \$ 2,952,949,113

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 2018 (Part V, line 2a)	1,097
6 Total number of volunteers (estimate if necessary)	1,752
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	612,472

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,557,140	3,367,909
9 Program service revenue (Part VIII, line 2g)	2,563,219,473	2,717,815,708
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,233,794	11,027,159
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-64,083	-17,502
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,574,946,324	2,732,193,274
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	954,027	892,588
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)	94,882,525	95,578,254
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)	2,446,499,257	2,603,138,959
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,542,335,809	2,699,609,801
19 Revenue less expenses Subtract line 18 from line 12	32,610,515	32,583,473
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	563,484,926	621,882,446
21 Total liabilities (Part X, line 26)	184,435,696	225,018,778
22 Net assets or fund balances Subtract line 21 from line 20	379,049,230	396,863,668

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2019-10-25

CHRISTOPHER WING CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DELOITTE TAX LLP Preparer's signature: Date: PTIN: P00545657

Firm's name: DELOITTE TAX LLP Firm's EIN: 86-1065772

Firm's address: 695 TOWN CENTER DRIVE SUITE 1200 COSTA MESA, CA 92626 Phone no: (714) 436-7100

Part III Statement of Program Service AccomplishmentsCheck 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 \$	2,480,704,838	including grants of \$) (Revenue \$	2,717,815,708)
	See Additional Data					

4b	(Code)	(Expenses \$	13,647,995	including grants of \$	892,588) (Revenue \$)
	See Additional Data					

4c	(Code)	(Expenses \$	2,048,582	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 ▶		2,496,401,415			
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	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>	36	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>	37	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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5,991
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	1,097			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		Yes		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: VIRGINIA HAVAI 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 908065616 (562) 989-5100

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	3,367,909			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		3,367,909			
Program Service Revenue			Business Code			
	2a MEDICARE PREMIUMS	900099	2,662,351,920	2,662,351,920		
	b MEDI-CAL PREMIUMS	900099	55,463,788	55,463,788		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,717,815,708				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,660,229		8,660,229	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		26,700				
		b Less rental expenses	45,993			
		c Rental income or (loss)	-19,293			
	d Net rental income or (loss)			-19,293	-19,293	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		223,076,776				
		b Less cost or other basis and sales expenses	220,651,875	57,971		
		c Gain or (loss)	2,424,901	-57,971		
	d Net gain or (loss)			2,366,930	2,366,930	
	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 CLAIMS REFUND REVENUE	900099	1,791		1,791		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		1,791				
12 Total revenue. See Instructions		2,732,193,274	2,717,815,708	0	11,009,657	

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	892,588	892,588		
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	7,900,497		7,900,497	
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	70,796,678	40,551,267	30,245,411	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,534,322	2,286,260	2,248,062	
9 Other employee benefits	7,689,522	4,608,729	3,080,793	
10 Payroll taxes	4,657,235	2,704,213	1,953,022	
11 Fees for services (non-employees)				
a Management				
b Legal	11,353	11,353		
c Accounting	441,958	30,211	411,747	
d Lobbying	1,061,375		1,061,375	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	952,936		952,936	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,454,341,473	2,440,206,963	14,134,510	
12 Advertising and promotion	12,671,120	164,678	12,506,442	
13 Office expenses	1,914,276	1,790,972	123,304	
14 Information technology	1,895,838	485,121	1,410,717	
15 Royalties				
16 Occupancy	454,511	426,505	28,006	
17 Travel	1,112,852	393,826	719,026	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,272	40,912	38,360	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,132,093	28,853	4,103,240	
23 Insurance	8,230	8,230		
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 AFFL	87,632,606	1,417,669	86,214,937	
b BROKER COMMISSIONS	35,118,575		35,118,575	
c FEDERAL, STATE, COUNTY	398,536	5,145	393,391	
d DUES & SUBSCRIPTIONS	332,295	146,163	186,132	
e All other expenses	579,660	201,757	377,903	
25 Total functional expenses. Add lines 1 through 24e	2,699,609,801	2,496,401,415	203,208,386	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	-8,334,790	1	-9,666,253
	2 Savings and temporary cash investments	128,517,859	2	152,678,673
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	82,196,618	4	113,052,737
	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	1,570,986	9	5,879,553
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 69,411,638		
	b Less accumulated depreciation	10b 52,664,724	13,445,868	10c 16,746,914
	11 Investments—publicly traded securities	105,556,360	11	99,670,142
	12 Investments—other securities See Part IV, line 11	240,232,025	12	243,220,680
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	300,000	15	300,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	563,484,926	16	621,882,446	
Liabilities	17 Accounts payable and accrued expenses	174,255,674	17	204,992,394
	18 Grants payable	2,276	18	6,685
	19 Deferred revenue	4,277,030	19	13,885,824
	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	5,900,716	25	6,133,875
	26 Total liabilities. Add lines 17 through 25	184,435,696	26	225,018,778
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	379,049,230	27	396,863,668
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	379,049,230	33	396,863,668	
34 Total liabilities and net assets/fund balances	563,484,926	34	621,882,446	

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	2,732,193,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,699,609,801
3	Revenue less expenses Subtract line 2 from line 1	3	32,583,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379,049,230
5	Net unrealized gains (losses) on investments	5	-14,769,035
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	396,863,668

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 95-3858259

Name: SCAN HEALTH PLAN

Form 990 (2018)

