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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

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

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

C Name of organization
THE SCAN FOUNDATION

Doing business as

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

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

D Employer identification number
45-0552845

E Telephone number
(888) 569-7226

G Gross receipts $ 50,152,099

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

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

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

J Website: ▶ WWW THESCANFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007 **M** State of legal domicile CA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	53,030
b	Net unrelated business taxable income from Form 990-T, line 34	7b	40,836

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,160,839	9,662,676
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,160,839	9,662,676
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,951,203	5,813,138
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,785,192	2,809,749
	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)	4,542,532	2,041,856
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,278,927	10,664,743
	19	Revenue less expenses Subtract line 18 from line 12	3,881,912	-1,002,067

Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	199,658,059	205,014,435
	21	Total liabilities (Part X, line 26)	6,830,951	6,458,159
	22	Net assets or fund balances Subtract line 21 from line 20	192,827,108	198,556,276

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

****** | 2017-11-10
Signature of officer | Date

BRUCE CHERNOF PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DIANA MCCUTCHEN	DIANA MCCUTCHEN			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

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE SCAN FOUNDATION'S MISSION IS TO ADVANCE A COORDINATED AND EASILY NAVIGATED SYSTEM OF HIGH-QUALITY SERVICES FOR OLDER ADULTS THAT PRESERVE DIGNITY AND INDEPENDENCE SEE SCHEDULE O FOR CONTINUATION DURING 2016, THE FOUNDATION DISBURSED $6,493,537 IN CASH GRANTS AND ASSISTANCE TO OTHER ORGANIZATION'S TO HELP ACHIEVE THEIR MISSION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 8,652,917 including grants of $ 5,813,138) (Revenue $)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 8,652,917

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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*	3		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*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		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*	16		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)	17		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*	18		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*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	25			
b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	13			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10 **Section 501(c)(7) organizations.** Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 **Section 501(c)(12) organizations.** Enter					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

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

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

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ERIC THAI 3800 KILROY AIRPORT WAY SUITE 400 LONG BEACH, CA 908065616 (562) 308-2889

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COLLEEN CAIN CHAIR	3 50 5 50	X		X				0	132,500	0
(2) THOMAS HIGGINS DIRECTOR	2 80 5 00	X						0	110,000	0
(3) PATRICK SEAVER DIRECTOR	2 00 3 00	X						0	65,500	0
(4) MICHAEL NOEL DIRECTOR (THRU 12/31/16)	3 10 5 00	X						0	112,500	0
(5) RYAN TRIMBLE DIRECTOR	3 10 7 00	X						0	156,949	0
(6) JENNIE CHIN-HANSEN DIRECTOR	2 80 5 00	X						0	112,500	0
(7) IVELISSE ESTRADA DIRECTOR	2 50 0 00	X						35,000	0	0
(8) CHRISTOPHER WING DIRECTOR (THRU 12/31/16)	1 00 39 00	X						0	1,575,067	1,074,918
(9) MELANIE BELLA DIRECTOR	1 30 0 00	X						17,500	0	0
(10) CAROL RAPHAEL DIRECTOR	2 50 0 00	X						35,000	0	0
(11) BRUCE CHERNOF PRESIDENT/CEO	40 00 0 00	X		X				487,298	0	102,597
(12) RENE SEIDEL SECRETARY/TREASURER	40 00 0 00			X				251,673	0	29,656
(13) GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	40 00 0 00				X			249,682	0	27,503
(14) ERIN WESTPHAL PROGRAM OFFICER	40 00 0 00					X		131,600	0	36,101
(15) KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINISTRATION	40 00 0 00					X		127,847	0	23,759
(16) ERIC THAI DIRECTOR OF FINANCE	40 00 0 00					X		120,912	0	27,897
(17) KALI PETERSON PROGRAM OFFICER	40 00 0 00					X		121,647	0	14,709

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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
(18) MEGAN JURING PROGRAM OFFICER	40 00 0 00					X		141,221	0	11,409

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,719,380	2,265,016	1,348,549

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RODRIGUEZ HORII CHOI CAFFERATA 777 S FIGUEROA STREET SUITE 2150 LOS ANGELES, CA 90017	LEGAL SERVICES	106,267

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

		(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				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a-1f ▶					
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		3,612,807		53,030	3,559,777
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	46,539,292 /				
b Less cost or other basis and sales expenses	40,489,423 /				
c Gain or (loss)	6,049,869 /				
d Net gain or (loss) ▶		6,049,869			6,049,869
8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶					
12 **Total revenue.** See Instructions ▶		9,662,676	0	53,030	9,609,646

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,789,591	5,789,591		
2 Grants and other assistance to domestic individuals See Part IV, line 22	23,547	23,547		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,450,409	1,081,211	369,198	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,114,512	902,755	211,757	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	93,350	75,828	17,522	
9 Other employee benefits	30,323	24,562	5,761	
10 Payroll taxes	121,155	98,220	22,935	
11 Fees for services (non-employees)				
a Management	225,706		225,706	
b Legal	112,162		112,162	
c Accounting	73,695		73,695	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	639,240		639,240	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	209,492	25,584	183,908	
12 Advertising and promotion				
13 Office expenses	5,141	3,162	1,979	
14 Information technology	49,662	33,305	16,357	
15 Royalties . .				
16 Occupancy	162,292	131,456	30,836	
17 Travel	265,037	175,645	89,392	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	268,128	268,128		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	15,472	12,532	2,940	
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	15,829	7,391	8,438	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,664,743	8,652,917	2,011,826	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 ▶ ☐ 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		601,028	1	1,505,544
	2	Savings and temporary cash investments		1,963,823	2	2,013,639
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		279,096	4	288,431
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,591	9	34,080
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 917,222			
	b	Less accumulated depreciation	10b 778,438	146,054	10c	138,784
	11	Investments—publicly traded securities		154,876,039	11	159,649,747
	12	Investments—other securities See Part IV, line 11		41,767,356	12	40,366,140
	13	Investments—program-related See Part IV, line 11		0	13	999,998
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,072	15	18,072
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		199,658,059	16	205,014,435
Liabilities	17	Accounts payable and accrued expenses		1,120,097	17	1,067,367
	18	Grants payable		5,005,370	18	4,643,447
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		705,484	25	747,345
	26	**Total liabilities.** Add lines 17 through 25		6,830,951	26	6,458,159
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		192,827,108	27	198,556,276
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		192,827,108	33	198,556,276
	34	Total liabilities and net assets/fund balances		199,658,059	34	205,014,435

