

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
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 \$ 3,390,804,028

F Name and address of principal officer:
SACHIN JAIN
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) | 3 | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 1,165 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 1,419 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Revenue | |
|---|---------------------------|---------------|
| | Prior Year | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) | 3,367,909 | 3,510,542 |
| 9 Program service revenue (Part VIII, line 2g) | 2,717,815,708 | 3,081,294,600 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,027,159 | 11,070,961 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -17,502 | 10,945 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,732,193,274 | 3,095,887,048 |
| Expenses | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 892,588 | 914,574 |
| 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) | 95,578,254 | 106,215,215 |
| 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) | 2,603,138,959 | 2,938,667,497 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,699,609,801 | 3,045,797,286 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 32,583,473 | 50,089,762 |
| Net Assets or Fund Balances | | |
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 621,882,446 | 691,763,680 |
| 21 Total liabilities (Part X, line 26) | 225,018,778 | 220,792,200 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 396,863,668 | 470,971,480 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-11
SACHIN JAIN CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed 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 Accomplishments

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

1 Briefly describe the organization's mission:

SCAN'S MISSION IS TO KEEP SENIORS HEALTHY AND INDEPENDENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,903,473,963 including grants of \$) (Revenue \$ 3,081,294,600)
See Additional Data

4b (Code:) (Expenses \$ 14,118,313 including grants of \$ 914,574) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 509,093 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 ▶ 2,918,101,369

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (4,744), 1b (0), and 1c (Yes).

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

| | | | | |
|--|-----------------|-----|--|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1,165 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | No |
| 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> | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | No |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | Yes | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | No |

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: VIRGINIA HAVAI 3800 KILROY AIRPORT WAY STE 100 LONG BEACH, CA 908065616 (562) 989-5100

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total values: 12,161,010, 5,259,260, 6,691,051.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 166

Questions 3, 4, and 5 regarding compensation reporting. Question 3: Did the organization list any former officer...? Question 4: For any individual listed on line 1a, is the sum of reportable compensation...? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization...?

Section B. Independent Contractors

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entries for DAVITA HEALTHCARE PARTNERS PLAN INC, EXPRESS SCRIPTS INC, HERITAGE PROVIDER NETWORK, MONARCH HEALTH PLAN, and EPIC HEALTH PLAN.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 237

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 | 3,510,542 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | |
| | h Total. Add lines 1a-1f | | | 3,510,542 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a MEDICARE PREMIUMS | 900099 | 3,012,890,332 | 3,012,890,332 | | | |
| | b MEDI-CAL PREMIUMS | 900099 | 68,404,268 | 68,404,268 | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | 3,081,294,600 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 10,394,722 | | | 10,394,722 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | 6a | | | | |
| | | | (ii) Personal | 6a | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | | 6c | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 7a | 295,593,219 | | | |
| | | | (ii) Other | 7a | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 294,916,980 | | | |
| | | | 7c | 676,239 | | | |
| | c Gain or (loss) | | 676,239 | | | 676,239 | |
| | d Net gain or (loss) | | | 676,239 | | 676,239 | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | 8b | | | | | | |
| b Less: direct expenses | | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | 9b | | | | | | |
| b Less: direct expenses | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | 10b | | | | | | |
| b Less: cost of goods sold | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a LEGAL SETTLEMENT REVENUE | 900099 | 10,000 | | | 10,000 | | |
| b CLAIMS REFUND REVENUE | 900099 | 945 | | | 945 | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 10,945 | | | | |
| 12 Total revenue. See instructions | | | 3,095,887,048 | 3,081,294,600 | 0 | 11,081,906 | |

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 | 914,574 | 914,574 | | |
| 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, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 9,696,965 | 4,945,452 | 4,751,513 | |
| 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 | 75,971,048 | 50,161,666 | 25,809,382 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 6,562,374 | 4,025,456 | 2,536,918 | |
| 9 Other employee benefits | 8,385,713 | 5,483,682 | 2,902,031 | |
| 10 Payroll taxes | 5,599,115 | 3,662,622 | 1,936,493 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 48,551 | 48,456 | 95 | |
| c Accounting | 301,841 | 166,136 | 135,705 | |
| d Lobbying | 1,311,296 | 668,761 | 642,535 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 976,070 | 497,796 | 478,274 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,770,514,461 | 2,745,295,165 | 25,219,296 | |
| 12 Advertising and promotion | 13,174,963 | 6,835,926 | 6,339,037 | |
| 13 Office expenses | 2,271,515 | 1,213,935 | 1,057,580 | |
| 14 Information technology | 2,229,975 | 1,257,324 | 972,651 | |
| 15 Royalties | | | | |
| 16 Occupancy | 596,634 | 567,465 | 29,169 | |
| 17 Travel | 1,126,999 | 725,946 | 401,053 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 124,294 | 75,681 | 48,613 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,986,406 | | 4,986,406 | |
| 23 Insurance | 27,037 | 27,037 | | |
| 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 ALLOCATION TO AFFILIATE | 100,135,230 | 51,068,967 | 49,066,263 | |
| b BROKER COMMISSIONS | 39,934,313 | 39,934,313 | 0 | |
| c FEDERAL, STATE, COUNTY | 660,114 | 343,482 | 316,632 | |
| d DUES AND SUBSCRIPTIONS | 258,378 | 162,548 | 95,830 | |
| e All other expenses | -10,580 | 18,979 | -29,559 | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,045,797,286 | 2,918,101,369 | 127,695,917 | 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 | -9,666,253 | 1 | -4,219,734 |
| | 2 Savings and temporary cash investments | 152,678,673 | 2 | 149,469,220 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 113,052,737 | 4 | 152,373,421 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 5,879,553 | 9 | 4,646,234 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 71,599,727 | | |
| | b Less: accumulated depreciation | 56,554,928 | | |
| | 11 Investments—publicly traded securities | 99,670,142 | 11 | 120,643,091 |
| | 12 Investments—other securities. See Part IV, line 11 | 243,220,680 | 12 | 253,506,649 |
| | 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) | 621,882,446 | 16 | 691,763,680 | |
| Liabilities | 17 Accounts payable and accrued expenses | 204,992,394 | 17 | 211,975,941 |
| | 18 Grants payable | 6,685 | 18 | 2,472 |
| | 19 Deferred revenue | 13,885,824 | 19 | 2,254,135 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 6,133,875 | 25 | 6,559,652 |
| | 26 Total liabilities. Add lines 17 through 25 | 225,018,778 | 26 | 220,792,200 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 396,863,668 | 27 | 470,971,480 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 396,863,668 | 32 | 470,971,480 | |
| 33 Total liabilities and net assets/fund balances | 621,882,446 | 33 | 691,763,680 | |

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 | 3,095,887,048 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,045,797,286 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 50,089,762 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 396,863,668 |
| 5 | Net unrealized gains (losses) on investments | 5 | 24,018,050 |
| 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 | 470,971,480 |

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 (2019)

Form 990, Part III, Line 4a:

SCAN HEALTH CARE SERVICES:SCAN HEALTH PLAN HAS A CULTURE OF QUALITY AND A LONG HISTORY OF FULFILLING OUR MISSION: KEEPING SENIORS HEALTHY AND INDEPENDENT. AS A MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN (MAPD) IN CALIFORNIA, SCAN COLLABORATES WITH A NETWORK OF DELEGATED PROVIDERS TO OFFER MEDICARE AND MEDI-CAL COVERED HEALTH AND BEHAVIORAL HEALTHCARE AND ADDITIONAL SUPPLEMENTAL BENEFITS. OUR MEMBER-CENTRIC MODEL OF CARE ENSURES QUALITY, INDIVIDUALIZED CARE FOR ALL MEMBERS, INCLUDING MEMBERS WITH SPECIAL NEEDS SUCH AS MEMBERS ELIGIBLE FOR BOTH MEDICARE AND MEDICAID, MEMBERS WITH CHRONIC CONDITIONS AND FRAIL MEMBERS WITH FUNCTIONAL DEFICITS.THE HEALTH CARE SERVICES PROGRAMS AT SCAN ARE 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