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

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), SCAN'S COMMUNITY BENEFIT DIVISION THROUGH THE PROGRAMS RUN BY IAH, SCAN HAS CONNECTED WITH TENS OF THOUSANDS OF SENIORS AND CAREGIVERS ACROSS ITS SERVICE AREAS IAH IS FUNDED BY STATE & COUNTY CONTRACTS AS WELL AS 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) SINCE 1997, THIS PROGRAM HAS PROVIDED LONG-TERM IN-HOME CARE MANAGEMENT FOR ADULTS 65 PLUS WHO QUALIFY FOR MEDI-CAL - CALIFORNIA COMMUNITY TRANSITIONS (CCT) THIS PROGRAM ASSISTS WITH THE SAFE TRANSITION FROM HEALTHCARE FACILITIES BACK TO COMMUNITY LIVING - 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 FAMILY CAREGIVER PROGRAM (FCSP) THROUGH THIS PROGRAM, FAMILY CAREGIVERS RECEIVE INFORMATION, TRAINING, COUNSELING, CARE MANAGEMENT, RESPITE AND COMMUNITY RESOURCE REFERRALS - INSIGHTS THIS PROGRAM PROVIDES IN-HOME MENTAL HEALTH SUPPORT - COMMUNITY MEDICATION, EDUCATION, DATA & SAFETY (CMEDS) IN-HOME MEDICATION SAFETY AND ADHERENCE PROGRAM - CAREGIVERS & OLDER ADULTS CONNECTED AND HEALTHY (COACH) IN-HOME CARE MANAGEMENT FOR SENIORS AND/OR THEIR CAREGIVERS 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 GRANTEES ARE IDENTIFIED AND CONTACTED BY OUR STAFF POLICIES AND PROCEDURES A IDENTIFICATION AND VETTING OF POTENTIAL PROGRAM GRANTEES - THE DIRECTOR, COMMUNITY OUTREACH, COLLABORATES 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 GRANTEES 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 GRANTEES - THE DIRECTORS AND THE MANAGER, COMMUNITY OUTREACH AND GIVING, USE VARIOUS METHODS, INCLUDING OUTBOUND CALLS, INTERNET RESEARCH, AND INDUSTRY RATINGS TO REVIEW THE POTENTIALGRANTEE POOL AND GENERATE A SHORTLIST C EVALUATION AND SELECTION OF GRANTEES 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 INDEPENDENCE 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 COMMUNITY GIVING PROGRAM THE CGC BASES ITS DECISION TO MAKE AGREES ON THE INFRASTRUCTURE OF THE GRANTEE ORGANIZATION, THEIR PERCEIVED ABILITY TO EFFECTIVELY AND EFFICIENTLY IMPACT THE LIVES OF SENIORS, AND THEIR ABILITY TO 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 DIRECTOR, COMMUNITY OUTREACH AND GIVING, REVIEWS EACH APPLICATION AND DISCUSSES CRITERIA WITH THE IAH VICE PRESIDENT AND COMMUNITY OUTREACH TEAM, IN ORDER TO MAKE A RECOMMENDATION FOR FUNDING THE LIST OF RECOMMENDED GRANTEES 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 ALL GRANTEES 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 2018, VOLUNTEERS IN THE COMMUNITY DONATED OVER 8,968 HOURS TO COMPLETE 94 SENIOR SUPPORT EVENTS/PROGRAMS, HOSTED 474 COMMUNITY EVENTS, AND DELIVERED 2,200 THANKSGIVING MEALS SCAN HEALTH PLAN COMMUNITY OUTREACH SCAN HEALTH PLAN HAS A 40 PLUS YEAR-LONG 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 OUTREACHACTIVITIES 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 SCAN HEALTH PLAN COMMUNITY GIVING PROGRAM SCAN HAS SUPPORTED THE FOLLOWING INSTITUTE ON AGING, ALZHEIMER'S FAMILY SERVICES CENTER, FALLBROOK HEALTHCARE FOUNDATION, INC /FOUNDATION FOR SENIOR CARE, FOOD FOR THOUGHT, LITTLE BROTHERS FRIENDS OF THE ELDERLY, ABILITY FIRST, FOODBANK OF SOUTHERN CALIFORNIA, ALZHEIMER'S GREATER LOS ANGELES, ONEGENERATION, JFS OF THE DESERT, COLORADO RIVER SENIOR CITIZENS, JEWISH FAMILY SERVICE OF SAN DIEGO, REDWOOD EMPIRE FOOD BANK, ALZHEIMER'S ASSOCIATION SAN DIEGO, RIVERSIDE MEALS ON WHEELS, PROJECT OPEN HAND, JEWISH FAMILY AND CHILDREN'S SERVICE OF LONG BEACH, ALZHEIMER'S ASSOCIATION ORANGE COUNTY, SF-MARIN FOOD BANK, COVIA (EPISCOPAL SENIOR COMMUNITIES), AGE WELL SENIOR SERVICES, PATH (PEOPLE ASSISTING THE HOMELESS), PROJECT ANGEL FOOD, SECOND HARVEST FOOD BANK OF ORANGE COUNTY, AMERICAN CANCER SOCIETY, ALZHEIMER'S ASSOC SOUTHLAND, CONVALESCENT AID SOCIETY, LIGHHOUSE FOR THE BLIND, ALZHEIMER'S ASSOC CA CENTRAL, WISE AND HEALTHY AGING, AVENIDAS, CAREGIVER RESOURCE CENTER, INLAND CAREGIVER RESOURCE CENTER, JACOBS AND CUSHMAN SAN DIEGO FB, ALZHEIMER'S ORANGE COUNTY, SELF-HELP FOR THE ELDERLY, ST BARNABAS SENIOR SERVICES, THE HEALTH TRUST, MARIN SENIOR COORDINATING COUNCIL, SERVING SENIORS, ACACIA ADULT DAY SERVICES, HUMAN SERVICES ASSOCIATION, UCI FOUNDATION, JUSTICE IN AGING, COMMUNITY SERVICES RESOURCE CORPORATION, PLEASANT VALLEY RECREATION & PARK DISTRICT, MENTAL HEALTH ASSN OF ORANGE COUNTY, MOW LONG BEACH, LAAAC, PRIMETIME PLAYERS, ALZHEIMER'S ORANGE COUNTY, CALTCM, PACIFIC BUSINESS GROUP ON HEALTH, SENIORSERV, WISE AND HEALTHY AGING, CSULB ALUMNI ASSOCIATION, FOOD FINDERS, LEGACY FILM FESTIVAL ON AGING, PARTNERS IN CARE, COMMUNITY SERVICES RESOURCE CORPORATION, COMMUNITY ACTION PARTNERSHIP OF OC AMERICAN SENIOR SOCIETY ON AGING, CITY OF LB HEALTH AND HUMAN SERVICES

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, INCLUDING 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 THROUGH THIS PROGRAM, SCAN SHARES 5 STAR METRICS AND OTHER QUALITY DATA WITH OUR PROVIDERS 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 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, 2018, THE PROVIDER INTERGRATION PROGRAM INCURRED \$2,048,582 IN PROGRAM EXPENSES

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			
ANDREW ALLOCCO DIRECTOR	0 50 4 50	X						0	75,000	0
CHRISTOBEL E SELECKY DIRECTOR	0 55 4 95	X						0	83,000	0
CHRISTOPHER WING CHIEF EXECUTIVE OFFICER	31 50 8 50	X		X				2,484,966	0	1,308,262
COLLEEN CAIN DIRECTOR	0 55 8 35	X						0	124,500	0
FRANCESCA RUIZ DE LUZURIAGA CHAIRPERSON	0 60 8 20	X						0	150,000	0
JENNIE CHIN HANSEN DIRECTOR	0 55 9 35	X						0	130,000	0
KIM L HUNTER DIRECTOR (THROUGH 12/31/18)	0 50 4 50	X						0	75,000	0
LEOBARDO ESTRADA DIRECTOR (THROUGH 10/31/18)	0 55 4 95	X						0	69,167	0
LINDA ROSENSTOCK DIRECTOR	0 50 4 50	X						0	75,000	0
PATRICK SEAUER DIRECTOR	0 50 7 60	X						0	112,500	0

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			
RYAN TRIMBLE DIRECTOR	0 55 8 05	X						0	124,500	0
THOMAS HIGGINS DIRECTOR	0 50 7 30	X						0	110,000	0
CATHERINE BATTEER SVP PROVIDER INT & PARTNER	31 50 8 50			X				632,683	0	48,227
JANET KORNBLATT SECRETARY	31 50 8 50			X				0	629,051	376,747
NANCY MONK CHIEF ADMIN OFFICER	32 00 8 00			X				0	803,281	457,818
ROMILLA BATRA CHIEF MEDICAL OFFICER	32 00 8 00			X				642,710	0	361,855
VINOD MOHAN CHIEF FINANCIAL OFFICER	31 50 8 50			X				945,873	0	545,805
WILLIAM ROTH PRESIDENT	31 50 8 50			X				1,094,451	0	567,586
DAVID MILLIGAN SVP SALES	36 00 4 00				X			497,567	0	250,940
EVE GELB SVP HEALTHCARE SERVICES	36 00 4 00				X			506,815	0	230,958