Part XI Reconcilliation 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	9,662,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,664,743
3	Revenue less expenses Subtract line 2 from line 1	3	-1,002,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,827,108
5	Net unrealized gains (losses) on investments	5	6,648,782
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	82,453
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	198,556,276

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

THE SCAN FOUNDATION STARTED ITS GRANT-MAKING ACTIVITIES IN 2008 IN JANUARY 2009, THE FOUNDATION BOARD OF DIRECTORS FORMALLY ADOPTED A 5-YEAR STRATEGIC PLAN, AND GRANT-MAKING THROUGHOUT THE 2013 FISCAL YEAR OCCURRED IN ACCORDANCE WITH THIS PLAN IN DECEMBER 2013, THE BOARD APPROVED AN UPDATED FIVE-YEAR STRATEGIC FRAMEWORK FOR 2014-2018 THAT IS GUIDING THE FOUNDATION'S CURRENT WORK THE 2014-2018 STRATEGIC FRAMEWORK BUILDS ON THE INITIAL THREE FUNDING PRIORITIES OF THE FOUNDATION (1) RAISING PUBLIC AWARENESS AND ENGAGEMENT (2) ADVANCING REALISTIC POLICY OPTIONS AROUND FINANCING AND DELIVERY SYSTEM REFORM, AND (3) BRINGING PROMISING PROGRAMS TO SCALE SEE SCHEDULE O FOR CONTINUATION WITHIN THESE FUNDING PRIORITIES, THE NEW STRATEGIC FRAMEWORK OUTLINED THREE SPECIFIC THEMATIC GOALS, FOCUSED TO SERVE SPECIFIC POPULATIONS (1) MEDICARE-MEDICAID INTEGRATION - BRIDGING CARE AND FINANCING FOR LOW-INCOME OLDER ADULTS, (2) PERSON-CENTERED CARE - PUTTING DECISIONS IN THE HANDS OF PEOPLE AND FAMILIES, (3) LONG-TERM CARE FINANCING - ENABLING WORKING FAMILIES TO PAY FOR LONG-TERM CARE NEEDS AS IN THE PAST, THE SCAN FOUNDATION'S GRANT-MAKING IS PRIMARILY FOR THE BENEFIT OF CALIFORNIANS HOWEVER, SINCE CARE FOR CALIFORNIA SENIORS IS TO A LARGE EXTENT FINANCED BY THE FEDERAL GOVERNMENT (THROUGH MEDICARE AND MEDICAID), THE POLICY WORK OF THE FOUNDATION ALSO HAS A FEDERAL FOCUS THE FOLLOWING HIGHLIGHTED PROJECTS SHAPED PROGRESS IN THE FOUNDATION'S THEMATIC GOALS IN 2016 THEMATIC GOAL 1 MEDICARE-MEDICAID INTEGRATIONTHE FOUNDATION HAS BEEN A PIONEER IN BUILDING THE BUSINESS ACUMEN OF NON-PROFIT ORGANIZATIONS, IN ORDER TO PREPARE THEM TO CONTRACT WITH THE HEALTH CARE SECTOR, WHICH IS REQUIRED TO ACHIEVE TRUE MEDICAL CARE AND LONG-TERM SERVICES AND SUPPORTS INTEGRATION IT IS AN IMPORTANT OBJECTIVE FOR THE FOUNDATION UNDER THIS GOAL TO ENABLE HEALTH PLANS TO IMPLEMENT EFFECTIVE CARE COORDINATION MODELS THROUGH APPROPRIATE NETWORKS DURING 2016, WE COMPLETED THE LINKAGE LAB II MINI-MBA PROGRAM WITH SIX COMMUNITY-BASED ORGANIZATIONS AT THE END OF THE PROGRAM WE CONDUCTED A THOROUGH EVALUATION OF HOW THE LINKAGE LAB CHANGED INDIVIDUAL AND ORGANIZATIONAL CAPACITY AND BUILT BUSINESS ACUMEN WE ALSO COMMISSIONED CASE STUDIES WHICH WERE RELEASED IN EARLY 2017, AND SHOWCASED THE WORK OF ALL 12 LINKAGE LAB PARTICIPANTS (FROM LINKAGE LAB I+II), TO ENCOURAGE OTHER ORGANIZATIONS TO MAKE USE OF THE AVAILABLE TRAINING WE FUNDED THE AMERICAN SOCIETY ON AGING TO PRODUCE ONGOING WRITTEN MATERIALS, WEBINAR AND IN-PERSON SEMINARS FOR SUCH PURPOSE, IN ADDITION TO THE WORK OF PREVIOUS YEARS THAT CAN BE ACCESSED ON OUR WEBSITE ON THE HEALTH CARE SIDE, WE CONVENED THE CALIFORNIA HEALTH PLANS THAT ARE PART OF THE STATE'S DUALS DEMONSTRATION INTO A LEARNING COLLABORATIVE THE HEALTH PLANS WERE TRULY HUNGRY FOR SUCH AN OPPORTUNITY AND REQUESTED FREQUENT ONGOING MEETINGS, WHICH WE ARE HAPPY TO SUPPORT THE FOUNDATION CONTINUED ITS SUPPORT OF THE "COMMUNITY OF CONSTITUENTS", NOW MADE UP OF 21 REGIONAL AGING AND DISABILITY SERVICE COALITIONS (COVERING 94% OF CALIFORNIA'S POPULATION), AND THE SACRAMENTO-BASED CALIFORNIA COLLABORATIVE THESE ORGANIZATIONS MEET WEEKLY BY PHONE AND TWICE A YEAR AT A CONFERENCE, INCLUDING THE FOUNDATION'S SUMMIT ON LONG-TERM SERVICES AND SUPPORTS TRANSFORMATION THE GOAL OF THIS EFFORT IS TO DEVELOP A SHARED VISION AND TO FIND A UNIFIED VOICE IN TRANSFORMING AND SHAPING THE SERVICE DELIVERY