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 SUPPORT 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.- 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 WHO'S MISSION ALIGNS WITH THE PROGRAM PRIORITIES. AS A RESULT OF THIS APPROACH, THE MAJORITY OF GRANTEEES ARE IDENTIFIED AND CONTACTED BY OUR STAFF. POLICIES AND PROCEDURES: A. IDENTIFICATION AND VETTING OF POTENTIAL PROGRAM GRANTEEES - THE 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 GRANTEEES UNDERGO THE COMMUNITY GROUP VETTING PROCESS AND ARE MEASURED AGAINST THE FOLLOWING CRITERIA: 1) ALIGNMENT WITH THE SCAN HEALTH PLAN MISSION; 2) VERIFIED STATUS AS A NONPROFIT OR GOVERNMENTAL AGENCY WITH TAX-EXEMPT STATUS; AND 3) THE ORGANIZATION IS AT LEAST TWO YEARS OLD. SUCCESSFUL CANDIDATES ARE ADDED TO THE LARGER SCAN HEALTH PLAN GRANTEE POOL. B. SHORT LISTING POTENTIAL GRANTEEES - THE DIRECTORS AND THE MANAGER, COMMUNITY OUTREACH AND GIVING, USE VARIOUS METHODS, INCLUDING OUTBOUND CALLS, INTERNET RESEARCH, AND INDUSTRY RATINGS TO REVIEW THE POTENTIAL GRANTEE POOL AND GENERATE A SHORTLIST. C. EVALUATION AND SELECTION OF GRANTEEES BY THE COMMUNITY GIVING COMMITTEE (CGC) - THE CGC IS A NINE-MEMBER COMMITTEE REPRESENTATIVE OF ALL LEVELS OF MANAGEMENT AND CHAIRED BY THE VICE-PRESIDENT OF 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 AWARDS 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 GRANTEEES IS SUBMITTED TO THE CGC EACH QUARTER TO BE DISCUSSED AND VOTED ON. A GRANT AGREEMENT IS DEVELOPED FOR EACH APPROVED GRANT, CONTAINING INFORMATION ON FUNDING RESTRICTIONS AND REQUIREMENTS FOR GRANT REPORTING. ONLY AFTER A SIGNED AGREEMENT HAS BEEN FULLY EXECUTED WILL THE GRANT PAYMENT PHASE BE INITIATED. E. ALL GRANTEEES SUBMIT A QUARTERLY REPORT DOCUMENTING METRICS AND PERFORMANCE YEAR-TO-DATE THROUGHOUT THE DURATION OF THE FUNDING. THE MANAGER, COMMUNITY OUTREACH AND GIVING, TRACKS AND REVIEWS THE REPORTS TO ENSURE COMPLIANCE. THE MANAGER ADDRESSES ANY IDENTIFIED ISSUES WITH THE GRANTEE TO DETERMINE THE CAUSE AND ANY REMEDIATION REQUIRED. ISSUES WITH COMPLIANCE ARE RAISED TO THE VICE PRESIDENT, IAH, WHO WILL ASSIST WITH REMEDIATION OR ELEVATE TO THE CGC FOR ADVISEMENT AND/OR APPROVAL IF A CHANGE TO THE GRANTEE'S SCOPE OF WORK IS REQUIRED. SCAN'S VOLUNTEER ACTION FOR AGING: THROUGH THIS PROGRAM, SCAN RECRUITS, TRAINS AND MANAGES VOLUNTEERS. IN 2019, VOLUNTEERS IN THE COMMUNITY DONATED OVER 7,182 HOURS TO COMPLETE 94 SENIOR SUPPORT EVENTS/PROGRAMS, HOSTED 675 COMMUNITY EVENTS, AND DELIVERED 2,100 THANKSGIVING MEALS. SCAN HEALTH PLAN COMMUNITY OUTREACH: SCAN HEALTH PLAN HAS A 43 YEAR HISTORY OF CREATING PROGRAMS AND PROVIDING SERVICES TO OLDER ADULTS AND THEIR CAREGIVERS. SCAN'S EXPERIENCE WITH THIS SEGMENT OF THE POPULATION HAS ALLOWED US TO DEVELOP A UNIQUE EXPERTISE IN GERIATRIC CARE AND HEALTH INTERVENTIONS. SCAN HEALTH PLAN IS COMMITTED TO SHARING THIS SET OF SKILLS AND VAST KNOWLEDGE WITH THE BROADER COMMUNITY BY DEVELOPING COMMUNITY OUTREACH INITIATIVES. THESE INITIATIVES ARE AN IMPORTANT TOOL FOR BRINGING EDUCATION DIRECTLY TO COMMUNITY MEMBERS, AS WELL AS CONTRIBUTING TO REDUCING HEALTH DISPARITIES, AND IMPROVING HEALTH LITERACY, IN PARTICULAR AMONG UNDERSERVED COMMUNITIES. THROUGH OUR OUTREACH ACTIVITIES AND COMMUNITY GIVING PROGRAM, WE WORK TO SUPPORT ACCESS TO BASIC NEEDS SUCH AS FOOD AND NUTRITION, TO ENCOURAGE ACTIVE AND HEALTHY LIFESTYLES, TO ENGAGE OLDER ADULTS IN HEALTH MAINTENANCE, AND TO COLLABORATE WITH LOCAL SERVICE PARTNERS TO MEET GAPS IN COMMUNITY SERVICES. WE DO THIS IN MANY WAYS, BRINGING NEEDED RESOURCES AND A THOUGHTFUL PRESENCE TO OLDER ADULTS AND THEIR SUPPORT NETWORKS THROUGHOUT CALIFORNIA. OUR GOAL IS TO MAKE AN IMPACT IN ALL OF THE COMMUNITIES WE SERVE AND TO IMPROVE THE LIVES OF ALL SENIORS - NOT JUST SCAN MEMBERS. SCAN RECOGNIZES THAT ITS RESPONSIBILITY TO THE COMMUNITIES WE SERVE GOES BEYOND BUSINESS AND PROVIDING QUALITY HEALTHCARE. SCAN HEALTH PLAN COMMUNITY GIVING PROGRAM: SCAN HAS SUPPORTED THE FOLLOWING: COUNCIL ON AGING- SOUTHERN CALIFORNIA, PROJECT ACCESS, SMILES FOR SENIORS, FAMILY SERVICE ASSOCIATION, COACHELLA VALLEY, RESCUE MISSION, HOPE THROUGH HOUSING FOUNDATION, MENTAL HEALTH ASSOCIATION- LOS ANGELES, COUNTY OF RIVERSIDE, CITY OF GLENDALE, JFS OF THE DESERT, SENIOR ADVOCATES OF THE DESERT, ALZHEIMER'S SAN DIEGO, CHRISTIAN OUTREACH APPEAL, ENGAGEABILITY FIRST, AFFORDABLE LIVING FOR THE AGING, ALZHEIMER'S LOS ANGELES, CAREGIVERS VENTURA, CATHOLIC CHARITIES OF LOS ANGELES, CHINESE AMERICAN COALITION FOR COMPASSIONATE CARE, HUMAN OPTIONS, ONEGENERATION, INSTITUTE ON AGING, JEWISH FAMILY AND CHILDREN'S SERVICE OF LONG BEACH/WEST ORANGE COUNTY, FALLBROOK HEALTHCARE FOUNDATION, CONEJO VALLEY SENIOR CONCERNS, FOOD FINDERS, FOOD SHARE, LAKEWOOD MEALS ON WHEELS, MEALS ON WHEELS WEST, COLORADO RIVER SENIOR CITIZENS SERVICES, ST. FRANCIS LIVING ROOM, FOOD FOR THOUGHT, VENTURA COUNTY AREA AGENCY ON AGING FOUNDATION, FOODBANK OF SOUTHERN CALIFORNIA, JEWISH FAMILY SERVICE OF SAN DIEGO, SAN FRANCISCO-MARIN FOOD BANK, SECONDS HARVEST FOOD BANK OF ORANGE COUNTY, ST. VINCENT MEALS ON WHEELS, LOS ANGELES LGBT CENTER, COMMUNITY ACTION PARTNERSHIP-OC, MEALS ON WHEELS- SAN FRANCISCO, PROJECT ANGEL FOOD, MEALS ON WHEELS SAN DIEGO, SENIORSERV, JUSTICE IN AGING, COMMUNITY SENIORSERV, ALZHEIMER'S ORANGE COUNTY, APLASTIC ANEMIA AND MDS INTERNATIONAL FOUNDATION, ST. BARNABAS SENIOR SERVICES, MEALS ON WHEELS LONG BEACH, LEGACY FILM FESTIVAL ON AGING, SAN FERNANDO VALLEY INTERFAITH COUNCIL, JEWISH FEDERATION, PARTNERS OF PARKS, HUMAN SERVICES ASSOCIATION, UCI FOUNDATION, AMERICAN SOCIETY ON AGING, CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE, CALIFORNIA COMMISSION ON AGING, CSULB GERIATRICS SCHOLARSHIP FUND. IN 2019, SCAN GAVE 45 GRANTS IN 9 COUNTIES, AND SUPPORTED 25 ORGANIZATIONS THROUGH SPONSORSHIPS. FOR THE YEAR ENDING DECEMBER 31, 2019, INDEPENDENCE AT HOME INCURRED \$14,118,370 IN PROGRAM EXPENSES INCLUDING GRANTS OF \$919,574 PAID TO OTHER NON-PROFIT ORGANIZATIONS AND RECEIVED \$3,510,550 IN GRANTS.