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			
JOSH GOODE SVP CHIEF INFORMATION OFFICER	32 00 8 00				X			0	667,843	318,151
KWAN-MOON LEUNG SVP CHIEF INFORMATICS OFFICER	36 00 4 00				X			0	613,370	245,691
PETER BEGANS SVP PUBLIC GOVT & CMTY AFFAIRS	20 00 20 00				X			0	769,210	42,515
RIAZ ALI SVP CHIEF MARKETING EXECUTIVE	36 00 4 00				X			507,516	0	253,044
SHERRY STANISLAW SVP GENERAL MANAGER, CA MARKET	36 00 4 00				X			587,917	0	243,616
DAN OSTERWEIL MEDICAL DIRECTOR	32 00 8 00					X		486,417	0	167,028
MARTA MURILLO VP FP&A	32 00 8 00				X			511,799	0	37,285
RUSSELL E BROWER MEDICAL DIRECTOR	39 20 0 80				X			452,674	0	174,137
SHARONJIT JHAWAR CVP CHIEF PHARM OFFICER	32 00 8 00				X			522,008	0	197,145
YUAN QIN CVP ACTUARIAL SVCS	40 00 0 00				X			480,553	0	196,808

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,653,657	3,742,566	3,695,334	3,557,140	3,367,909	18,016,606
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	2,013,469,295	2,165,129,374	2,247,839,714	2,563,219,473	2,717,815,709	11,707,473,565
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	2,017,122,952	2,168,871,940	2,251,535,048	2,566,776,613	2,721,183,618	11,725,490,171
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.)						11,725,490,171

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,017,122,952	2,168,871,940	2,251,535,048	2,566,776,613	2,721,183,618	11,725,490,171
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,788,407	8,616,023	7,240,162	7,473,513	8,686,929	41,805,034
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,788,407	8,616,023	7,240,162	7,473,513	8,686,929	41,805,034
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.)					1,791	1,791
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,026,911,359	2,177,487,963	2,258,775,210	2,574,250,126	2,729,872,338	11,767,296,996
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 2018 (line 8, column (f) divided by line 13, column (f))	15	99.640 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.590 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.360 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.410 %

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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>		
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>		
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>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 95-3858259

Name: SCAN HEALTH PLAN

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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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
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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?		No	
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		986,186
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		75,189
j Total Add lines 1c through 1i			1,061,375
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 SENIORS 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		26,914,036	19,309,143	7,604,893
d Equipment		16,441,140	12,413,222	4,027,918
e Other		26,056,462	20,942,359	5,114,103
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				16,746,914

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	67,573,683	F
(B) CORPORATE BONDS	55,214,664	F
(C) ASSET-BACKED SECURITIES	24,079,415	F
(D) MORTGAGE-BACKED SECURITIES	87,321,390	F
(E) COMMINGLED FUNDS	9,031,528	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	243,220,680	

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	6,097,875
DEFERRED LIABILITY AMEX	36,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	6,133,875

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	2,716,517,296
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-14,769,035
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	45,993
e	Add lines 2a through 2d	2e	-14,723,042
3	Subtract line 2e from line 1	3	2,731,240,338
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	952,936
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	952,936
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,732,193,274

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	2,698,732,339
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	75,474
e	Add lines 2a through 2d	2e	75,474
3	Subtract line 2e from line 1	3	2,698,656,865
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	952,936
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	952,936
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,699,609,801

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	

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, 2018 AND 2017, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 45,993

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 45,993 OTHER ADJUSTMENT 29,481

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 53

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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 GRANTEES 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 E GREEN STREET PASADENA, CA 91106	95-1690983	501(C)(3)	5,000				SCANS FUNDS WILL SUPPORT THEIR SENIOR AQUATICS CLASSES, PROVIDING OPPORTUNITIES TO ENHANCE PHYSICAL FITNESS AND SOCIALIZE FOR SENIORS IN LONG BEACH
ACACIA ADULT DAY SERVICES 11391 ACACIA PARKWAY GARDEN GROVE, CA 92840	95-3509323	501(C)(3)	20,000				SCAN COMMUNITY GIVING FUNDS WILL SUPPORT ACACIA'S CONTINUED ABILITY TO PROVIDE THERAPEUTIC, SOCIAL AND RECREATION ACTIVITIES AND HEALTH SERVICES FOR UP TO 200 INDIVIDUALS WHO SPEND UP TO SIX HOURS A DAY AT THE SITE

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
AGE WELL SENIOR SERVICES 24461 RIDGE ROUTE DR STE 220 LAGUNA HILLS, CA 92653	93-1163563	501(C)(3)	10,000				A GRANT FROM SCAN WILL PROVIDE ACCESS TO BASIC NECESSITIES AND EXPENSES FOR SENIORS THAT ARE NEEDED TO LIVE INDEPENDENTLY ON AN EMERGENCY BASIS
ALZHEIMER'S ASSOC CA CENTRAL 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT THE COMMUNITY VOICES PROGRAM WHICH UTILIZES HIGHLY TRAINED VOLUNTEERS TO CONDUCT VITAL OUTREACH AND EDUCATION TO HARD TO REACH POPULATION GROUPS IN VENTURA COUNTY, PROVIDING THEM THE RESOURCES AND KNOWLEDGE TO DEAL WITH DEMENTIA AS CAREGIVERS OR FAMILY MEMBERS

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 ASSOC SOUTHLAND 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	5,000				A SCAN GRANT WILL BE UTILIZED FOR THE INLAND EMPIRE BILINGUAL SPANISH CARE AND SUPPORT PROGRAMS, PROVIDING EDUCATIONAL RESOURCES AND FURTHER SUPPORT FOR SPANISH SPEAKING CAREGIVERS IN THE INLAND EMPIRE
ALZHEIMER'S ASSOCIATION ORANGE COUNTY 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT TELEPHONE-BASED SUPPORT GROUPS FOR CAREGIVERS AS WELL AS TELEPHONE-BASED EDUCATION SESSIONS FOR CAREGIVERS THESE SERVE CAREGIVERS THAT DO NOT HAVE RESPITE OPTIONS OR HAVE FULL-TIME JOBS, MAKING IN PERSON OPTIONS DIFFICULT

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 SAN DIEGO 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	47-5534541	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT THE ALZHEIMERS ASSOCIATION SAN DIEGOS PROMOTORAS PROGRAM, TRAINING SPANISH SPEAKING VOLUNTEERS AS COMMUNITY HEALTH WORKERS TO CONDUCT EDUCATION AND OUTREACH IN THE CITY'S LATINO COMMUNITY, PROVIDING CULTURALLY INFORMED TRAINING AND WORKING TO DECREASE STIGMA AROUND THE DISEASE
ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 92646	95-3463975	501(C)(3)	15,000				A SCAN GRANT WILL SUPPORT ALZHEIMER'S FAMILY CENTER DEMENTIA-SPECIFIC ADULT DAY SERVICES, WHICH BENEFIT THE HEALTH OF MEMORY-IMPAIRED INDIVIDUALS AND HELPS TO PRESERVE MUTUAL INDEPENDENCE AND QUALITY OF LIFE FOR THEM AND THEIR FAMILY CAREGIVERS

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 GREATER LOS ANGELES 4221 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90010	95-3718119	501(C)(3)	20,000				A GRANT FROM SCAN WILL SUPPORT ALZHEIMER'S GREATER LA'S INLAND EMPIRE FAMILY SUPPORT PROGRAM, PROVIDING SUPPORT SERVICES AND EDUCATION FOR FAMILY CAREGIVERS OF INDIVIDUALS WITH ALZHEIMER'S DISEASE IN THE INLAND EMPIRE
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	95-3702013	501(C)(3)	22,750				A SCAN GRANT WILL SUPPORT THE SOUTH ORANGE COUNTY ADULT DAY SERVICES SOCIAL AND RECREATIONAL ACTIVITIES AS WELL AS ENHANCED CAREGIVER SUPPORT SERVICES AND EDUCATION, WORLD ELDER ABUSE AWARENESS DAY AND OC LEADERSHIP FORUM ON AGING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET SUITE 4B ATLANTA, GA 30303	13-1788491	501(C)(3)	5,000				SCAN COMMUNITY GIVING FUNDS WILL PROVIDE SUPPORT FOR THE ROAD TO RECOVERY PROGRAM, PROVIDING RIDES TO TREATMENT APPOINTMENTS FOR OLDER ADULT CANCER PATIENTS IN ORANGE COUNTY
AMERICAN SOCIETY ON AGING 575 MARKET STREET SUITE 2100 SAN FRANCISCO, CA 94105	94-2292868	501(C)(3)	6,000				ANNUAL CONFERENCE