SYSTEM FOR OLDER ADULTS AND PEOPLE WITH DISABILITY IN THE STATE FINALLY, THE FOUNDATION INVESTED SIGNIFICANT RESOURCES FOR THE DEVELOPMENT OF NEW QUALITY MEASURES, THAT MEASURE NOT ONLY GOOD MEDICAL CARE, BUT ALSO THE MEDICAID FUNDED LONG-TERM SERVICES AND SUPPORTS, INCLUDING COMPREHENSIVE CARE COORDINATION IN THE FALL OF 2016, THE FOUNDATION RELEASED THE "ESSENTIAL ATTRIBUTES OF A HIGH QUALITY SYSTEM OF CARE" DOCUMENT THIS DOCUMENT OUTLINES THE QUALITY DOMAINS TO BE DEVELOPED WHICH MEASURE TRUE PERSON AND FAMILY-CENTERED CARE BEING PROVIDED THEMATIC GOAL 2 PERSON-CENTERED CARE IN 2016, WE STARTED TWO MULTI-YEAR CALIFORNIA INITIATIVES TO SCALE PERSON-CENTERED CARE PROGRAMS THE FIRST INITIATIVE IS WITH THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA (HASC) HASC SELECTED FOUR HOSPITAL COMMUNITIES, MADE UP OF THE HOSPITAL AND THEIR COMMUNITY-BASED ORGANIZATION PARTNERS THAT WERE INTERESTED IN DEVELOPING PERSON-CENTERED CARE FOR SPECIFIC TARGETED POPULATION OF OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS AND FUNCTIONAL LIMITATIONS HASC AND FOUNDATION STAFF HAVE REGULAR IN-PERSON AND WEBINAR-BASED TRAINING SESSIONS, INCLUDING TRAINING ON DEVELOPING THE BUSINESS CASE OF SUCH CARE PROGRAMS THE SECOND INITIATIVE IS WITH THE PACIFIC BUSINESS GROUP ON HEALTH WHO WILL SELECT THREE COHORTS OF MEDICAL GROUPS IN NORTHERN AND SOUTHERN CALIFORNIA, AGAIN WITH THE GOAL TO BUILD PERSON-CENTERED PROGRAMS OF CARE, BASED ON THE ESTABLISHED DEFINITION AND THE KEY ELEMENTS DEVELOPED BY THE AMERICAN GERIATRICS SOCIETY HIGH-COST MEDICAL CARE FOR PERSONS WITH HIGH NEEDS IS NOT ONLY A FOCUS OF OUR FOUNDATION BUT AN AREA OF CONCERN FOR OTHER FOUNDATIONS AS WELL DURING 2016, WE JOINED WITH FOUR OTHER FOUNDATIONS (THE COMMONWEALTH FUND, THE ROBERT WOOD JOHNSON FOUNDATION, THE JOHN A HARTFORD FOUNDATION, AND THE PETERSON CENTER FOR HEALTH CARE) TO WORK ON THIS ISSUE ON A NATIONAL BASIS THE FIRST JOINT PRODUCT WAS A WEB-BASED PLAYBOOK, RELEASED IN DECEMBER, WHICH PROVIDES WELL CURATED AND WELL ORGANIZED INFORMATION ON HOW TO ESTABLISH PERSON-CENTERED CARE PROGRAMS THIS EFFORT OF THE FIVE FOUNDATIONS WILL CONTINUE FOR SEVERAL YEARS WITH SCALING IN CALIFORNIA AND BEYOND ONE OF THE 2016 HIGHLIGHTS WAS THE FOUNDATION'S FIRST PARTICIPATION AT THE ASPEN IDEAS FESTIVAL - SPOTLIGHT HEALTH, WHERE WE HAD AN EXHIBIT ON PERSON-CENTERED CARE, GAVE PRESENTATIONS ON THE TOPIC AND ENGAGED WITH NATIONAL LEADERS ON THIS IMPORTANT ISSUE THEMATIC GOAL 3 LONG-TERM CARE FINANCINGTHE DIFFICULT WORK TOWARDS DEVELOPING TRULY BIPARTISAN POLICY SOLUTIONS TO SOLVE THE LONG-TERM CARE FINANCING PROBLEM CONTINUED IN 2016 THE BIPARTISAN POLICY CENTER RELEASED ITS FIRST SET OF DRAFT POLICY OPTIONS IN THE FALL TO HELP POLICYMAKERS, HEALTH CARE SYSTEMS, AND FAMILIES ADDRESS THE ISSUE OF LONG-TERM CARE FINANCING, WE ONCE AGAIN COMMISSIONED THE ASSOCIATED PRESS/NATIONAL OPINION RESEARCH CENTER TO CONDUCT A POLL THAT EXAMINES THE AWARENESS OF OLDER AMERICANS' UNDERSTANDING OF THE LONG-TERM CARE SYSTEM, THEIR PERCEPTIONS AND MISPERCEPTIONS REGARDING THE LIKELIHOOD OF NEEDING LONG-TERM CARE SERVICES AND THE COST OF THOSE SERVICES, AND THEIR ATTITUDES AND BEHAVIORS REGARDING PLANNING FOR LONG-TERM CARE MORE THAN HALF BELIEVE THAT MEDICARE SHOULD BE RESPONSIBLE FOR PAYING THE COSTS OF LONG-TERM CARE WE LEARNED THAT THE MAJORITY OF AMERICANS OF ALL POLITICAL STRIPES FAVOR TAX BREAKS FOR FAMILY CAREGIVERS, TO ENCOURAGE SAVINGS FOR LONG-TERM CARE, AND FOR PURCHASING LONG-TERM CARE INSURANCE, AND THAT THEY SUPPORT FAMILY LEAVE PROGRAMS AND OTHER POLICIES TO HELP CAREGIVERS IN ADDITION TO THESE IMPORTANT GOALS AND EFFORTS, THE FOUNDATION AGAIN SPENT A VERY SIGNIFICANT AMOUNT OF TIME AND RESOURCES TO ENGAGE CONSUMERS AND THE PUBLIC, THROUGH A BROAD SWATH OF COMMUNICATION EFFORTS THESE INCLUDE PROJECTS WITH UNIVISION (TARGETING THE HISPANIC POPULATION), KAISER HEALTH NEWS, AND PBS "NEXT AVENUE", TO NAME A FEW