Form 990, Part III, Line 4c:

PROVIDER INTEGRATION PROGRAM:SCAN HAS A 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 PROVIDERNETWORK. WE INVITE THE PROVIDERS TO SHARE THEIR BEST QUALITYIMPROVEMENT PRACTICES WITH THEIR COLLEAGUES FROM OTHER PROVIDERORGANIZATIONS, HOSTING A WEBINAR SERIES SEVERAL TIMES A YEAR WITH ABEST PRACTICE ORGANIZATION LEADING THE WEBINAR, SHARING THEIRAPPROACHES 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, 2019, THE PROVIDER INTERGRATION PROGRAM INCURRED \$509,093 IN PROGRAM EXPENSES. PROVIDER INTEGRATION FOCUSES ON PARTNERING WITH SCAN'S NETWORK MEDICAL GROUPS TO IMPROVE QUALITY AS MEASURED BY A VARIETY OF INDICATORS, INCLUDING BUT NOT LIMITED TO CMS MEDICARE STARS PERFORMANCE. SPECIFICALLY, THIS FUNCTION ENABLES: - SHARING, FACILITATING AND SUPPORTING THE IMPLEMENTATION OF BEST PRACTICES TO IMPROVE CLINICAL OUTCOMES AND MEMBER/PATIENT EXPERIENCE.- HIGHLIGHTING PERSON-CENTERED APPROACH TO CARING FOR HIGH NEEDS SENIORS, WHILE TAILORING BENEFITS, PROGRAMS AND SERVICES TO MEET BOTH MEDICAL AND SOCIAL/SOCIAL DETERMINANTS OF HEALTH NEEDS.- PROMOTING CROSS-ORGANIZATIONAL/CROSS-SECTOR COLLABORATION OTHERWISE NOT READILY AVAILABLE IN THE BROADER HEALTH CARE INDUSTRY.PROVIDER INTEGRATION HOSTS FORUMS WITH EXECUTIVE-LEVEL DECISION MAKERS FROM VARIOUS PROVIDERS TO ENGAGE IN MUTUAL KNOWLEDGE SHARING AROUND QUALITY-FOCUSED INTERVENTIONS (BUSINESS CASE DEVELOPMENT, APPROACH/METHODOLOGY, CRITICAL SUCCESS FACTORS, LESSONS LEARNED). TARGETED DISCUSSIONS CENTER ON THE CLINICAL, OPERATIONAL AND DATA-DRIVEN CONSIDERATIONS REQUIRED TO LAUNCH SUCH PROGRAMS SUCCESSFULLY. MEDICAL GROUP EXECUTIVES UTILIZE THEIR LEARNINGS FROM PROVIDER INTEGRATION TO SPUR ACTION AT THE PROVIDER SITE LEVEL TO IMPROVE THE CARE DELIVERED TO THE BROADER MEDICARE POPULATION. PREVIOUS KNOWLEDGE-SHARING FORUMS HAVE CENTERED ON BEST PRACTICE PROGRAMS TO DRIVE IMPROVEMENT IN MANAGING CHRONIC CONDITIONS (E.G., DIABETES); PROMOTING DISEASE PREVENTION STRATEGIES; MEDICATION ADHERENCE; AND MEMBER SATISFACTION AROUND ACCESS TO CARE.

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 | | | |
| BRANDON JONES BEG 719 DIRECTOR | 0.50 4.50 | X | | | | | | 0 | 37,500 | 0 |
| CELESTE ORTIZ BEG 719 DIRECTOR | 0.50 4.50 | X | | | | | | 0 | 37,500 | 0 |
| WILLIAM ROTH END 219 PRESIDENT | 31.50 8.50 | | | X | | | | 2,702,054 | 0 | 27,085 |
| VINOD MOHAN CFO - DEVELOPMENT OFFICER | 31.50 8.50 | | | X | | | | 971,677 | 0 | 697,412 |
| JANET KORNBLOTT SECRETARY | 31.00 9.00 | | | X | | | | 0 | 1,050,833 | 403,747 |
| NANCY MONK CHIEF OPERATIONS OFFICER | 31.50 8.50 | | | X | | | | 0 | 797,637 | 575,175 |
| CATHERINE BATTEER END 119 SVP PROVIDER INT & PARTNER | 0.01 0.00 | | | X | | | | 1,143,415 | 0 | 24,000 |
| JOSH GOODE CHIEF INFORMATION OFFICER | 32.00 8.00 | | | X | | | | 0 | 690,828 | 461,840 |
| ROMILLA BATRA CHIEF MEDICAL OFFICER | 32.00 8.00 | | | X | | | | 693,770 | 0 | 417,128 |
| SHERRY STANISLAW GENERAL MANAGER OFFICER | 32.00 8.00 | | | X | | | | 576,273 | 0 | 368,404 |

| 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 | | | |
| KWAN-MOON LEUNG SVP CHIEF INFORMATICS OFFICER | 40.00 0.00 | | | | X | | | 0 | 592,842 | 252,000 |
| ADRIENNE MORRELL SVP PUBLIC & GOVT AFFAIRS | 32.00 8.00 | | | | X | | | 0 | 507,366 | 329,090 |
| DAVID MILLIGAN SVP SALES | 36.00 4.00 | | | | X | | | 496,746 | 0 | 271,562 |
| EVE GELB SVP MBR & COMMUNITY HEALTH | 40.00 0.00 | | | | X | | | 498,118 | 0 | 266,674 |
| ANDREW WHITELOCK SVP CHIEF RISK EXECUTIVE | 35.50 4.50 | | | | X | | | 0 | 422,754 | 228,534 |
| RIAZ ALI END 419 SVP CHIEF MARKETING EXECUTIVE | 36.00 4.00 | | | | X | | | 336,879 | 0 | 28,360 |
| DAN OSTERWEIL MEDICAL DIRECTOR | 36.00 4.00 | | | | | X | | 562,793 | 25,000 | 172,110 |
| SHARONJIT JHAWAR CVP CHIEF PHARMACY OFFICER | 36.00 4.00 | | | | | X | | 528,488 | 0 | 210,267 |
| YUAN QIN CVP, ACTUARIAL SERVICES | 40.00 0.00 | | | | | X | | 493,645 | 0 | 210,562 |
| RUSSELL E BROWER MEDICAL DIRECTOR | 39.50 0.50 | | | | | X | | 451,239 | 0 | 195,125 |

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 | | | |
| TERENCE OFFENBERGER MEDICAL DIRECTOR | 40.00 0.00 | | | | | X | | 427,880 | 0 | 161,251 |

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number
95-3858259

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---------------|---------------|---------------|---------------|---------------|----------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,742,566 | 3,695,334 | 3,557,140 | 3,367,909 | 3,510,542 | 17,873,491 |
| 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 | 2,165,129,374 | 2,247,839,714 | 2,563,219,473 | 2,717,815,709 | 3,081,294,600 | 12,775,298,870 |
| 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 | 2,168,871,940 | 2,251,535,048 | 2,566,776,613 | 2,721,183,618 | 3,084,805,142 | 12,793,172,361 |
| 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.) | | | | | | 12,793,172,361 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---------------|---------------|---------------|---------------|---------------|----------------|
| 9 Amounts from line 6. | 2,168,871,940 | 2,251,535,048 | 2,566,776,613 | 2,721,183,618 | 3,084,805,142 | 12,793,172,361 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 8,616,023 | 7,240,162 | 7,473,513 | 8,686,929 | 10,394,722 | 42,411,349 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | 8,616,023 | 7,240,162 | 7,473,513 | 8,686,929 | 10,394,722 | 42,411,349 |
| 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 | 10,945 | 12,736 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 2,177,487,963 | 2,258,775,210 | 2,574,250,126 | 2,729,872,338 | 3,095,210,809 | 12,835,596,446 |
| 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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.670 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 99.640 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.330 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 0.360 % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME: | MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 1,791. 2019 AMOUNT: \$ 10,945. |

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.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

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

| | (a) Filing organization's totals | (b) Affiliated group totals |
|--|----------------------------------|-----------------------------|
|--|----------------------------------|-----------------------------|

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

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

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- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|--|-----|----|-----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | 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 | | 1,230,434 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 80,862 |
| j Total. Add lines 1c through 1i | | | 1,311,296 |
| 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 AND STATE LOBBYING. SCAN WORKS TO INCREASE AWARENESS OF THE UNIQUE NEEDS OF THE SENIORS AND TO ENHANCE THE PROGRAMS THAT WILL HELP THEM 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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
SCAN HEALTH PLAN

Employer identification number
95-3858259

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 27,649,583 | 20,386,590 | 7,262,993 |
| d Equipment | | 16,745,825 | 13,485,711 | 3,260,114 |
| e Other | | 27,204,319 | 22,682,627 | 4,521,692 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 15,044,799 |

