

EXTENDED TO NOVEMBER 15, 2018

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

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning and ending

**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 400

City or town, state or province, country, and ZIP or foreign postal code  
LONG BEACH, CA 90806-5616

**D** Employer identification number  
45-0552845

**E** Telephone number  
(888) 569-7226

**G** Gross receipts \$ 63,063,512.

**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)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: [www.THESCANFOUNDATION.ORG](http://www.THESCANFOUNDATION.ORG)

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

**Part I Summary**

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

**2** Check this box ☐ if the organization discontinued its operations or disposed of most of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3** 11

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 10

**5** Total number of individuals employed in calendar year 2017 (Part VII, line 2a) **5** 13

**6** Total number of volunteers (estimate if necessary) **6** 5

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 45,179.

**7b** Net unrelated business taxable income from Form 990-TV/line 24 **7b** 19,392.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0.	0.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,662,676.	11,045,642.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,662,676.	11,045,642.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,813,138.	3,412,204.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,809,749.	2,938,762.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,041,856.	2,630,299.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,664,743.	8,981,265.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,002,067.	2,064,377.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 205,014,435.	End of Year 225,031,352.
<b>21</b> Total liabilities (Part X, line 26)	6,458,159.	4,287,792.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	198,556,276.	220,743,560.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer  
 BRUCE CHERNOF, PRESIDENT/CEO  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name  
 DIANA MCCUTCHEN  
 Preparer's signature  
 Diana J. McCutchen  
 Date  
 11-9-18  
 Check if self-employed ☐ PTIN  
 P00545657  
 Firm's name  
 DELOITTE TAX LLP  
 Firm's EIN  
 86-1065772  
 Firm's address  
 695 TOWN CENTER DRIVE, SUITE 1200  
 COSTA MESA, CA 92626  
 Phone no. (714) 436-7100

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

☒ X**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.

**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 \$ 6,883,828. including grants of \$ 3,412,204. ) (Revenue \$ )

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.

**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 6,883,828.Form **990** (2017)

ADFIJOR

45-0552845 Page 3

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>		
<b>21</b> 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	X	
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>25b</b>		
<b>26</b> 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		X
<b>27</b> 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		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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		X
<b>28a</b>		
<b>28b</b>		
<b>28c</b>		
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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	X	
<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

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

Form 990 (2017)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. 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>1b</b> Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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.		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 **RENE SEIDEL - (562) 308-2862**  
**3800 KILROY AIRPORT WAY, SUITE 400, LONG BEACH, CA 90806-5616**

**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, and 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 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) THOMAS HIGGINS DIRECTOR	2.80 5.00	X						35,000.	75,000.	0.
(2) COLLEEN CAIN DIRECTOR	3.40 5.00	X						37,500.	75,000.	0.
(3) PATRICK SEAYER DIRECTOR	3.10 5.50	X						37,500.	83,000.	0.
(4) JENNIE CHIN-HANSEN CHAIRPERSON	3.20 5.50	X		X				47,000.	83,000.	0.
(5) RYAN TRIMBLE DIRECTOR	3.10 5.50	X						37,500.	87,000.	0.
(6) FRANCESCA RUIZ DE LUZURIAGA DIRECTOR	2.80 6.00	X						35,000.	115,000.	0.
(7) CHERYL PHILLIPS DIRECTOR	2.80 0.00	X						35,000.	0.	0.
(8) IVELISSE ESTRADA DIRECTOR	2.80 0.00	X						35,000.	0.	0.
(9) MELANIE BELLA DIRECTOR	2.80 0.00	X						35,000.	0.	0.
(10) CAROL RAPHAEL DIRECTOR	3.10 0.00	X						36,875.	0.	0.
(11) BRUCE CHERNOF PRESIDENT/CEO	40.00 0.00	X		X				624,238.	0.	51,001.
(12) RENE SEIDEL SECRETARY/TREASURER	40.00 0.00			X				257,227.	0.	29,835.
(13) GRETCHEN ALKEMA VP POLICY & COMMUNICATIONS	40.00 0.00				X			256,437.	0.	26,631.
(14) ERIN WESTPHAL PROGRAM OFFICER	40.00 0.00					X		135,478.	0.	35,560.
(15) KAREN SCHEBOTH DIRECTOR OF GRANTS ADMINISTRATION	40.00 0.00					X		128,983.	0.	19,440.
(16) ERIC THAI DIRECTOR OF FINANCE	40.00 0.00					X		125,985.	0.	28,310.
(17) KALI PETERSON PROGRAM OFFICER	40.00 0.00					X		125,274.	0.	14,994.

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGAN JURING PROGRAM OFFICER	40.00 0.00					X		144,327.	0.	12,470.
<b>1b Sub-total</b>								2,169,324.	518,000.	218,241.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,169,324.	518,000.	218,241.

**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**

- 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
- 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
- 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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**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
IDEO LP 715 ALMA STREET, PALO ALTO, CA 94301	PROGRAM RESEARCH AND DEVELOPMENT	541,871.
RODRIGUEZ HORII CHOI & CAFFERATA, LLP 777 S. FIGUEROA, LOS ANGELES, CA 90017	LEGAL SERVICES	149,877.