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) SCAN HEALTH PLAN	953858259	10	Yes		0	0
Total 1					0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)**2012	**(b)**2013	**(c)**2014	**(d)**2015	**(e)**2016	**(f)**Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)**2012	**(b)**2013	**(c)**2014	**(d)**2015	**(e)**2016	**(f)**Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **331/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	**1**	Yes	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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		797,975	659,191	138,784
d Equipment		21,863	21,863	0
e Other		97,384	97,384	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				138,784

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	15,055,897	F
(B) PRIVATE EQUITY	25,310,243	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	40,366,140	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	747,345
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	747,345

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	15,672,218
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	6,648,782		
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	6,648,782
3	Subtract line **2e** from line **1**			3	9,023,436
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	639,240		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	639,240
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	9,662,676

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

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

1	Total expenses and losses per audited financial statements			1	9,943,049
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	-82,453		
e	Add lines **2a** through **2d**			2e	-82,453
3	Subtract line **2e** from line **1**			3	10,025,502
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	639,241		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	639,241
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,664,743

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UNDER FASB ASC 740, INCOME TAXES, THE FOUNDATION IS REQUIRED TO RECOGNIZE A LIABILITY FOR EACH UNCERTAIN TAX POSITION AT THE AMOUNT ESTIMATED TO BE REQUIRED TO SETTLE THE ISSUES A S OF DECEMBER 31, 2016 AND 2015, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSI TIONS

Supplemental Information

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

Supplemental Information

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

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		10,607,494
3a Sub-total	0	0			10,607,494
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			10,607,494

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

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

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

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☑ No

Part V Supplemental Information

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

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 34

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 18

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) TECHNICAL ASSISTANCE ON COMMUNITY LIVING NETWORK DEVELOPMENT	1	22,350			
(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	THE SCAN FOUNDATION MAKES GRANTS TO ORGANIZATIONS THAT CAN BEST SUPPORT THE FOUNDATION'S MISSION AND CHARITABLE PURPOSE, REGARDLESS OF TAX STATUS THE USE OF GRANT FUNDS IS MONITORED BY REVIEWING PROGRAM AND EXPENDITURE REPORTS ON A QUARTERLY BASIS EXPENDITURE REPORTS ARE REVIEWED AGAINST THE PROPOSED AND APPROVED BUDGETS AND PROGRAM REPORTS AGAINST THE PROPOSED AND APPROVED SCOPES OF WORK