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 | 47,970,322 | F |
| (B) CORPORATE BONDS | 57,773,055 | F |
| (C) ASSET-BACKED SECURITIES | 25,954,869 | F |
| (D) MORTGAGE-BACKED SECURITIES | 110,964,677 | F |
| (E) COMMINGLED FUNDS | 10,843,726 | F |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 253,506,649 | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 6,559,652 |

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 | 3,118,929,028 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 24,018,050 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 24,018,050 |
| 3 | Subtract line 2e from line 1 | 3 | 3,094,910,978 |
| 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 | 976,070 |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 976,070 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 3,095,887,048 |

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 | 3,044,821,216 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 3,044,821,216 |
| 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 | 976,070 |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 976,070 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 3,045,797,286 |

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 | |
| | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 95-3858259

Name: SCAN HEALTH PLAN

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | UNDER FASB ASC 740, INCOME TAXES, THE COMPANY IS REQUIRED TO RECOGNIZE A LIABILITY FOR EACH UNCERTAIN TAX POSITION AT THE AMOUNT ESTIMATED TO BE REQUIRED TO SETTLE THE ISSUES. AS OF DECEMBER 31, 2019 AND 2018, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS. |

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55
3 Enter total number of other organizations listed in the line 1 table 3

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 EAST GREEN STREET PASADENA, CA 91106 | 95-1690983 | | 5,000 | | | | SCANS FUNDS WILL SUPPORT THE SENIOR AQUATICS CLASSES, PROVIDING OPPORTUNITIES TO ENHANCE PHYSICAL FITNESS AND SOCIALIZATION FOR SENIORS IN LONG BEACH. |
| AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK EAST SUITE 4393 LOS ANGELES, CA 90067 | 95-3301874 | 501(C)(3) | 25,000 | | | | FUNDS WILL SUPPORT ALAS SHARED HOUSING PROGRAM, MATCHING 30 LOW-INCOME HOUSING SEEKERS WITH 30 SENIORS IN NEED OF FINANCIAL AND/OR DAILY LIVING SUPPORT. |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALZHEIMER'S LOS ANGELES 4221 WILSHITE BLVD SUITE 400 LOS ANGELES, CA 90010 | 95-3718119 | 501(C)(3) | 20,000 | | | | A GRANT FROM SCAN WILL SUPPORT ALZHEIMERS LOS ANGELES INLAND EMPIRE FAMILY SUPPORT PROGRAM, PROVIDING SUPPORT SERVICES AND EDUCATION FOR FAMILY CAREGIVERS OF INDIVIDUALS WITH ALZHEIMERS DISEASE IN RIVERSIDE AND SAN BERNARDINO COUNTIES. |
| ALZHEIMER'S SAN DIEGO 6632 CONVOY COURT SAN DIEGO, CA 92111 | 47-5534541 | 501(C)(3) | 15,000 | | | | FUNDS WILL HELP SUPPORT CONFESSIONS OF A CAREGIVER WORKSHOPS AND ALZ COMPANIONS, A VOLUNTEER-BASED RESPITE PROGRAM FOR CAREGIVERS. |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| AMERICAN SOCIETY ON AGING 575 MARKET ST SUITE 2100 SAN FRANCISCO, CA 94105 | 94-2292868 | 501(C)(3) | 6,000 | | | | ASA CONFERENCE-AGING TODAY |
| AVIA 515 N STATE STREET3RD FLOOR CHICAGO, IL 60654 | 46-0825548 | | 15,000 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE PO BOX 800371 SANTA CLARITA, CA 91380 | 94-2552489 | 501(C)(3) | 27,500 | | | | FALL SUMMIT |
| CAREGIVERS VOLUNTEERS ASSISTING THE ELDERLY 1765 GOODYEAR AVENUE SUITE 205 VENTURA, CA 93003 | 77-0081692 | 501(C)(3) | 15,000 | | | | FUNDS WILL SUPPORT THE EXPANSION OF THE BUILDING BRIDGES INTERGENERATIONAL PROGRAM WHICH AIMS TO BOTH COMBAT SENIOR SOCIAL ISOLATION AND PROVIDE PHYSICAL HELP THROUGH CHORES, ERRANDS AND TRANSPORTATION. |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES OF LOS ANGELES 1531 JAMES M WOOD BOULEVARD LOS ANGELES, CA 90015 | 95-1690973 | 501(C)(3) | 5,000 | | | | SCANS FUNDS WILL SUPPORT THE OASIS PROGRAM, WHICH ASSISTS LOW-INCOME SENIORS WITH NEEDS ASSESSMENTS, NUTRITION, RENTAL AND UTILITIES ASSISTANCE, ACCESS TO MEDICAL CARE AND EQUIPMENT, AND REFERRALS TO PARTNER AGENCIES. |
| CENTER FOR HIGHER AMBITION LEADERSHIP 668 N COAST HWYSUITE 319 LAGUNA BEACH, CA 92651 | 90-0875514 | 501(C)(3) | 100,000 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CHINESE AMERICAN COALITION FOR COMPASSIONATE CARE PO BOX 276 CUPERTINO, CA 92015 | 26-0895114 | 501(C)(3) | 10,000 | | | | A GRANT FROM SCAN WILL SUPPORT THE EXPANSION OF THE VOLUNTEER PATIENT AMBASSADORS PROGRAM INCREASING THE NUMBER OF BILINGUAL ENGLISH AND MANDARIN/CANTONESE-SPEAKING VOLUNTEERS, WHO WILL PROVIDE OVER 3,000 VISITS IN LOCAL HOSPITALS TO COMPLETE ADVANCE HEALTH CARE DIRECTIVES AND FACILITATE DISCUSSIONS AMONG PATIENTS, FAMILY MEMBERS AND HEALTHCARE PROVIDERS TO ENSURE WISHES ARE HONORED. THE GRANT WILL ALSO SUPPORT COMMUNITY EDUCATION EFFORTS THROUGH ADVANCE CARE PLANNING WORKSHOPS, HEART TO HEART CAFES AND STARTING THE CONVERSATION EVENTS. |
| CHRISTIAN OUTREACH IN ACTION 515 E 3RD ST LONG BEACH, CA 90802 | 33-0008271 | 501(C)(3) | 5,000 | | | | FUNDS WILL HELP SECURE MATERIALS AND ITEMS NEEDED TO HOST SIX SENIOR WELLNESS DAYS, WHERE SENIORS WILL BE PROVIDED WITH HEALTH SCREENINGS, AS WELL AS A HYGIENE KIT, HOT MEAL AND A BAG OF FRESH PRODUCE. |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF GLENDALE 613 EAST BROADWAY STREET ROOM 120 GLENDALE, CA 91206 | 95-6000714 | 501(C)(3) | 5,000 | | | | FUNDS WILL PROVIDE DIRECT ASSISTANCE TO SENIORS IN THE CITY OF GLENDALE FACING UNEXPECTED HEALTH AND LIVING EXPENSES. |
| COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202 | 95-2684844 | 501(C)(3) | 10,000 | | | | FUNDS WILL PROVIDE TIMELY, DIRECT ASSISTANCE TO LOW-INCOME, ELDERLY OR DISABLED ADULTS AND THEIR CAREGIVERS WHO ARE EXPERIENCING UNEXPECTED CIRCUMSTANCES AND/OR EXPENSES. |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COLORADO RIVER SENIOR CITIZENS SERVICES HCR 20 BOX 3408 BLYTHE, CA 92225 | 33-0143646 | 501(C)(3) | 5,000 | | | | A SCAN GRANT WILL SUPPORT COLORADO RIVER SENIOR CITIZENS SERVICES TO DELIVER MEALS-ON-WHEELS AND SOCIAL CONNECTEDNESS TO HOME BOUND SENIORS IN RURAL RIVERSIDE COUNTY. |
| COMMUNITY ACTION PARTNERSHIP-OC 11870 MONARCH STREET GARDEN GROVE, CA 92841 | 95-2452787 | 501(C)(3) | 10,000 | | | | A SCAN GRANT WILL SUPPORT THE ACQUISITION AND DISTRIBUTION OF FRESH PRODUCE TO LOW-INCOME SENIORS THROUGH ITS OC FOOD BANKS FARM TO SENIORS FRESH PRODUCE PROGRAM. |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY MEMORIAL HEALTH SYSTEM 2705 LOMA VISTA ROAD SUITE 201 VENTURA, CA 93003 | 95-1683892 | 501(C)(3) | 5,500 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |
| CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360 | 95-2992927 | 501(C)(3) | 20,000 | | | | FUNDS WILL PROVIDE 2,000 FRESHLY PREPARED MEALS TO LOW INCOME, HOMEBOUND SENIORS. DAILY WELLNESS CHECKS ARE PROVIDED AT THE TIME OF MEAL DELIVERY. |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
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| COUNCIL ON AGING-SOUTHERN CALIFORNIA 2 EXECUTIVE CIRCLE SUITE 175 IRVINE, CA 92614 | 95-2874089 | 501(C)(3) | 10,000 | | | | FUNDS WILL BE USED TO SUPPORT THE GIVE A HOOT FUND TO PROVIDE TIMELY, DIRECT ASSISTANCE TO LOW-INCOME SENIORS OR DISABLED ADULTS AND THEIR CAREGIVERS WHO ARE EXPERIENCING UNEXPECTED CIRCUMSTANCE AND/OR EXPENSES. |
| COUNTY OF RIVERSIDE 6296 RIVER CREST DRIVE SUITE K RIVERSIDE, CA 92507 | 95-6000930 | 501(C)(3) | 15,000 | | | | SCAN GRANT FUNDS WILL BE USED FOR THE PURCHASE AND/OR ARRANGEMENT OF A VARIETY OF COMPREHENSIVE ASSISTANCE SERVICES NECESSARY TO MEET THE BASIC NEEDS AND FOOD SECURITY NECESSITIES OF FRAIL, ELDERLY AND/OR FUNCTIONALLY IMPAIRED ADULTS (55 YEARS OLD AND OLDER). |