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
AVENIDAS 4000 MIDDLEFIELD ROAD 1-2 PALO ALTO, CA 94303	94-1480548	501(C)(3)	5,000				A GRANT FROM SCAN WILL SUPPORT AVENIDAS INTENSIVE CASE MANAGEMENT PROGRAM, A VITAL PART OF THEIR ADULT DAY HEALTH PROGRAM THIS CASE MANAGEMENT CONNECTS LOW-INCOME SENIORS IN SANTA CLARA COUNTY WITH VITAL RESOURCES OUTSIDE OF THEIR TIME AT THE ADULT DAY HEALTH PROGRAM
CAREGIVER RESOURCE CENTER 101 E VALENCIA MESA DRIVE FULLERTON, CA 92835	77-0081692	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT THE EXPANSION OF OUTREACH AND SERVICES TO CAREGIVERS IN SOUTH ORANGE COUNTY, SPECIFICALLY THOSE THAT ARE SPANISH SPEAKING, GIVING THEM THE EDUCATION AND RESPITE THEY NEED TO BEST CARE FOR THEIR LOVED ONES

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
CITY OF LB HEALTH AND HUMAN SERVICES 2525 GRAND AVE LONG BEACH, CA 90815	95-6000733	501(C)(3)	30,000				QUARTERLY MEETINGS
COLORADO RIVER SENIOR CITIZENS HCR BOX 3408 BLYTHE, CA 92225	33-0143646	501(C)(3)	5,000				A SCAN GRANT WILL SUPPORT COLORADO RIVER SENIOR CITIZENS TO DELIVER MEALS-ON-WHEELS TO HOME BOUND SENIORS IN RURAL RIVERSIDE COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES RESOURCE CORPORATION 3333 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90010	95-3856945	501(C)(3)	12,000				OLDER ADULT SUMMIT AND LA FOUND
CONVALESCENT AID SOCIETY 3255 E FOOTHILL BLVD PASADENA, CA 91107	95-1782304	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT CONVALESCENT AID SOCIETY IN THEIR WORK OF LOANING DURABLE MEDICAL EQUIPMENT TO SENIORS IN NEED THROUGHOUT LOS ANGELES COUNTY, KEEPING THEM OUT OF SKILLED NURSING FACILITIES AND IN THEIR HOMES

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
COVIA (EPISCOPAL SENIOR COMMUNITIES) 2185 N CALIFORNIA BLVD SUITE 575 WALNUT CREEK, CA 94596	94-6130471	501(C)(3)	10,000				SCAN FUNDS WILL PROVIDE ACCESS TO BASIC NECESSITIES AND EXPENSES ON AN EMERGENCY BASIS FOR SENIORS THAT ARE NEEDED TO LIVE INDEPENDENTLY
CSULB 49ER FOUNDATION 1250 BELLFLOWER BLVD MS 5605 ET-200 ET-200 LONG BEACH, CA 90840	45-2163910	501(C)(3)	52,500				SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants to 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
FALLBROOK HEALTHCARE FOUNDATION INCFUNDATION FOR SENIOR CARE 135 S MISSION RD FALLBROOK, CA 92028	95-3389263	501(C)(3)	20,000				SCAN FUNDS WILL SUPPORT THE CONTINUED GROWTH OF THE FOUNDATION'S CARE VAN PROGRAM, PROVIDING SAFE, DOOR-TO-DOOR TRANSPORTATION FOR SENIORS IN THE FALLBROOK AREA
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT FOOD FOR THOUGHTS SENIOR NUTRITION PROGRAM, PROVIDING COMPREHENSIVE NUTRITION SERVICES FOR LOW-INCOME, SERIOUSLY ILL SENIORS INCLUDING WEEKLY GROCERIES, MEDICALLY TAILORED MEALS, NUTRITION COUNSELING, CONGREGATE LUNCH, AND CASE MANAGEMENT

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
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVE LONG BEACH, CA 90813	95-3557056	501(C)(3)	10,000				A GRANT FROM SCAN WILL SUPPORT THE BROWN BAG NETWORK PROGRAM FOR SENIORS, PROVIDING BIWEEKLY, NUTRITIOUS MEALS FOR LOW-INCOME SENIORS IN LOS ANGELES COUNTY
FUSE CORPS 235 MONTGOMERY ST SUITE 1110 SAN FRANCISCO, CA 94104	27-5469219	501(C)(3)	75,000				FELLOWSHIP 2017-2018

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
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE BELL GARDENS, CA 90201	95-1816054	501(C)(3)	10,000				SPIRIT OF SERVICE GALA
INLAND CAREGIVER RESOURCE CENTER 1430 E COLLEY DRIVE SUITE 124 COLTON, CA 92324	33-0460833	501(C)(3)	5,000				SCAN FUNDS WILL PROVIDE SUPPORT AND EDUCATIONAL SERVICES TO CAREGIVERS IN THE INLAND EMPIRE, SPECIFICALLY THOSE OF RESPITE AND EDUCATION

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
INNOVATIVE HEALTH CARE SERVICES PEG TAYLOR 124 PARMAC RD CHICO, CA 95926	68-0015216	501(C)(3)	30,000				ADULT DAY HEALTH CARE
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	501(C)(3)	25,000				SCAN COMMUNITY GIVING FUNDS WILL SUPPORT THE FRIENDSHIP LINE, THE ONLY ACCREDITED CRISIS LINE IN THE NATION SPECIFICALLY FOR OLDER ADULTS THE FRIENDSHIP LINE PROVIDES 24 HOUR CRISIS SUPPORT SERVICES AND A COMMUNITY CONNECTION FOR ISOLATED OLDER ADULTS

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
JACOBS AND CUSHMAN SAN DIEGO FB 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	15,000				A GRANT FROM SCAN WILL PROVIDE FRESH PRODUCE TO LOW-INCOME SENIORS IN THE SENIOR FOOD PROGRAM WITH THE FOOD BANK, THUS SUPPLEMENTING THE SHELF STABLE FOOD IN THE BOX AND LENGTHENING THE LIFE OF THE FOOD PROVIDED
JEWISH FAMILY AND CHILDREN'S SERVICE OF LONG BEACH 3801 E WILLOW STREET LONG BEACH, CA 90815	95-2273033	501(C)(3)	10,000				A GRANT FROM SCAN WILL SUPPORT JEWISH FAMILY AND CHILDRENS SERVICES OLDER ADULT SERVICES PROGRAM, PROVIDING COMMUNITY BASED CARE AND COMPREHENSIVE SOCIAL SERVICES THAT PROMOTE INDEPENDENT LIVING IN SENIORS IN LONG BEACH AND WEST ORANGE COUNTY