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALAMEDA COUNTY MEALS ON WHEELS PO BOX 14002 OAKLAND, CA 94614	94-2651065	GOV'T ENTITY	44,200				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
AMERICAN SOCIETY ON AGING 575 MARKET STREET SUITE 2100 SAN FRANCISCO, CA 941052869	94-2292868	501(C)(3)	360,256				EDUCATION ON NETWORK INTEGRATION OF MEDICAL CARE AND SOCIAL SERVICE PROVIDERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANNE TUMLINSON INNOVATIONS LLC 3505 ALBEMARLE STREET NW WASHINGTON, DC 20008	46-5466993		84,237				FACILITATION OF LONG-TERM CARE FINANCING POLICY CONSIDERATIONS AND COMMUNICATION SUPPORT
AREA 4 AGENCY ON AGING 1401 EL CAMINO AVENUE 4TH FLOOR SACRAMENTO, CA 95815	94-2897957	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC MEDIA COMPANY 600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20037	04-3483736		250,000				2016 ASPEN SPOTLIGHT ON HEALTH FESTIVAL, SHOWCASING PERSON-CENTERED CARE
BIPARTISAN POLICY CENTER INC 1225 EYE ST NW STE 1000 WASHINGTON, DC 200053914	73-1628382	501(C)(3)	75,000				DEVELOPMENT OF BIPARTISAN POLICY SOLUTIONS FOR IMPROVING MEDICARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIPARTISAN POLICY CENTER INC 1225 EYE ST NW STE 1000 WASHINGTON, DC 200053914	73-1628382	501(C)(3)	625,000				DEVELOPMENT OF BIPARTISAN POLICY STRATEGIES FOR LONG-TERM CARE FINANCING
CALIFORNIA ASSOCIATION OF HEALTH PLANS 1415 L STREET SUITE 850 SACRAMENTO, CA 95814	95-3825285	501(C)(6)	13,183				CONVENING OF THE CALIFORNIA HEALTH PLANS PARTICIPATING IN THE DUAL DEMONSTRATION PILOT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PO BOX 997413 MS 0000 SACRAMENTO, CA 958997413	68-0317191	GOV'T ENTITY	30,000				2016 DHCS ACADEMY TRAINING FOR MANAGERS TO EFFICIENTLY ADMINISTER MEDI-CAL
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	150,000				DEVELOPMENT OF TRAINING CURRICULUM FOR CARE COORDINATORS SERVING DUALLY ELIGIBLE PERSONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMARILLO HEALTH CARE DISTRICT 3639 LAS POSAS ROAD CAMARILLO, CA 93010	95-2834854	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
CASTLE KEEP PO BOX 11703 FRESNO, CA 93774	27-0486313	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD STE 119 HAMILTON, NJ 086192320	22-3375015	501(C)(3)	74,665				TECHNICAL ASSISTANCE AND EDUCATION DEMONSTRATION ON DUALLY ELIGIBLE PERSONS
COLLABORATIVE CONSULTING 521 BROWNING STREET MILL VALLEY, CA 94941	94-3363363		86,743				TECHNICAL ASSISTANCE FOR THE LINKAGE LAB II PARTICIPANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACCESS CENTER 6748 MAGNOLIA AVENUE SUITE 150 RIVERSIDE, CA 92506	33-0663807	501(C)(3)	35,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
DEPARTMENT OF AGING AND ADULT SERVICES 1650 MISSION STREET 5TH FLOOR SAN FRANCISCO, CA 94103	94-6000417	GOV'T ENTITY	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY ACTION CENTER 1161 EAST AVE CHICO, CA 959261018	94-2735218	501(C)(3)	25,240				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
DISABILITY SERVICES AND LEGAL CENTER 521 MENDOCINO AVE SANTA ROSA, CA 95401	94-2345086	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELD RESEARCH CORPORATION 601 CALIFORNIA STREET SAN FRANCISCO, CA 94108	94-1351805		401,714				RAPID CYCLE POLLING OF CALIFORNIA'S DUAL ELIGIBLE POPULATION DEMONSTRATION
GOVERNMENT ACTION COMMUNICATION INSTITUTE 4535 SHADY OAK WAY FAIR OAKS, CA 956285752	20-0038046	501(C)(3)	74,974				PROVISION OF LOGISTICAL SUPPORT OF THE FOUNDATION'S 2016 LTSS SUMMIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 504 ARLINGTON, VA 22202	13-4014982	501(C)(3)	7,500				MEMBERSHIP IN THE NATIONAL FUNDERS IN AGING AFFILIATION GROUP
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200 WASHINGTON, DC 20036	13-3206571	501(C)(3)	12,650				MEMBERSHIP IN THE NATIONAL FUNDERS IN HEALTH AFFILIATION GROUP

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
GYMR LLC 1825 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20039	52-2101326		19,676				INNOVATIVE COMMUNICATIONS SUPPORT FOR THE FOUNDATION
HEALTH MANAGEMENT ASSOCIATES INC 120 N WASHINGTON SQUARE STE 705 LANSING, MI 48933	38-2599727		37,223				DEVELOPMENT OF A NATIONAL QUALITY FRAMEWORK FOR VULNERABLE OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHY AGING ASSOCIATION 121 DOWNEY AVE STE 102 MODESTO, CA 953541235	77-0546574	501(C)(3)	45,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA 515 SOUTH FIGUEROA STREET SUITE 1300 LOS ANGELES, CA 900713300	95-1519378	501(C)(6)	549,182				PREPARING HOSPITAL COMMUNITIES TO DEVELOP, IMPLEMENT PERSON-CENTERED CARE MODELS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEO LP THE EMBARCADERO PIER 28 ANNEX SAN FRANCISCO, CA 94105	26-3362395		96,032				TECHNICAL ASSISTANCE FOR THE DEVELOPMENT OF A CAREGIVER APP
INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE SUITE 200 BAKERSFIELD, CA 93309	77-0384453	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDEPENDENT LIVING RESOURCE CENTER INC 423 W VICTORIA ST SANTA BARBARA, CA 931013619	95-3255012	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	75,000				CREATING PLAYBOOK FOR PERSON-CENTERED CARE TO HIGH-NEED/HIGH-COST INDIVIDUALS

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
J SOLOMON CONSULTING 181 CENTRE STREET MOUNTAIN VIEW, CA 94041	39-2070459		5,210				EVALUATION OF LINKAGE LAB II SEMINARS AND TECHNICAL ASSISTANCE
JENNINGS POLICY STRATEGIES INC 601 THIRTEENTH ST NW 11TH FL S WASHINGTON, DC 20005	52-2307507		180,000				FEDERAL STRATEGIC POLICY ADVISOR