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

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| CSULB SCHOLARSHIP FUND 1250 BELLFLOWER BLVD ET-200 LONG BEACH, CA 90840 | 45-2163910 | 501(C)(3) | 52,500 | | | | SCHOLARSHIP FUND |
| ENGAGE 240 E VERDUGO AVE SUITE 100 BURBANK, CA 91502 | 80-0001152 | 501(C)(3) | 20,000 | | | | FUNDS WILL PROVIDE 20 LBS. OF FOOD PER MONTH TO 800 SENIOR RESIDENTS OF ENGAGE SENIOR ARTS COLONIES AND ENSURE THAT RESIDENTS HAVE ACCESS TO FRESH AND HEALTHY FOODS THROUGH COMMUNAL GARDENS THAT RELIEVE SOCIAL ISOLATION. |

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| FALLBROOK HEALTHCARE FOUNDATION PO BOX 2155 FALLBROOK, CA 92088 | 95-3389263 | 501(C)(3) | 20,000 | | | | SCAN COMMUNITY GIVING FUNDS WILL SUPPORT DIRECT OPERATING EXPENSES FOR THE CARE VAN PROGRAM TO ENSURE THAT ALL CLIENTS CAN ACCESS TRANSPORTATION TO AND FROM MEDICAL, RETAIL, AND SOCIAL OUTLETS. |
| FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS ROAD SUITE 215 MORENO VALLEY, CA 92557 | 95-1803694 | 501(C)(3) | 10,000 | | | | FUNDS WILL PROVIDE ACCESS TO BASIC NECESSITIES FOR SENIORS THAT ARE NEEDED TO SURVIVE ON AN EMERGENCY BASIS. CLIENTS WILL ALSO RECEIVE FOLLOW UP AND ONGOING SUPPORT AS PART OF THEIR ONGOING CASE MANAGEMENT SERVICES. |

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| FOOD FINDERS 3744 N INDUSTRY AVE 401 LAKEWOOD, CA 90712 | 33-0412749 | 501(C)(3) | 5,000 | | | | FUNDS WILL PROVIDE SUPPORT TO THE FOOD RESCUE/DISTRIBUTION PROGRAM TO PURCHASE FOOD ITEMS AND SPECIAL REQUEST PURCHASES FOR ITEMS LIKE HYGIENE AND PERSONAL CARE. |
| FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436 | 68-0181095 | 501(C)(3) | 5,000 | | | | A GRANT FROM SCAN COMMUNITY GIVING WILL BE USED TO PURCHASE FOOD AT A WHOLESALE RATE, WHICH WE WILL THEN PROVIDE FREE OF CHARGE TO OUR CLIENTS. |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD SHARE 4156 SOUTHBANK RD OXNARD, CA 93036 | 77-0018162 | 501(C)(3) | 15,000 | | | | SCAN COMMUNITY GIVING FUNDS WILL SUPPORT THE SENIOR SHARE AND COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) INITIATIVES. |
| FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE 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 BI-WEEKLY, NUTRITIOUS MEALS FOR LOW-INCOME SENIORS IN LOS ANGELES COUNTY. |

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| HEALTH INDUSTRY COLLABORATION EFFORT OF CALIFORNIA 17360 BROOKHURST STREET FOUNTAIN VALLEY, CA 92708 | 90-0130332 | 501(C)(3) | 40,000 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |
| HOPE THROUGH HOUSING FOUNDATION 9421 HAVEN AVE RANCHO CUCAMONGA, CA 91730 | 33-0802554 | 501(C)(3) | 10,000 | | | | A GRANT FROM SCAN WILL HELP OUR LOW-INCOME AFFORDABLE HOUSING SENIORS WITH THEIR HEALTH AND MEDICAL EXPENSES, TRANSPORTATION, FOOD COSTS, RENT, AND OTHER BASIC/EMERGENCY NEEDS WHEN NO OTHER FUNDING IS AVAILABLE TO MEET THEIR NEEDS. |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUMAN OPTIONS 5540 TRABUCO ROAD SUITE 100 IRVINE, CA 92620 | 95-3667817 | 501(C)(3) | 10,000 | | | | A GRANT FROM SCAN WILL SUPPORT THE SAFE OPTIONS FOR SENIORS (SOS) PROGRAM |
| INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94115 | 94-2978977 | 501(C)(3) | 25,000 | | | | 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. |

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| JEWISH FAMILY AND CHILDREN'S SERVICE OF LONG BEACHWEST ORANGE COUNTY 3801 E WILLOW STREET LONG BEACH, CA 90815 | 95-2273033 | 501(C)(3) | 15,000 | | | | A GRANT FROM SCAN WILL SUPPORT JEWISH FAMILY AND CHILDRENS SERVICES OLDER ADULT SERVICES PROGRAM, PROVIDING COMMUNITY-BASED CARE AND COMPREHENSIVE SOCIAL SERVICES THAT ADDRESSES SOCIAL DETERMINANTS OF HEALTH AND PROMOTES INDEPENDENT LIVING IN SENIORS IN LONG BEACH AND WEST ORANGE COUNTY. |
| JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123 | 95-1644024 | 501(C)(3) | 10,000 | | | | A SCAN GRANT WILL PROVIDE SUBSIDIZED, NOURISHING MEALS AND FRIENDSHIP/SOCIALIZATION SO THAT CLIENTS CAN REMAIN SELF-SUFFICIENT IN THEIR OWN HOMES AS LONG AS POSSIBLE. |