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 SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92128	95-1644024	501(C)(3)	10,000				SCAN FUNDS WILL SUPPORT JFS SAN DIEGO'S FOODMOBILE PROGRAM, PROVIDING HOME-DELIVERY OF DIETARY-SPECIFIC MEALS TO HOMEBOUND OLDER ADULTS IN SAN DIEGO COUNTY
JFS OF THE DESERT 490 S FARRELL DRIVE SUITE C208 PALM SPRINGS, CA 92262	33-0613083	501(C)(3)	10,000				SCAN COMMUNITY GIVING FUNDS WILL PROVIDE DIRECT ASSISTANCE TO SENIORS IN THE COACHELLA VALLEY FACING UNEXPECTED EXPENSES

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
LIGHTHOUSE FOR THE BLIND 1155 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103	94-1415317	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT LIGHTHOUSE FOR THE BLINDS BLINDNESS SKILLS TRAINING PROGRAM IN MARIN COUNTY, PROVIDING OLDER ADULTS WHO ARE LOSING THEIR VISION WITH CASE MANAGEMENT, SUPPORT, AND LIFE SKILLS TRAINING TO ADAPT TO THEIR VISION LOSS
LITTLE BROTHERS FRIENDS OF THE ELDERLY 909 HYDE ST SAN FRANCISCO, CA 94109	94-3143730	501(C)(3)	10,000				A GRANT FROM SCAN WILL SUPPORT LBFE'S VALUABLE PROGRAMS, CONNECTING SOCIALLY ISOLATED SENIORS IN SAN FRANCISCO WITH VOLUNTEERS TO DEVELOP FRIENDSHIPS AND PROVIDE LONG-TERM SUPPORT

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
MARIN SENIOR COORDINATING COUNCIL 930 TAMALPAIS AVE SAN RAFAEL, CA 94901	94-1422463	501(C)(3)	20,000				A SCAN COMMUNITY GIVING FUNDS WILL BE APPLIED TO TWO OF WHISTLESTOP'S MOST VITAL NUTRITION PROGRAMS MEALS ON WHEELS THAT DELIVERS NUTRITIOUS MEALS TO OLDER ADULTS ACROSS MARIN COUNTY WHO ARE FRAIL, HOMEBOUND AND UNABLE TO DRIVE WHISTLESTOP DELIVERS NUTRITIOUS MEALS TO PEOPLE WITH LIFE-THREATENING ILLNESSES MOST ARE HOMEBOUND AND FIGHTING CHRONIC ILLNESSES OR ARE DISABLED BY HEART ATTACKS OR STROKES
ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406	95-4066979	501(C)(3)	55,000				A GRANT FROM SCAN WILL SUPPORT THE ADULT DAY CARE SERVICES, PROVIDING CARE FOR SENIORS WHILE THEIR LOVED ONES AND CAREGIVERS ARE AT WORK THIS INCLUDES MUSIC THERAPY, CASE MANAGEMENT AND MEALS

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 STREET SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	25,000				2018 CONTRIBUTION-CA QUALITY COLLABORATIVE
PARTNERS IN CARE 732 MOTT STREET SUITE 150 SAN FERNANDO, CA 91340	95-3954057	501(C)(3)	5,000				TRIBUTE DINNER

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
PATH (PEOPLE ASSISTING THE HOMELESS) 340 NORTH MADISON AVE LOS ANGELES, CA 90004	95-3950196	501(C)(3)	10,000				A SCAN GRANT WILL SUPPORT PATH'S ACTIVATING WELLNESS AMONG SENIORS PROJECT, PROVIDING HOMELESS SENIORS WITH ACCESS TO HOUSING, CASE MANAGEMENT, HEALTHCARE, AND SUPPORTIVE SERVICES WITH THE GOAL OF MOVING TO PERMANENT HOUSING AFTER COMPLETION OF THE PROGRAM
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	20,000				A SCAN GRANT WILL SUPPORT PROJECT ANGEL FOOD'S HOME-DELIVERED MEALS PROGRAM TO SENIORS DEALING WITH ILLNESS, PROVIDING THEM WITH INDIVIDUALIZED NUTRITION TAILORED TO THEIR OWN MEDICAL NEEDS

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

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PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	10,000				SCAN'S FUNDS WILL SUPPORT PROJECT OPEN HAND'S COMMUNITY NUTRITION PROGRAM, PROVIDING CONGREGATE MEALS FOR LOW-INCOME SENIORS AT COMMUNITY BASED SITES THROUGHOUT SAN FRANCISCO
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	5,000				SCAN FUNDS WILL SUPPORT REDWOOD EMPIRE FOOD BANKS KITCHEN COLLECTIVE PROGRAM WHICH UTILIZES VOLUNTEERS TO PREPARE NUTRITIOUS FROZEN MEALS AND DISTRIBUTE THEM TO LOW-INCOME SENIORS IN SONOMA COUNTY

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
RIVERSIDE MEALS ON WHEELS 4845 BROCKTON AVE RIVERSIDE, CA 92506	23-7262925	501(C)(3)	10,000				A GRANT FROM SCAN WILL SUPPORT RIVERSIDE MEALS ON WHEELS IN PROVIDING HOME-DELIVERED, MEALS THAT ARE NECESSARY FOR HEALTH, FUNCTIONALITY, AND THE ABILITY TO REMAIN INDEPENDENT
SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501(C)(3)	20,000				SCAN FUNDS WILL SUPPORT SECOND HARVEST'S SENIOR GROCERY AND SENIOR GARDENING PROGRAMS THESE TWO PROGRAMS ARE TARGETED AT PROVIDING SENIORS WITH FOOD, COMMUNITY RESOURCES, AND SOCIAL INTERACTION TO LEAD HEALTHY, INDEPENDENT LIVES

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
SELF-HELP FOR THE ELDERLY 731 SANSOME STREET SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	20,000				A SCAN GRANT WILL SUPPORT SELF-HELP'S PROVISION OF CONGREGATE MEALS AT 10 SITES THROUGHOUT SAN FRANCISCO THESE SITES SERVE LOW-INCOME SENIORS A HOT, NUTRITIOUS MEAL AND THE NEED IS CONTINUOUSLY GROWING
SERVING SENIORS 525 14TH STREET STE 200 SAN DIEGO, CA 92101	95-2850121	501(C)(3)	20,000				SCAN COMMUNITY GIVING FUNDS WILL BE USED TO ADMINISTER AND DISTRIBUTE EAF FUNDS TO LOW-INCOME SENIORS IN DIRE NEED THROUGH SOCIAL SERVICE CASE MANAGERS OR NURSE CASE MANAGERS AT THE SENIOR WELLNESS CENTER THESE INDIGENT SENIORS MAY BE MOVING INTO ONE OF SERVING SENIORS PERMANENT SUPPORTIVE HOUSING RESIDENCES AND MAY REQUIRE FURNITURE, HOUSEWARES, ADAPTIVE DEVICES, ETC

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

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SF-MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	10,000				SCAN FUNDS WILL SUPPORT THE FOOD BANK'S SENIOR FOOD ASSISTANCE PROGRAMS WHICH PROVIDE SENIORS WITH FRESH FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS THROUGH FARMER'S MARKET STYLE DISTRIBUTIONS AND HOME-DELIVERY ON A WEEKLY BASIS
ST BARNABAS SENIOR SERVICES 675 S CARONDELET ST LOS ANGELES, CA 90057	95-1641435	501(C)(3)	20,000				SCAN FUNDS WILL SUPPORT ST BARNABAS SENIOR SERVICES' TWO-PRONGED NUTRITION SERVICE THROUGH HOME DELIVERED MEALS AS WELL AS CONGREGATE MEALS AT MULTIPLE SITES FOR LOW-INCOME OLDER ADULTS IN LOS ANGELES