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
MARQUANT ANALYTICS LLC 2405 ROSCOMARE ROAD 7 LOS ANGELES, CA 90077	20-0540403		17,985				DEVELOPING OF INSTRUCTIONS FOR PERSON-CENTERED CARE RETURN ON INVESTMENT TOOL
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVE NW 300 WASHINGTON, DC 20009	81-1239309		58,434				INNOVATIVE COMMUNICATIONS SUPPORT FOR THE FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OPINION RESEARCH CORPORATION 55 E MONROE ST FL 20 CHICAGO, IL 606035991	36-2167808	501(C)(3)	586,850				FUNDING FOR NATIONAL OPINION POLLS ON LONG-TERM CARE NEEDS AND FINANCIAL READINESS
NATIONAL QUALITY FORUM 1030 15TH STREET NW SUITE 800 WASHINGTON, DC 20005	52-2175544	501(C)(3)	60,000				QUALITY MEASURE DEVELOPMENT FOR ADULTS WITH COMPLEX NEEDS

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
ON LOK INC 1333 BUSH STREET SAN FRANCISCO, CA 941095611	94-3101464	501(C)(3)	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET ST SUITE 600 SAN FRANCISCO, CA 94106	94-3093623	501(C)(3)	737,552				PREPARING 21 MEDICAL GROUPS TO DEVELOP AND IMPLEMENT PERSON-CENTERED MODELS OF CARE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC CONSULTING GROUP 2150 RIVER PLAZA DRIVE SUITE 380 SACRAMENTO, CA 95833	04-2942913		88,950				COORDINATION OF THE DUALS DEMONSTRATION POLLING AND EVALUATION
REHABILITATION SERVICES OF NORTHERN CALIFORNIA 490 GOLF CLUB ROAD PLEASANT HILL, CA 94523	94-2822559	501(C)(3)	45,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIVERSIDE COUNTY OFFICE ON AGING 6296 RIVER CREST DR K RIVERSIDE, CA 92507	95-6000930	GOV'T ENTITY	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGIENCY AGING & INDEPENDENCE S 5560 OVERLAND AVE SUITE 310 SAN DIEGO, CA 92123	95-6000934	GOV'T ENTITY	35,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MATEO COUNTY AGING AND ADULT SERVICES 225 37TH AVE SAN MATEO, CA 94403	94-6000532	GOV'T ENTITY	10,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
SENIORS COUNCIL OF SANTA CRUZ & SAN BENITO COUNTIES 234 SANTA CRUZ AVE APTOS, CA 950034438	94-2662950	501(C)(3)	45,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY COUNCIL OF NONPROFITS 1400 PARKMOOR AVENUE SUITE 130 SAN JOSE, CA 95126	77-0524747	501(C)(3)	45,000				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET SUITE 230 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	8,300				MEMBERSHIP IN THE LOCAL PHILANTHROPIC COMMUNITY AFFILIATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST LOS ANGELES, CA 900573309	95-1641435	501(C)(3)	47,500				A REGIONAL AGING SERVICE COALITION TO IMPROVE CARE AND SERVICES FOR OLDER ADULTS
THE MARGOLIN GROUP INC 1875 CENTURY PARK EAST SUITE 1790 LOS ANGELES, CA 90067	41-2065784		24,898				STRATEGIC POLICY ADVISOR FOR CALFORNIA

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
TWIN CITIES PUBLIC TELEVISION 172 4TH ST E SAINT PAUL, MN 551011492	41-0769851	501(C)(3)	199,290				MEDIA MATERIAL ON LONG-TERM CARE FINANCING AND PERSON-CENTERED CARE
UNIVISION COMMUNICATIONS INC 8551 NW 30TH TERRACE MIAMI, FL 33122	95-4398884		252,030				AGING AND LONG-TERM CARE MEDICA COVERAGE FOR THE HISPANIC COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		45,231				FACILITATION OF LINKAGE LAB II SEMINARS
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		22,207				CREATING, DISSEMINATING BUSINESS CASE FOR PERSON-CENTERED CARE MODELS