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| JFS OF THE DESERT 290 S FARRELL DRIVE SUITE C208 PALM SPRINGS, CA 92262 | 33-0613083 | 501(C)(3) | 15,000 | | | | A GRANT FROM SCAN COMMUNITY GIVING WILL PROVIDE EMERGENCY ASSISTANCE TO OLDER ADULTS WHO ARE OFTEN ISOLATED AND ON FIXED INCOMES. |
| JUSTICE IN AGING 1444 EYE ST NW STE 1100 WASHINGTON, DC 20005 | 95-3132674 | 501(C)(3) | 5,000 | | | | LA EVENT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE LAKEWOOD, CA 90712 | 95-2929207 | 501(C)(3) | 5,000 | | | | A SCAN GRANT WILL PROVIDE SUBSIDIZED, NOURISHING MEALS AND FRIENDSHIP SO THAT CLIENTS CAN REMAIN SELF-SUFFICIENT IN THEIR OWN HOMES AS LONG AS POSSIBLE. |
| LOS ANGELES JEWISH SYMPHONY 17455 LA CUESTA LANE ENCINO, CA 91316 | 91-2154625 | 501(C)(3) | 15,000 | | | | DONATION. |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
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| LOS ANGELES LGBT CENTER PO BOX 2988 LOS ANGELES, CA 90078 | 95-3567895 | 501(C)(3) | 10,000 | | | | A SCAN GRANT AWARD WILL SUPPORT THE SENIOR SERVICES FOOD INSECURITY INITIATIVE, WHICH SUPPORTS AGING IN COMMUNITY BY PROVIDING SENIORS WITH FREE GROCERIES AND A HEALTHY LUNCH IN A COMMUNAL SETTING. |
| MEALS ON WHEELS SAN DIEGO 2254 SAN DIEGO AVENUE SUITE 200 SAN DIEGO, CA 92110 | 95-2660509 | 501(C)(3) | 20,000 | | | | SCAN FUNDS WILL BE USED TO PURCHASE FOOD AND PACKAGING FOR 8,888 MEALS TO BE DELIVERED TO HOMEBOUND SENIORS THROUGHOUT SAN DIEGO COUNTY (FOOD AND PACKAGING DIRECT COST IS \$2.25 PER MEAL). EACH MEAL DELIVERY IS ACCOMPANIED BY A SAFETY CHECK AND SOCIAL VISIT TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF EACH SENIOR CLIENT. |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEALS ON WHEELS- SAN FRANCISCO 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124 | 94-1741155 | 501(C)(3) | 15,000 | | | | SCAN COMMUNITY GIVING FUNDS WILL SUPPORT HOME DELIVERED MEALS TO HOMEBOUND SENIORS AND SUPPORT TWO BAGS OF WEEKLY GROCERIES TO 500 SENIORS WHO CAN STILL COOK FOR THEMSELVES, BUT ARE UNABLE TO GET OUT TO FOOD PANTRIES FOR GROCERIES. |
| MEALS ON WHEELS WEST 1823-A MICHIGAN AVENUE SANTA MONICA, CA 90404 | 95-4847907 | 501(C)(3) | 15,000 | | | | FUNDS WILL BE UTILIZED TO SUPPORT FOOD AND NUTRITION PROGRAMS AT MEALS ON WHEELS WEST PROVIDING FOR HOMEBOUND INDIVIDUALS WHO ARE UNABLE TO PURCHASE OR PREPARE MEALS. |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEHER MOUNT CORP 9902 SULPHUR MOUNTAIN ROAD OJAI, CA 93023 | 77-0236525 | 501(C)(3) | 10,000 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |
| MENTAL HEALTH ASSOCIATION- LOS ANGELES 200 PINE AVENUE SUITE 400 LONG BEACH, CA 90802 | 95-1881491 | 501(C)(3) | 5,000 | | | | A GRANT FROM SCAN WILL PROVIDE ITEMS OR SERVICES THAT WILL FULFILL UNMET SOCIAL DETERMINANTS OF HEALTH AND QUALITY OF LIFE NEEDS OF OLDER ADULTS. |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406 | 95-4066979 | 501(C)(3) | 20,000 | | | | A GRANT FROM SCAN WILL SUPPORT THE ADULT DAY CARE SERVICES, PROVIDING CARE FOR SENIORS WHILE THEIR LOVED ONES AND CAREGIVERS ARE AT WORK. |
| ORANGE COUNTY TECHNOLOGY ACTION NETWORK 65 ENTERPRISESUITE 330 ALISO VIEJO, CA 92656 | 04-3723991 | 501(C)(6) | 8,000 | | | | DONATION FOR ORGANIZATION TO FURTHER SCAN'S MISSION TO KEEP SENIORS HEALTHY AND INDEPENDENT. |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET ST SUITE 600 SAN FRANCISCO, CA 94105 | 94-3093623 | 501(C)(3) | 27,000 | | | | CALIFORNIA QUALITY COLLABORATIVE |
| PROJECT ACCESS 2100 W ORANGEWOOD AVE 230 ORANGE, CA 92868 | 33-0834635 | 501(C)(3) | 10,000 | | | | FUNDS WILL BE USED TO PROVIDE TIMELY, DIRECT ASSISTANCE TO LOW-INCOME SENIORS OR DISABLED ADULTS AND THEIR CAREGIVERS WHO ARE EXPERIENCING UNEXPECTED CIRCUMSTANCE AND/OR 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038 | 95-4115863 | 501(C)(3) | 20,000 | | | | A SCAN GRANT WILL SUPPORT PROJECT ANGEL FOODS HOME-DELIVERED MEALS PROGRAM TO SENIORS DEALING WITH ILLNESS, PROVIDING THEM WITH INDIVIDUALIZED NUTRITION TAILORED TO THEIR OWN MEDICAL NEEDS. |
| SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107 | 94-3041517 | 501(C)(3) | 10,000 | | | | SCAN FUNDS WILL SUPPORT THE FOOD BANKS SENIOR FOOD ASSISTANCE PROGRAMS WHICH PROVIDE SENIORS WITH FRESH FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS THROUGH FARMERS MARKET STYLE DISTRIBUTIONS AND HOME-DELIVERY ON A WEEKLY BASIS. |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618 | 32-0362611 | 501(C)(3) | 20,000 | | | | SCANS FUNDS WILL SUPPORT SECOND HARVESTS SENIOR HUNGER STRATEGY INITIATIVES. THIS INCLUDES SECOND HARVESTS PARK-IT MARKET A PART-OF-ITS-KIND, PARTIALLY-REFRIGERATED, FREE MARKET FOR SENIORS TRAVELS MONDAY-FRIDAY ON SCHEDULED WEEKLY VISITS TO LOCAL SENIOR CENTERS AND LOW-INCOME SENIOR APARTMENT COMPLEXES. |
| SENIOR ADVOCATES OF THE DESERT PO BOX 2827 CATHEDRAL CITY, CA 92235 | 45-4219977 | 501(C)(3) | 5,000 | | | | A GRANT FROM SCAN COMMUNITY GIVING WILL HELP PROVIDE EMERGENCY ASSISTANCE TO AT RISK SENIORS LIVING IN THE COACHELLA VALLEY WHO HAVE NO ASSETS OR RESOURCES AVAILABLE TO THEM TO REMEDIATE A FINANCIAL EMERGENCY THREATENING THEIR HEALTH, SAFETY OR WELL-BEING. |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SENIORSERV 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 92801 | 95-2771715 | 501(C)(3) | 20,000 | | | | FUNDS ENABLE SENIORSERV TO PROVIDE AN ADDITIONAL 11,364 NUTRITIOUS MEALS, HELPING THE AGENCY COMBAT FOOD INSECURITY, LONELINESS, AND DIMINISHED QUALITY OF LIFE FOR OLDER ADULTS IN THE COMMUNITY. |
| SMILES FOR SENIORS 24910 AVE C YUCAIPA, CA 92399 | 26-0373602 | 501(C)(3) | 10,000 | | | | FUNDS WILL PROVIDE ACCESS TO BASIC NECESSITIES FOR SENIORS THAT ARE NEEDED TO SURVIVE ON AN EMERGENCY BASIS. |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST FRANCIS LIVING ROOM 350 GOLDEN GATE AVE SAN FRANCISCO, CA 94102 | 74-3159355 | 501(C)(3) | 5,000 | | | | SCAN FUNDS WILL ENABLE ST. FRANCIS LIVING ROOM TO SERVE MORE LOW-INCOME, AT-RISK SENIORS THROUGH ITS HEALTHY BREAKFAST PROGRAM, PROVIDING MEALS AND SOCIALIZATION FOR SENIORS IN THE CITY OF SAN FRANCISCO. |
| ST VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057 | 95-3696693 | 501(C)(3) | 10,000 | | | | THE SCAN COMMUNITY GIVING FUNDS WILL BE UTILIZED TO PROVIDE CORE SUPPORT FOR NUTRITIOUS AND MEDICALLY TAILORED MEALS TO THE MOST DISADVANTAGED AND AT RISK HOMEBOUND SENIORS WHOM WE SERVE. |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UCI FOUNDATION THE PAUL MERAGE SCHOOL OF BUSINESS SB2 230 IRVINE, CA 92697 | 95-2540117 | 501(C)(3) | 10,000 | | | | HEALTH CARE FORECAST CONFERENCE |
| VENTURA COUNTY AREA AGENCY ON AGING FOUNDATION 646 COUNTY SQUARE DRIVE SUITE 100 VENTURA, CA 93003 | 77-0168920 | 501(C)(3) | 20,000 | | | | SCAN FUNDS WILL BE UTILIZED TO DIRECTLY SUPPORT THE VENTURA COUNTY AREA AGENCY ON AGING FOUNDATION BY FUNDING 2,759 ADDITIONAL HOME-DELIVERED MEALS TO SENIORS AND ADULTS WITH DISABILITIES. |