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
STRAIGHT TALK 6475 E PACIFIC COAST HWY LONG BEACH, CA 90803	95-4568056	501(C)(3)	50,000				ART LEVINE BROADCAST TV SHOW PROVIDED MEDIA COVERAGE
THE HEALTH TRUST 3180 NEWBERRY DRIVE SUITE 200 SAN JOSE, CA 95118	94-6050231	501(C)(3)	20,000				SCAN COMMUNITY GIVING FUNDS WILL BE USED TO ENHANCE THE ABILITY TO SERVE HOMEBOUND OLDER ADULTS WITH DIRECT FOOD AND SOCIAL CONNECTIONS FUNDING WOULD BE LEVERAGED TO OFFER HOT MEALS DELIVERED EACH WEEKDAY AND CHILLED WEEKEND MEALS, DAILY INTERACTION FOR THE CLIENTS THAT LIVE ALONE (WHICH IS THE MAJORITY), WELLNESS CHECKS THROUGH THE TRAINED DELIVERY DRIVERS AND ACCESS TO OTHER RESOURCES

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
UC REGENTS 120 THEORY SUITE 200 IRVINE, CA 92697	95-2226406	501(C)(3)	5,100				UCI MIND RESEARCH CONFERENCE AND UCI MIND EXHIBITOR CEU'S
UCI FOUNDATION 100 THEORY SUITE 250 IRVINE, CA 92617	95-2540117	501(C)(3)	10,000				CELEBRATION OF CARING

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

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WISE AND HEALTHY AGING 1537 4TH STREET 2ND FLOOR SANTA MONICA, CA 90401	95-2788014	501(C)(3)	20,550				SCAN'S FUNDS WILL SUPPORT THE EMERGENCY ASSISTANCE FUND AT WISE AND HEALTHY AGING AS ADMINISTERED THROUGH THEIR CARE MANAGEMENT SERVICES PROGRAM AND CELEBRATION OF CARING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCAN HEALTH PLAN

Employer identification number
95-3858259

Part I Questions Regarding Compensation

		Yes	No
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.		
<input checked="" type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
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	
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.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<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 nonfixed 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 III Supplemental Information

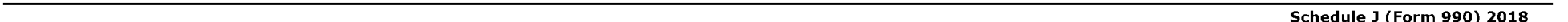
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	SCAN HEALTH PLAN APPROVED AND PAID FOR FIRST CLASS TRAVEL FOR CEO CHRISTOPHER WING ON 4 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

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

Return Reference	Explanation
PART I, LINES 4A-B	DURING 2018, THE EMPLOYMENT RELATIONSHIP OF THE FOLLOWING EMPLOYEE OF SCAN HEALTH PLAN ENDED IN CONNECTION WITH THE TERMINATION OF HER EMPLOYMENT, SCAN HEATH PLAN NEGOTIATED AND PAID SEVERANCE TO THE EMPLOYEE MARTA MURILLO - SCAN HEALTH PLAN - \$185,237

Return Reference	Explanation
PART I, LINE 4B	<p>THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO OFFICERS AND SENIOR VICE PRESIDENTS VIA ITS SECTION 457(F) PLAN FOR CONTRIBUTIONS MADE PRIOR TO DECEMBER 31, 2017, A PARTICIPANT BECOMES VESTED IN THE 457(F) UPON COMPLETION OF ONE OF THE CHOSEN VESTING OPTIONS 1) FIVE YEARS OF SERVICE AND 62 YEARS OF AGE OR 2) 10 YEARS OF SERVICE FOR CONTRIBUTIONS MADE ON OR AFTER JANUARY 1, 2018, A PARTICIPANT BECOMES VESTED IN THE 457(F) FOLLOWING A 4 YEAR CLASS VESTING CYCLE SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII CHRISTOPHER WING - \$681,629 EVE GELB - \$44,651 SHERRY STANISLAW - \$53,188 KWAN-MOON LEUNG - \$56,716 PETER BEGANS - \$59,290 DEFERRED COMPENSATION FOR 2018, REPORTED ON SCHEDULE J, PART II COLUMN B AND COLUMN C CONSISTS OF THE FOLLOWING 1)457(F) EMPLOYER CONTRIBUTIONS ARE SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED THE PLAN DOCUMENTS BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE 2)457(B) IS A DEFERRED COMPENSATION PLAN THAT THE EMPLOYER AND EMPLOYEE CONTRIBUTE TO, UP TO THE COMPANY'S DEFINED AND IRS ANNUAL LIMITS 3)403(B) QUALIFIED RETIREMENT PLAN CONTRIBUTIONS (EMPLOYER MATCH AND SAFE HARBOR) UP TO THE IRS ANNUAL LIMITS 4)THE COMPANY PROVIDES AN INCENTIVE PLAN TO VICE PRESIDENTS AND ABOVE THE CEO'S INCENTIVE IS BASED ON COMPANY PERFORMANCE METRICS, FOR ALL OTHER PARTICIPANTS THE INCENTIVE IS BASED ON COMPANY AND INDIVIDUAL PERFORMANCE METRICS PAYMENTS ARE MADE ON OR AROUND APRIL 1 OF THE SUBSEQUENT CALENDAR YEAR 5) IN 2017, UPON RECOMMENDATION BY SCAN'S COMPENSATION CONSULTANT SULLIVAN COTTER, THE COMPENSATION COMMITTEE APPROVED THE ELIMINATION OF THE DEFERRAL PORTION OF THE INCENTIVE COMPENSATION PLAN EFFECTIVE JANUARY 1, 2018 THE RECOMMENDATION BY SULLIVAN COTTER TO DISCONTINUE THE DEFERRAL COMPONENT OF THE PLAN WAS BASED ON BEST PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS THE ELIMINATION OF THE DEFERRAL COMPONENT RESULTED IN DISTRIBUTION TO ALL PARTICIPANTS OF ANY PREVIOUSLY UNPAID CONTRIBUTIONS IN 2017, EXCEPT IN CERTAIN INDIVIDUAL CIRCUMSTANCES THAT ARE GOVERNED BY THE LAW, IN WHICH CASE SCAN ADHERED TO THE GOVERNING PRACTICES</p>