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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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				
1 RYAN TRIMBLEDIRECTOR	**(i)**	0	0	0	0	0	0	0
	(ii)	156,949	0	0	0	0	156,949	0
2 CHRISTOPHER WING DIRECTOR (THRU 12/31/16)	**(i)**	0	0	0	0	0	0	0
	(ii)	649,858	903,597	21,612	1,049,218	25,700	2,649,985	903,597
3 BRUCE CHERNOF PRESIDENT/CEO	**(i)**	349,063	118,446	19,789	100,589	2,008	589,895	46,350
	(ii)	0	0	0	0	0	0	0
4 RENE SEIDEL SECRETARY/TREASURER	**(i)**	204,951	26,748	19,974	15,651	14,005	281,329	0
	(ii)	0	0	0	0	0	0	0
5 GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	**(i)**	204,519	26,748	18,415	13,490	14,013	277,185	0
	(ii)	0	0	0	0	0	0	0
6 ERIN WESTPHAL PROGRAM OFFICER	**(i)**	120,615	10,734	251	9,846	26,255	167,701	0
	(ii)	0	0	0	0	0	0	0
7 KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINISTRATION	**(i)**	116,232	10,118	1,497	9,180	14,579	151,606	0
	(ii)	0	0	0	0	0	0	0
8 MEGAN JURING PROGRAM OFFICER	**(i)**	130,330	10,891	0	9,896	1,513	152,630	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO ONLY OFFICERS AND SENIOR VICE PRESIDENTS VIA ITS SECTION 457(F) PLAN NO PAYMENTS WERE MADE UNDER THE PLAN FOR 2016 PURSUANT TO THE TERMS AND CONDITIONS OF THE SECTION 457(F) PLAN, A PARTICIPANT BECOMES 100% VESTED IN THE EMPLOYER CONTRIBUTION UPON THE OCCURRENCE OF ANY OF THE FOLLOWING WHILE THE PARTICIPANT IS AN EMPLOYEE 1) THE PARTICIPANT HAS TEN YEARS OF CONTINUOUS EMPLOYMENT, COUNTING ONLY SERVICE AFTER DECEMBER 31, 2005 2) THE PARTICIPANT REACHES THE AGE OF 62 AND HAS FIVE YEARS OF CONTINUOUS EMPLOYMENT, 3) THE PARTICIPANT'S INVOLUNTARY TERMINATION, 4) THE PARTICIPANT'S DISABILITY, OR 5) THE PARTICIPANT'S DEATH DEFERRED COMPENSATION FOR 2016, REPORTED ON SCHEDULE J, PART II, AND COLUMN C CONSISTS OF THE FOLLOWING 1) 457(F) EMPLOYER CONTRIBUTIONS SUBJECT TO VESTING TERMS AND CONDITIONS AS NOTED IN ITEMS (1) THROUGH (5) ABOVE BASED ON THESE VESTING TERMS AND CONDITIONS, THERE IS SUBSTANTIAL RISK OF FORFEITURE 2) 457(B) IS A DEFERRED COMPENSATION PLAN THAT EMPLOYER AND EMPLOYEE CONTRIBUTES TO UP TO THE COMPANY'S DEFINED AND IRS ANNUAL LIMITS 3) 403(B) QUALIFIED RETIREMENT PLAN CONTRIBUTIONS (EMPLOYER MATCH AND SAFE HARBOR) - UP TO THE IRS ANNUAL LIMITS 4) THE COMPANY PROVIDES AN INCENTIVE PLAN TO ALL ITS EMPLOYEES ON AN ANNUAL BASIS EMPLOYE INCENTIVE PLAN (EIP) THE ACTUAL PAYOUT IS DEPENDENT ON MEETING SPECIFIC GOALS APPROVED BY THE BOARD, AND THE AWARD PERCENTAGE DIFFERS BY POSITION RANK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
THE SCAN FOUNDATION	45-0552845