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

2019

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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 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 on 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? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| 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? | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | |
| 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? | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | |
| 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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|---|--|--|---|--------------------------------|--|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
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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 3 OCCASIONS WHERE THE FLIGHT WAS 4 HOURS OR LONGER; MR. WING IS SIX FEET FIVE INCHES TALL AND A REGULAR AIRPLANE SEAT IS EXTREMELY UNCOMFORTABLE FOR LONG FLIGHTS. THE BENEFITS OF FIRST CLASS TRAVEL WERE NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL |
| PART 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. |
| PART I, LINES 4A-B | DURING 2019, THE EMPLOYMENT RELATIONSHIPS OF THE FOLLOWING EMPLOYEES OF SCAN HEALTH PLAN ENDED. IN CONNECTION WITH THE TERMINATION OF EMPLOYMENT, SCAN HEALTH PLAN NEGOTIATED AND PAID SEVERANCE TO THE EMPLOYEES. WILLIAM ROTH SCAN HEALTH PLAN - \$2,529,932 (INCLUSIVE OF 457 (F) DISTRIBUTIONS) CATHERINE BATTEER SCAN HEALTH PLAN - \$1,083,149 (INCLUSIVE OF 457(F) DISTRIBUTIONS) PART I, LINE 4B: THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO OFFICERS AND SENIOR VICE PRESIDENTS VIA ITS SECTION 457(F) PLAN. 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. ON JANUARY 1, 2018, A NEW PLAN WAS ADOPTED, FOR CONTRIBUTIONS MADE ON OR AFTER THAT DATE, 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 - \$473,133 EVE GELB - \$24,414 SHERRY STANISLAW - \$25,667 KWAN-MOON LEUNG - \$26,627 JANET KORNBLATT - \$240,731 DEFERRED COMPENSATION FOR 2019, REPORTED ON SCHEDULE J, PART II, COLUMN B AND COLUMN C CONSISTS OF THE FOLLOWING: 1) 457(F) EMPLOYER CONTRIBUTIONS ARE SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED THE PLAN DOCUMENTS. BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE. 2) 457(B) IS A DEFERRED COMPENSATION PLAN THAT THE EMPLOYER AND EMPLOYEE CONTRIBUTE TO, UP TO THE COMPANY'S DEFINED AND IRS ANNUAL LIMITS. 3) 403(B) QUALIFIED RETIREMENT PLAN CONTRIBUTIONS (EMPLOYER MATCH AND SAFE HARBOR) UP TO THE IRS ANNUAL LIMITS. 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. |

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 | | | | |
| 1CHRISTOPHER WING CHIEF EXECUTIVE OFFICER | (i) | 763,956 | 1,016,400 | 497,677 | 1,363,111 | 27,614 | 3,668,758 | 1,326,697 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1FRANCESCA RUIZ DELUZURIAGA CHAIRPERSON | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 165,000 | 0 | 0 | 0 | 0 | 165,000 | 0 |
| 2WILLIAM ROTH END 219 PRESIDENT | (i) | 171,269 | 0 | 2,530,785 | 19,600 | 7,485 | 2,729,139 | 952,799 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3VINOD MOHAN CFO - DEVELOPMENT OFFICER | (i) | 541,461 | 409,284 | 20,932 | 654,622 | 42,790 | 1,669,089 | 409,234 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4JANET KORNBLATT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 397,453 | 382,981 | 270,399 | 388,600 | 15,147 | 1,454,580 | 572,936 |
| 5NANCY MONK CHIEF OPERATIONS OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 440,197 | 334,828 | 22,612 | 531,581 | 43,594 | 1,372,812 | 334,828 |
| 6CATHERINE BATTEER END 119 SVP PROVIDER INT & PARTNER | (i) | 59,867 | 0 | 1,083,548 | 19,600 | 4,400 | 1,167,415 | 277,695 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7JOSH GOODE CHIEF INFORMATION OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 434,291 | 236,277 | 20,260 | 451,348 | 10,492 | 1,152,668 | 236,227 |
| 8ROMILLA BATRA CHIEF MEDICAL OFFICER | (i) | 394,971 | 278,540 | 20,259 | 407,297 | 9,831 | 1,110,898 | 278,540 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9SHERRY STANISLAW GENERAL MANAGER OFFICER | (i) | 344,141 | 182,305 | 49,827 | 341,873 | 26,531 | 944,677 | 182,305 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10KWAN-MOON LEUNG SVP CHIEF INFORMATICS OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 351,406 | 193,993 | 47,443 | 246,670 | 5,330 | 844,842 | 193,493 |
| 11ADRIENNE MORRELL SVP PUBLIC & GOVT AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 338,467 | 48,727 | 120,172 | 286,070 | 43,020 | 836,456 | 0 |
| 12DAVID MILLIGAN SVP SALES | (i) | 305,848 | 168,934 | 21,964 | 246,631 | 24,931 | 768,308 | 168,934 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13EVE GELB SVP MBR & COMMUNITY HEALTH | (i) | 293,449 | 159,707 | 44,962 | 230,048 | 36,626 | 764,792 | 159,707 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14ANDREW WHITELOCK SVP CHIEF RISK EXECUTIVE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 281,383 | 120,944 | 20,427 | 224,094 | 4,440 | 651,288 | 120,944 |
| 15RIAZ ALI END 419 SVP CHIEF MARKETING EXECUTIVE | (i) | 147,230 | 170,431 | 19,218 | 19,600 | 8,760 | 365,239 | 170,431 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16DAN OSTERWEIL MEDICAL DIRECTOR | (i) | 348,720 | 182,320 | 31,753 | 167,140 | 4,970 | 734,903 | 181,870 |
| | (ii) | 25,000 | 0 | 0 | 0 | 0 | 25,000 | 0 |
| 17SHARONJIT JHAWAR CVP CHIEF PHARMACY OFFICER | (i) | 353,635 | 155,065 | 19,788 | 193,784 | 16,483 | 738,755 | 154,615 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18YUAN QIN CVP, ACTUARIAL SERVICES | (i) | 325,219 | 148,332 | 20,094 | 186,572 | 23,990 | 704,207 | 147,882 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19RUSSELL E BROWER MEDICAL DIRECTOR | (i) | 319,216 | 113,023 | 19,000 | 153,543 | 41,582 | 646,364 | 112,573 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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 | | | | |
| 21 TERENCE OFFENBERGER MEDICAL DIRECTOR | (i) | 294,186 | 113,173 | 20,521 | 146,590 | 14,661 | 589,131 | 0 |
| | (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.