Additional Data

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

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				
CHRISTOPHER WING CHIEF EXECUTIVE OFFICER	(i)	739,793	1,039,500	705,673	1,282,184	26,078	3,793,228	1,721,129
	(ii)	0	0	0	0	0	0	0
CATHERINE BATTEER SVP PROVIDER INT & PARTNER	(i)	351,292	257,715	23,676	44,966	3,261	680,910	257,715
	(ii)	0	0	0	0	0	0	0
JANET KORNBLATT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	371,102	228,787	29,162	357,455	19,292	1,005,798	228,787
NANCY MONK CHIEF ADMIN OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	426,905	354,264	22,112	419,862	37,956	1,261,099	354,264
ROMILLA BATRA CHIEF MEDICAL OFFICER	(i)	366,052	256,924	19,734	352,515	9,340	1,004,565	256,924
	(ii)	0	0	0	0	0	0	0
VINOD MOHAN CHIEF FINANCIAL OFFICER	(i)	524,614	401,499	19,760	508,887	36,918	1,491,678	401,499
	(ii)	0	0	0	0	0	0	0
WILLIAM ROTH PRESIDENT	(i)	545,842	526,497	22,112	526,930	40,656	1,662,037	526,497
	(ii)	0	0	0	0	0	0	0
DAVID MILLIGAN SVP SALES	(i)	297,190	179,005	21,372	227,246	23,694	748,507	179,005
	(ii)	0	0	0	0	0	0	0
EVE GELB SVP HEALTHCARE SERVICES	(i)	270,171	172,078	64,566	202,245	28,713	737,773	172,078
	(ii)	0	0	0	0	0	0	0
JOSH GOODE SVP CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	412,489	236,014	19,340	308,128	10,023	985,994	236,014
KWAN-MOON LEUNG SVP CHIEF INFORMATICS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	334,828	201,602	76,940	240,874	4,817	859,061	201,602
PETER BEGANS SVP PUBLIC GOVT & CMTY AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	264,554	365,913	138,743	19,250	23,265	811,725	365,913
RIAZ ALI SVP CHIEF MARKETING EXECUTIVE	(i)	306,424	181,903	19,189	229,550	23,494	760,560	181,903
	(ii)	0	0	0	0	0	0	0
SHERRY STANISLAW SVP GENERAL MANAGER, CA MARKET	(i)	318,864	192,680	76,373	228,141	15,475	831,533	192,180
	(ii)	0	0	0	0	0	0	0
DAN OSTERWEIL MEDICAL DIRECTOR	(i)	337,118	115,265	34,034	161,060	5,968	653,445	115,085
	(ii)	0	0	0	0	0	0	0
MARTA MURILLO VP FP&A	(i)	204,977	83,027	223,795	19,250	18,035	549,084	0
	(ii)	0	0	0	0	0	0	0
RUSSELL E BROWER MEDICAL DIRECTOR	(i)	309,442	121,673	21,559	137,452	36,685	626,811	121,543
	(ii)	0	0	0	0	0	0	0
SHARONJIT JHAWAR CVP CHIEF PHARM OFFICER	(i)	342,829	159,917	19,262	181,596	15,549	719,153	159,587
	(ii)	0	0	0	0	0	0	0
YUAN QIN CVP ACTUARIAL SVCS	(i)	314,029	146,968	19,556	174,526	22,282	677,361	146,838
	(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.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

SCAN HEALTH PLAN

Employer identification number

95-3858259

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE HEALTH CARE SERVICES PROGRAMS AT SCAN ARE EVIDENCED-BASED AND ALIGNED WITH GERIATRIC BEST PRACTICES THEY INCLUDE BUT ARE NOT LIMITED TO, 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 MEMBERS IN 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, GEROLOGISTS, 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 2018 THE SCAN FOUNDATION AWARDED GRANTS IN THE AMOUNT OF \$5,564,600 AND INCURRED PROGRAM EXPENSES IN THE AMOUNT OF \$2,902,709 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 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 THE MEDICAL GROUPS IN IMPROVING THEIR 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 DEVELOPED AND DISSEMINATED EDUCATIONAL PODCASTS SCAN STAFF CREATED, RECORDED AND POSTED FOR THE PUBLIC INFORMATIONAL PODCASTS ON THE FOLLOWING TOPICS FALLS, CAREGIVING, AND MENTAL HEALTH THESE ARE ON THE PUBLIC FACING PLATFORM CALLED SOUND CLOUD THE GOAL OF THESE PODCASTS IS TO BRING EDUCATION AND RESOURCES TO SENIORS AND THEIR CAREGIVERS TO HELP THEM REMAIN SAFE IN THE COMMUNITY 7 PRESENTATIONS AT ACADEMIC AND POLICY CONFERENCES SCAN LEADERSHIP AN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>D DESIGNATED STAFF PREPARE AND MAKE PRESENTATIONS AT KEY POLICY AND CLINICAL CONFERENCES SUCH AS SNP ALLIANCE, AHIP, AMERICAN GERIATRICS SOCIETY, AND, CALIFORNIA ACCOUNTABLE PHYSICIAN GROUPS (AGPG CAPG), IN ORDER TO IMPROVE CARE OF OLDER ADULTS, EDUCATE PROFESSIONALS, AND SHARE BEST PRACTICES 8 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 9 DEVELOPED AND HOSTED A QUALITY SYMPOSIUM ONSITE TRAINING AND EDUCATION FOR SCAN PROVIDERS DELIVERING INFORMATION AND BEST PRACTICES ON TOPICS IMPACTING GERIATRIC CARE 10 SUPPORT CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE (CALTCM) BY PROVIDING 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 11 SERVICE ON BOARDS OF DIRECTORS AND COMMITTEES FOR INDUSTRY GROUPS I.E., RESOURCE, INITIATIVE AND SOCIETY FOR EDUCATION (RISE), AND, AHIP, THESE AND OTHER INDUSTRY GROUPS CREATE POLICY AND SHARE BEST PRACTICES ON SUBJECTS RANGING FROM AUDIT AND ENCOUNTER SUBMISSION TO GENERAL INDUSTRY ISSUES, OUR EMPLOYEES ARE ACTIVE MEMBERS OF A NUMBER OF OTHER ORGANIZATIONS AS WELL 12 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) 13 BOARD MEMBER OF ST BARNABAS SENIOR SERVICES SERVE AS BOARD MEMBER OF COMMUNITY AGENCY THAT SERVES VULNERABLE OLDER PEOPLE IN CENTRAL LOS ANGELES AND HOLLYWOOD DEVELOPS CAPACITY OF AGENCY TO BETTER SERVE POPULATION 14 EDUCATIONAL SESSIONS FOR OFFICE STAFF SCAN'S PROGRAM TO TRAIN FRONT AND BACK OFFICE STAFF IS GEARED TO IMPROVING THEIR UNDERSTANDING OF SENIORS' NEEDS, ENHANCING CUSTOMER SATISFACTION AND HAVING STAFF FACILITATE IMPROVED QUALITY PRESENTATIONS ON END OF LIFE PLANNING, DEALING WITH OLDER INDIVIDUALS, AND CASE MANAGEMENT FOR MEDICAL GROUPS IN 2018, 4,647 OFFICE STAFF AND PHYSICIANS PARTICIPATED IN 21 EDUCATIONAL TOPICS 15 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 PROVIDER 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, QUALITY GERIATRIC CARE 16 TRADING AGES SCAN'S HALLMARK EXPERIENTIAL TRAINING TO HELP BUILD AWARENESS AND SENSITIVITY TO THE AGING PROCESS WAS PRESENTED 48 TIMES TO SUCH DIVERSE GROUPS AS GERONTOLOGY STUDENTS AT LON</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>G BEACH STATE UNIVERSITY, ARCHITECTURE AND GERONTOLOGY STUDENTS AT UNIVERSITY OF SOUTHERN CALIFORNIA, MAINTENANCE CREWS AND RESIDENT SERVICE COORDINATORS AT SENIOR HOUSING FACILITIES AND MEDICAL OFFICE STAFF THROUGHOUT LOS ANGELES AND ORANGE COUNTY 17 DONATIONS TO DISTASTER RELIEF DONATIONS TO HELP THOSE INDIVIDUALS AFFECTED BY NATURAL DISASTERS THROUGH ESTABLISHED CHARITABLE ORGANIZATIONS 18 PROVIDER INTEGRATION MEETINGS MULTIPLE MEETINGS TO DISCUSS IMPROVEMENTS IN CARE (ESPECIALLY PALLIATIVE AND MENTAL HEALTH) AND ENHANCED MEDICAL GROUP/HEALTH PLAN COORDINATION PLANNING AND IMPLEMENTATION OF WEBINARS 19 LONG BEACH READMISSION COALITION SCAN IS AN ACTIVE PARTICIPANT IN THIS SHARED COALITION, WHOSE MISSION IS TO IMPROVE THE QUALITY OF HEALTH AND LIFE FOR PATIENTS IN THE LONG BEACH COMMUNITY AND SURROUNDING AREAS BY TRANSFORMING CARE ACROSS THE CARE CONTINUUM AND ESTABLISHING BEST PRACTICES THROUGH A COMPREHENSIVE COMMUNITY EFFORT THE COALITION'S PURPOSES TO BUILD AND SUSTAIN A COMMUNITY COALITION FOCUSED ON IMPROVING TRANSITIONS OF CARE AND DECREASING ACUTE READMISSIONS, COLLABORATE AND ALIGN EFFORTS OF ORGANIZATIONS WITH SHARED VISIONS, SHARE EVIDENCE-BASED MODELS OF CARE AND BEST PRACTICES, UTILIZE VARIOUS SOURCES OF DATA TO IDENTIFY READMISSION RATES AND TRACK INTERVENTIONS 20 PARTNERSHIP WITH CITY OF LONG BEACH TO BUILD AN AGE FRIENDLY CITY SCAN HAS PARTNERED WITH THE CITY OF LONG BEACH TO FUND WORK TO SUPPORT THE CITY OF LONG BEACH IN DESIGNING A COORDINATED SYSTEM OF SERVICES TO BENEFIT SENIORS AND HELP THE CITY ACHIEVE A MORE AGE-FRIENDLY COMMUNITY FOR ALL LONG BEACH RESIDENTS THE WORK INCLUDES USING A SENIOR POPULATION NEEDS ASSESSMENT FUNDED BY SCAN, BRINGING TOGETHER THE COMMUNITY ORGANIZATIONS THAT SUPPORT SENIORS TO HELP IDENTIFY EMERGING SENIOR ISSUES AND PROVIDE ASSISTANCE WITH THE LAUNCH OF THE LONG BEACH OFFICE OF AGING SCAN STAFF ARE ACTIVELY PARTICIPATING THROUGH WORKGROUP LEADERSHIP AND PARTICIPATION ON THE CITY'S STEERING COMMITTEE 21 BOARD MEMBER OF ALZHEIMERS ORANGE COUNTY SERVE AS BOARD MEMBER OF COMMUNITY AGENCY THAT SERVES VULNERABLE OLDER PEOPLE STRUGGLING WITH ALZHEIMERS AND OTHER COGNITIVE DISORDERS THROUGHOUT ORANGE COUNTY PARTICIPATION SUPPORTS THE DEVELOPMENT OF THE ORGANIZATION'S CAPACITY TO BETTER SERVE THOSE IN NEED AND PROVIDE EDUCATION REGARDING THESE TYPES OF CONDITIONS 22 SNP PROVIDER WEBINAR SNP PROVIDER TRAINING IS OFFERED YEARLY TO HELP MEDICAL GROUPS BETTER UNDERSTAND THE SNP REQUIREMENTS AND OFFER ASSISTANCE TO THOSE NEWLY ENGAGED IN THE PROGRAM THIS YEAR SCAN OFFERED THE TRAINING IN WEBINAR FORM AT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	IN 2018, SCAN GAVE 41 GRANTS IN 9 COUNTIES, AND SUPPORTED 27 ORGANIZATIONS THROUGH SPONSORSHIPS FOR THE YEAR ENDING DECEMBER 31, 2018, INDEPENDENCE AT HOME INCURRED \$13,647,995 IN PROGRAM EXPENSES INCLUDING GRANTS OF \$892,588 PAID TO OTHER NON-PROFIT ORGANIZATIONS AND RECEIVED \$3,367,909 IN GRANTS