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	AT ITS DECEMBER 8, 2016 MEETING, THE BOARD OF DIRECTORS OF THE FOUNDATION ADOPTED THE FOLLOWING SIGNIFICANT CHANGES TO THE FOUNDATION'S BYLAWS 1 THE SCAN HEALTH PLAN CEO IS NO LONGER AN EX OFFICIO MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS THE PLAN'S BOARD CHAIR WILL CONTINUE TO SERVE AS AN EX OFFICIO MEMBER OF THE FOUNDATION'S BOARD 2 BOARD MEMBER TERM LIMITS IS CLARIFIED DIRECTORS MAY SERVE THREE CONSECUTIVE THREE YEAR TERMS (NINE CONSECUTIVE YEARS) IN EXTRAORDINARY CIRCUMSTANCE, AS DETERMINED BY THE BOARD, A DIRECTOR MAY SERVE A FOURTH CONSECUTIVE THREE YEAR TERM (TWELVE CONSECUTIVE YEARS) YEARS OF SERVICE AS AN EX OFFICIO DIRECTOR COUNT TOWARD THE NINE (OR TWELVE) CONSECUTIVE YEARS OF SERVICE A DIRECTOR WHO LEAVES THE BOARD FOR AT LEAST ONE YEAR SHALL BE ELIGIBLE TO BEGIN A NEW NINE (OR TWELVE) CONSECUTIVE YEARS OF SERVICE 3 THE REQUIREMENT THAT A MAJORITY OF THE FOUNDATION'S DIRECTORS ALWAYS CONSIST OF INDIVIDUALS WHO ARE THEN SERVING AS MEMBERS OF THE SCAN HEALTH PLAN BOARD IS RETAINED A PROCESS FOR IDENTIFYING AND SELECTING SUCH INDIVIDUALS IS OUTLINED, INCLUDING THE NOMINATION OF SUCH INDIVIDUALS BY THE FOUNDATION'S GOVERNANCE COMMITTEE (AFTER CONSULTATION WITH THE SCAN HEALTH PLAN'S GOVERNANCE COMMITTEE) FOR ELECTION BY THE FOUNDATION'S BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT/CEO OF THE SCAN FOUNDATION I S CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION , ALL THE VOTING MEMBERS OF WHICH ARE INDEPENDENT PERSONS IN DETERMINING THE COMPENSATION OF THE PRESIDENT/CEO, THE COMPENSATION COMMITTEE WORKS WITH AND RELIES UPON THE COUNSEL A ND EXPERTISE OF SULLIVAN COTTER AND ASSOCIATES, INC (SULLIVAN COTTER), A CONSULTANT WITH WELL-ESTABLISHED EXPERIENCE AND EXPERTISE IN THE AREA OF NONPROFIT ORGANIZATION EXECUTIVE COMPENSATION AND COMPLIANCE WITH THE INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUC H COMPENSATION SULLIVAN COTTER PROVIDES AN EXECUTIVE COMPENSATION REPORT TO THE COMPENSAT ION COMMITTEE EACH YEAR WHICH FURNISHES THE BASIS FOR DETERMINING THE PRESIDENT/CEO'S COMP ENSATION PACKAGE DURING THE FOLLOWING YEAR THE SULLIVAN COTTER EXECUTIVE COMPENSATION REP ORT IS BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZAT IONS CONSIDERED COMPARABLE TO THE SCAN FOUNDATION BASED UPON CERTAIN INDUSTRY STANDARD MET RICS THE COMPENSATION COMMITTEE DELIBERATES ON THE ISSUE OF THE PRESIDENT/CEO'S COMPENSAT ION PACKAGE IN LIGHT OF THE SULLIVAN COTTER EXECUTIVE COMPENSATION REPORT QUESTIONS ARE A SKED OF, AND ANSWERED BY, SULLIVAN COTTER REGARDING SUCH REPORT AND OTHER MATTERS RELEVANT TO SUCH PACKAGE BASED ON SUCH DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A RECOMMEN DATION TO THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION REGARDING THE COMPENSATION PACKAGE FOR THE FOLLOWING YEAR THE FULL BOARD OF DIRECTORS OF THE SCAN FOUNDATION DELIBERATES ON AND THEN VOTES ON SUCH RECOMMENDATION, THE PRESIDENT/CEO IS RECUSED FOR THE ENTIRETY OF S UCH DELIBERATIONS AND VOTE THE MINUTES OF THE COMPENSATION COMMITTEE AND THE BOARD OF DIR ECTORS FOR THESE MEETINGS ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH D ELIBERATIONS AND DECISIONS THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE CO MPENSATION REPORT AND GUIDANCE RELATED TO THE 2016 SALARY PACKAGE WAS ERNST & YOUNG EFFEC TIVE JUNE 1, 2016, THE OUTSIDE COMPENSATION CONSULTANT PROVIDING SUCH TOOLS AND GUIDANCE I S SULLIVAN COTTER THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS OR OTHER KEY E MPLOYEES OF THE SCAN FOUNDATION IS CONDUCTED BY THE HUMAN RESOURCES DEPARTMENT, THE CHIEF EXECUTIVE OFFICER AND THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOU NDATION ALL OF THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT PERSONS IN DETERMININ G EACH EMPLOYEE'S COMPENSATION, THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE WORK WITH AND RELY UPON THE COUNSEL AND EXPERTISE OF SULLIVAN COTTER SULLIVAN COTTER PROV IDES AN EXECUTIVE COMPENSATION REPORT TO THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION C OMMITTEE EVERY YEAR WHICH FURNISHES THE BASIS FOR THE ESTABLISHMENT OF SUCH EMPLOYEE'S COM PENSATION PACKAGE DURING THE FOLLOWING YEAR THE SULLIVAN COTTER EXECUTIVE COMPENSATION RE PORT IS BASED ON A REVIEW OF T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	HE EXECUTIVE COMPENSATION PRACTICES OF A VARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMP ARABLE TO THE SCAN FOUNDATION BASED ON VARIOUS METRICS THE PRESIDENT/CEO MAKE A RECOMMEND ATION TO THE COMPENSATION COMMITTEE WITH RESPECT TO EACH OF SUCH EMPLOYEE'S COMPENSATION P ACKAGE IN LIGHT OF THE SULLIVAN COTTER EXECUTIVE COMPENSATION REPORT AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH MATTERS, QUESTIONS ARE ASKED OF, AND ANSWERED BY SULLIVA N COTTER REGARDING SUCH REPORT AND OTHER MATTERS RELEVANT TO SUCH PACKAGE, PURSUANT TO THE IR DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A DECISION REGARDING THE COMPENSATION P ACKAGE FOR SUCH EMPLOYEES FOR THE FOLLOWING YEAR THE MINUTES OF THE COMPENSATION COMMITTE E FOR THIS MEETING ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH DELIBERA TIONS AND DECISIONS THE DECISIONS OF THE COMPENSATION COMMITTEE ARE REPORTED TO THE FULL BOARD OF DIRECTORS THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATI ON REPORT AND GUIDANCE RELATED TO THE 2016 SALARY PACKAGE WAS ERNST & YOUNG EFFECTIVE JUN E 1, 2016, THE OUTSIDE COMPENSATION CONSULTANT PROVIDING SUCH TOOLS AND GUIDANCE IS SULLIV AN COTTER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNEXPENDED GRANTS 82,453

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNEXPENDED PORTIONS OF GRANTS THE SCAN FOUNDATION KEEPS TRACK OF ITS GRANTEE'S SPENDING TO ENSURE THAT THE DOLLARS ARE SPENT TOWARDS THE INTENDED GRANT PURPOSES IF A PROJECT SPENDS LESS THAN THE INITIAL GRANT AMOUNT, THE SCAN FOUNDATION WRITES OFF THE REMAINING AMOUNT OR THE UNSPENT FUNDS ARE REFUNDED TO THE SCAN FOUNDATION IN 2016, ALL UNEXPENDED PORTIONS OF GRANTS WERE RELATED TO NONPROFIT ORGANIZATIONS FOR PROFIT ORGANIZATIONS RECEIVING GRANTS INVOICE THE SCAN FOUNDATION BASED ON ACTUAL SERVICES PERFORMED THEREFORE THERE ARE NO UNEXPENDED PORTIONS TO FOR-PROFIT ORGANIZATIONS TOTAL PAYMENTS TO FOR-PROFIT ORGANIZATIONS MAY SIMPLY BE BELOW THE ORIGINALLY APPROVED UP-TO GRANT AMOUNT

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE SCAN FOUNDATION

Employer identification number
45-0552845

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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	(i) No
(1)SCAN HEALTHCHEK ASSESSMENT CENTERS INC 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2962358	HEALTHCARE	CA	N/A	C				Yes	
(2)SCAN CALIFORNIA MANAGEMENT COMPANY 3800 KILROY AIRPORT WAY SUITE 100 LONG BEACH, CA 90806 46-2951831	MANAGEMENT	CA	N/A	C				Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SCAN GROUP	P	431,808	BOOK VALUE
(2)SCAN HEALTH PLAN	P	284,815	BOOK VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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