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number

95-3858259

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE</p> | <p>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, GERONTOLOGISTS, A BOARD CERTIFIED GERIATRICIAN, A BEHAVIORAL HEALTH SPECIALIST, AND A CLINICAL PHARMACIST. SCAN HEALTH PLAN SUPPORTED THE FORMATION OF THE SCAN FOUNDATION IN 2007 WITH A CONTRIBUTION OF \$205 MILLION; FOR CALENDAR YEAR 2019 THE SCAN FOUNDATION AWARDED GRANTS IN THE AMOUNT OF \$5,685,138 AND INCURRED PROGRAM EXPENSES IN THE AMOUNT OF \$3,696,968. 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. 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. 2. COUNCIL ON AGING: ADOPT-A-SENIOR PROGRAM: PROVIDES HOLIDAY GIFTS FOR OLDER AND/OR DISABLED RESIDENTS OF CARE FACILITIES IN ORANGE COUNTY. 3. 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. 4. 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. 5. DEVELOPED AND DISSEMINATED EDUCATIONAL PODCASTS: SCAN STAFF CREATED, RECORDED AND POSTED FOR THE PUBLIC INFORMATION PODCASTS ON THE FOLLOWING TOPICS: FALLS, CAREGIVING, AND MENTAL HEALTH. THESE ARE ON THE PUBLIC FACING PLATFORM CALLED SOUNDCLOUD. THE GOAL OF THESE PODCASTS IS TO BRING EDUCATION AND RESOURCES TO SENIORS AND THEIR CAREGIVERS TO HELP THEM REMAIN SAFE IN THE COMMUNITY. 6. PRESENTATIONS AT ACADEMIC AND POLICY CONFERENCES: SCAN LEADERSHIP AND 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 (CAPG) IN ORDER TO IMPROVE CARE OF OLDER ADULTS, EDUCATE PROFESSIONALS, AND SHARE BEST PRACTICES. 7. 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. 8. DEVELOPED AND HOSTED A QUALITY SYMPOSIUM: ONSITE TRAINING AND EDUCATION FOR SCAN PROVIDERS DELIVERING INFORMATION AND BEST PRACTICES ON TOPICS IMPACTING GERIATRIC CARE. 9. SUPPORT CALIFORNIA ASSOCIATION OF LONG TERM CARE MEDICINE (CALTCM) BY P</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE</p> | <p>ROVIDING CEO AND BOARD MEMBERS EDUCATIONAL PROGRAMS: CALTCM IS AN ORGANIZATION OF PROFESSI ONALS IN THE LONG TERM CARE FIELD. THE ORGANIZATION OFFERS PERFORMANCE IMPROVEMENT EDUCATI ON PROGRAMS TO IMPROVE THE QUALITY OF CARE AND PROFESSIONALISM OF STAFF IN LONG TERM SETTI NGS. 10. NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA): LONG TERM SERVICES AND SUPPORTS ADVISORY COMMITTEE MEMBER; THIS COMMITTEE ASSISTS NCQA WITH THE DEVELOPMENT OF QUALITY STA NDARDS FOR LONG TERM SERVICES AND SUPPORTS (LTSS). 11. BOARD MEMBER OF ST. BARNABAS SENIOR SERVICES: SERVE AS BOARD MEMBER OF COMMUNITY AGENCY THAT SERVES VULNERABLE OLDER PEOPLE I N CENTRAL LOS ANGELES AND HOLLYWOOD. DEVELOPS CAPACITY OF AGENCY TO BETTER SERVE POPULATIO N. 12. SERVICE ON BOARDS OF DIRECTORS AND COMMITTEES FOR INDUSTRY GROUPS I.E., RESOURCE, I NITIATIVE AND SOCIETY FOR EDUCATION (RISE); AND, AHIP; THESE AND OTHER INDUSTRY GROUPS CRE ATE POLICY AND SHARE BEST PRACTICES ON SUBJECTS RANGING FROM AUDIT AND ENCOUNTER SUBMISSIO N TO GENERAL INDUSTRY ISSUES; OUR EMPLOYEES ARE ACTIVE MEMBERS OF A NUMBER OF OTHER ORGANI ZATIONS AS WELL. 13. BOARD MEMBER OF ALZHEIMERS ORANGE COUNTY: SERVE AS BOARD MEMBER OF CO MMUNITY AGENCY THAT SERVES VULNERABLE OLDER PEOPLE STRUGGLING WITH ALZHEIMERS AND OTHER CO GNITIVE DISORDERS THROUGHOUT ORANGE COUNTY. PARTICIPATION SUPPORTS THE DEVELOPMENT OF THE ORGANIZATION'S CAPACITY TO BETTER SERVE THOSE IN NEED AND PROVIDE EDUCATION REGARDING THES E TYPES OF CONDITIONS. 14. BOARD MEMBER OF SPECIAL NEEDS PLAN ALLIANCE (SNP ALLIANCE): SER VE AS BOARD MEMBER OF THE NATIONAL ORGANIZATION FOR IMPROVING THE HEALTH AND WELL-BEING OF INDIVIDUALS LIVING WITH SIGNIFICANT, COMPLEX NEEDS THROUGH SPECIALIZED MANAGED CARE. 15. 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 SATISFAC TION AND HAVING STAFF FACILITATE IMPROVED QUALITY. PRESENTATIONS INCLUDE CARE COORDINATION , IMPROVING PATIENT SATISFACTION, MOTIVATIONAL INTERVIEWING, CAHPS AND HOS AND HEDIS, HEAL TH LITERACY, HOSPITALIZATIONS, OPIOID USE/OVERUSE, END OF LIFE PLANNING, DEALING WITH OLDE R INDIVIDUALS, AND CASE MANAGEMENT FOR MEDICAL GROUPS. IN 2019, 4,577 OFFICE STAFF AND PHY SICIANS PARTICIPATED IN 27 EDUCATIONAL TOPICS AND 169 SESSIONS. 16. PRACTICAL PROVIDER AND OFFICE STAFF TOOLS: DEVELOPED 5 STAR POCKET GUIDE: OPEN TO PUBLIC THROUGH THE SCAN WEBSIT E/PROVIDER OFFICES. CREATED AND UPDATED MULTIPLE CLINICAL GUIDELINES AND PROVIDER TOOLS. D ISSEMINATED PRINT MATERIALS THROUGH CONTRACTED MEDICAL GROUPS. TOOLS ARE FOR USE BY ANY PR OVIDERS-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. 17. TRADING AGES: SCAN'S HALLMARK EXPERIENTIAL TRAINING TO HELP BUILD AWARENESS AND SENSITIVITY TO THE AGING PROCESS WAS PRESENTED 72 TIMES TO SUCH DIVERS E GROUPS AS: GERONTOLOGY STUDE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE</p> | <p>NTS AT LONG BEACH STATE UNIVERSITY; STUDENTS AT UNIVERSITY OF SOUTHERN CALIFORNIA LEONARD DAVIS SCHOOL OF GERONTOLOGY; CITY OF LONG BEACH FIRST RESPONDERS; STUDENTS AND STAFF AT SA DDLEBACK COLLEGE; HUMAN SERVICES ASSOCIATION; AND RESIDENT SERVICE COORDINATORS AT SENIOR HOUSING FACILITIES THROUGHOUT LOS ANGELES AND ORANGE COUNTY. 18. LONG BEACH READMISSION CO ALITION: SCAN IS AN ACTIVE PARTICIPANT IN THIS SHARED COALITION, WHOSE MISSION IS TO IMPRO VE 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 THRO UGH A COMPREHENSIVE COMMUNITY EFFORT. THE COALITION'S PURPOSE IS TO: BUILD AND SUSTAIN A C OMMUNITY COALITION FOCUSED ON IMPROVING TRANSITIONS OF CARE AND DECREASING ACUTE READMISSI ONS; COLLABORATE AND ALIGN EFFORTS OF ORGANIZATIONS WITH SHARED VISIONS; SHARE EVIDENCE-BA SED MODELS OF CARE AND BEST PRACTICES; UTILIZE VARIOUS SOURCES OF DATA TO IDENTIFY READMIS SION RATES AND TRACK INTERVENTIONS. 19. PARTNERSHIP WITH CITY OF LONG BEACH TO BUILD AN AG E FRIENDLY CITY: SCAN HAS PARTNERED WITH THE CITY OF LONG BEACH TO FUND WORK TO SUPPORT TH E 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 ACTIV ELY PARTICIPATING THROUGH WORKGROUP LEADERSHIP AND PARTICIPATION ON THE CITY'S STEERING CO MMITTEE. 20. SPECIAL NEEDS PLAN (SNP) PROVIDER WEBINAR: SNP PROVIDER TRAINING IS OFFERED Y EARLY TO HELP MEDICAL GROUPS BETTER UNDERSTAND THE SNP REQUIREMENTS AND OFFER ASSISTANCE T O THOSE NEWLY ENGAGED IN THE PROGRAM. THIS YEAR SCAN OFFERED THE TRAINING IN WEBINAR FORMA T. 21. VOLUNTEER TIME OFF (VTO): EMPLOYEES ARE ENCOURAGED TO CONTRIBUTE TO THE SENIORS IN OUR COMMUNITIES THROUGH VOLUNTEERING. A TOTAL OF 4 HOURS PER YEAR OF PAID TIME IS OFFERED DURING BUSINESS HOURS TO ALLOW STAFF THE OPPORTUNITY TO PROVIDE SERVICE AND SUPPORT TO SEN IORS WHILE COMBATING ISOLATION AND LONELINESS. EXAMPLES OF THESE ACTIVITIES INCLUDES: FACI LITATING GROUP SOCIALS TO HELP SENIORS ENGAGE, ART CLASSES, MUSIC CLASSES, GUIDED AUTOBIOG RAPHY CLASSES AND WRITING LETTERS TO THE TROOPS. IN 2019 EMPLOYEES COMPLETED 182.9 HOURS O F SERVICE THROUGH THIS PROGRAM.</p> |

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 |
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| 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 |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <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 2019 SALARY PACKAGE WAS SULLIVAN COTTER. THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CFO-DEVELOPMENT OFFICER 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>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 2019 SALARY PACKAGE WAS SULLIVAN COTTER.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| 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 HEALTHCARE'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 2,742,975,833. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,742,975,833. OUTSIDE SERVICES CONSULTING: PROGRAM SERVICE EXPENSES 2,319,332. MANAGEMENT AND GENERAL EXPENSES 25,219,296. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 27,538,628. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES | REIMBURSEMENT TO MEMBERS: PROGRAM SERVICE EXPENSES 12,904. MANAGEMENT AND GENERAL EXPENSES 12,398. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,302. MISCELLANEOUS: PROGRAM SERVICE EXPENSES -135,888. MANAGEMENT AND GENERAL EXPENSES -125,484. FUNDRAISING EXPENSES 0 TOTAL EXPENSES -261,372. RECRUITMENT FEES: PROGRAM SERVICE EXPENSES 47,821. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 47,821. LICENSE AND PERMITS: PROGRAM SERVICE EXPENSES 13,729. MANAGEMENT AND GENERAL EXPENSES 11,041. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 24,770. BANK FEES: PROGRAM SERVICE EXPENSES 75,667 MANAGEMENT AND GENERAL EXPENSES 72,486. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 148,153. BAD DEBT: PROGRAM SERVICE EXPENSES 4,745 MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,745. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SCAN HEALTH PLAN

Employer identification number

95-3858259

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) SCAN HEALTHCHECK ASSESSMENT CENTERS INC 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2962358 | HEALTHCARE | CA | N/A | C | | | | Yes | |
| (2) SCAN CALIFORNIA MANAGEMENT COMPANY 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2951831 | MANAGEMENT | CA | N/A | C | | | | Yes | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) THE SCAN FOUNDATION | Q | 55,742 | BOOK VALUE |
| (2) SCAN HEALTH PLAN ARIZONA | P | 69,238 | BOOK VALUE |
| (3) SCAN GROUP | Q | 4,954,654 | BOOK VALUE |
| (4) SCAN GROUP | P | 117,098,627 | BOOK VALUE |
| (5) SCAN HEALTHCHECK ASSESSMENT CENTERS INC | Q | 89,613 | 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. |