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 PROVIDED IN ITS ENTIRETY TO THE AUDIT AND COMPLIANCE COMMITTEES OF THE BOARD OF DIRECTORS OF SCAN GROUP, AND ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AFTER IT IS PREPARED, AND 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 ARE REQUIRED TO COMPLETE AND SIGN IN ADDITION, THERE IS ANNUAL MANDATORY COMPLIANCE EDUCATION AND TRAINING AND SCAN'S COMPLIANCE DEPARTMENT IS RESPONSIBLE FOR ENFORCEMENT OF SCAN'S ROBUST COMPLIANCE PROGRAM, INCLUDING SCAN'S CODE OF CONDUCT AND COMPLIANCE-RELATED 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
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<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 HEALTH CARE 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 2018 SALARY PACKAGE WAS SULLIVAN COTTER THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CHIEF FINANCIAL OFFICER (CFO) OF SCAN HEALTH PLAN FOLLOWS THE SAME PROCESS AS DESCRIBED ABOVE FOR THE CEO THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS AND SENIOR VICE PRESIDENTS OF SCAN HEALTH PLAN AND SCAN GROUP IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT OF SCAN GROUP 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 DIRECTORS 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 HEALTH CARE ORGANIZATIONS, EXECUTIVE COMPENSATION, AND COMPLIANCE WITH THE INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUCH COMPENSATION THE COMPENSATION CONSULTANT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>CONSULTANT PROVIDES AN EXECUTIVE COMPENSATION REPORT TO THE HUMAN RESOURCES DEPARTMENT EACH YEAR WHICH 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 COMPENSATION 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 2018 SALARY PACKAGE WAS 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 2,425,942,432 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,425,942,432 OUTSIDE SERVICES CONSULTING PROGRAM SERVICE EXPENSES 14,264,531 MANAGEMENT AND GENERAL EXPENSES 14,134,510 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 28,399,041

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SCAN GROUP 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 95-3826037	ADMIN SUPPORT	CA	501(C)(3)	12B, II	N/A		No
(2) THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY SUITE 400 LONG BEACH, CA 90806 45-0552845	GRANT MAKING	CA	501(C)(3)	12B, II	SCAN GROUP	Yes	
(3) SCAN HEALTH PLAN ARIZONA 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 73-1729007	MEDICARE ADVANTAGE	AZ	501(C)(4)	N/A	SCAN GROUP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SCAN HEALTHCHECK ASSESSMENT CENTERS INC 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2962358	HEALTHCARE	CA	N/A	C				Yes	
(2) SCAN CALIFORNIA MANAGEMENT COMPANY 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2951831	MANAGEMENT	CA	N/A	C				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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) THE SCAN FOUNDATION	Q	119,287	BOOK VALUE
(2) SCAN HEALTH PLAN ARIZONA	Q	99,905	BOOK VALUE
(3) SCAN GROUP	Q	4,249,669	BOOK VALUE
(4) SCAN CALIFORNIA MANAGEMENT COMPANY	Q	73,311	BOOK VALUE
(5) SCAN HEALTH CHECK ASSESSMENT CENTERS	Q	19,060	BOOK VALUE
(6) SCAN GROUP	P	98,677,945	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 HEADCOUNTS, PERCENTAGE OF SCAN MEMBERSHIP, AND/OR THE PERCENTAGE OF BID SUBMISSION, AS APPROPRIATE BASED ON THE NATURE OF THE EXPENSE

Schedule Form 2016

Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	THE SCAN FOUNDATION	Q	119,287	BOOK VALUE
(1)	SCAN HEALTH PLAN ARIZONA	Q	99,905	BOOK VALUE
(2)	SCAN GROUP	Q	4,249,669	BOOK VALUE
(3)	SCAN CALIFORNIA MANAGEMENT COMPANY	Q	73,311	BOOK VALUE
(4)	SCAN HEALTH CHECK ASSESSMENT CENTERS	Q	19,060	BOOK VALUE
(5)	SCAN GROUP	P	98,677,945	BOOK VALUE