**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 **2**



**Part VIII** Statement of RevenueCheck 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a 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					
<b>Program Service Revenue</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		3,763,353.		45,179.	3,718,174.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		7,282,289.			7,282,289.
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		11,045,642.	0.	45,179.	11,000,463.	

**Part IX Statement of Functional Expenses.**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,351,674.	3,351,674.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	60,530.	60,530.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,509,277.	1,118,767.	390,510.	
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	1,089,837.	894,379.	195,458.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,070.	118,173.	25,897.	
9 Other employee benefits	70,238.	57,634.	12,604.	
10 Payroll taxes	125,340.	102,894.	22,446.	
11 Fees for services (non-employees)				
a Management	269,862.		269,862.	
b Legal	153,707.		153,707.	
c Accounting	118,828.		118,828.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	558,315.		558,315.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	747,260.	549,380.	197,880.	
12 Advertising and promotion				
13 Office expenses	11,280.	10,426.	854.	
14 Information technology	37,631.	23,865.	13,766.	
15 Royalties				
16 Occupancy	168,680.	138,316.	30,364.	
17 Travel	294,477.	204,974.	89,503.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225,639.	225,639.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,957.	13,085.	2,872.	
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	28,663.	14,092.	14,571.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,981,265.	6,883,828.	2,097,437.	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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,505,544.	1	2,083,806.
	2 Savings and temporary cash investments	2,013,639.	2	3,842,867.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	288,431.	4	312,993.
	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 instr). Complete Part II of Sch L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,080.	9	2,372.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 947,039.		
	b Less: accumulated depreciation	10b 794,396.	10c 138,784.	10c 152,643.
	11 Investments - publicly traded securities	159,649,747.	11	180,113,873.
	12 Investments - other securities. See Part IV, line 11.	40,366,140.	12	37,504,728.
	13 Investments - program-related. See Part IV, line 11.	999,998.	13	999,998.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	18,072.	15	18,072.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	205,014,435.	16	225,031,352.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,067,367.	17	1,093,427.
	18 Grants payable	4,643,447.	18	2,280,428.
	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.	747,345.	25	913,937.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	6,458,159.	26	4,287,792.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	198,556,276.	27	220,743,560.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	198,556,276.	33	220,743,560.
34 <b>Total liabilities and net assets/fund balances</b>	205,014,435.	34	225,031,352.	

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,045,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,981,265.
3	Revenue less expenses Subtract line 2 from line 1	3	2,064,377.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,556,276.
5	Net unrealized gains (losses) on investments	5	20,102,179.
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	20,728.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	220,743,560.

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		X
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		

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
SCAN HEALTH PLAN	95-3858259	10	X		0.	0.
<b>Total</b>					0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on 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**

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).
- 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).
- 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**.
- 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**.
- 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**.
- 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 10b below.
- 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.)

	Yes	No
1	X	
2		X
3a		X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6	X	
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		



**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		X
11b		X
11c		X

**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
1	X	

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
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).
- 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.
- 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.
- 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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)		
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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017

**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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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)

PART IV, SECTION A, LINE 6:

THE FOUNDATION SUPPORTS OR BENEFITS, PERFORMS THE FUNCTIONS OF, AND/OR

CARRIES OUT THE PURPOSES OF SCAN HEALTH PLAN BY, AMONG OTHER THINGS,

PROVIDING GRANTS AND ASSISTANCE TO 501(C), GOVERNMENT, AND OTHER

ORGANIZATIONS THAT ENGAGE IN ACTIVITIES THAT ARE CONSISTENT WITH 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

732051 10-09-17

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
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 on Part XIII ☐

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		827,792.	675,149.	152,643.
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 10c.)				152,643.

Schedule D (Form 990) 2017

**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	8,961,097.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	28,543,631.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	37,504,728.	

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	913,937.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	913,937.

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 ☒

Schedule D (Form 990) 2017

**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	30,589,506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a 20,102,179.		
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	20,102,179.
3	Subtract line 2e from line 1		3	10,487,327.
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 558,315.		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	558,315.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	11,045,642.

**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	8,402,224.
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 -20,726.		
e	Add lines 2a through 2d		2e	-20,726.
3	Subtract line 2e from line 1		3	8,422,950.
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 558,315.		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	558,315.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	8,981,265.

**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.

PART X, LINE 2:

UNDER FASB ASC 740, INCOME TAXES, THE FOUNDATION IS REQUIRED TO RECOGNIZE

A LIABILITY FOR EACH UNCERTAIN TAX POSITION AT THE AMOUNT ESTIMATED TO BE

REQUIRED TO SETTLE THE ISSUES. AS OF DECEMBER 31, 2017 AND 2016, THERE

WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNEXPENDED GRANTS

PART VIII, LINE 1:

INVESTMENTS - PROGRAM RELATED, MISSION-IMPACT INVESTMENTS

MISSION IMPACT INVESTMENTS ("MIIS") ARE PART OF THE FOUNDATION'S PORTFOLIO



**Part XIII** Supplemental Information (continued)

OF PROGRAM ACTIVITIES, IN ADDITION TO GRANT MAKING AND PROGRAM EXPENSES,  
WITH THE PRIMARY PURPOSE TO ADVANCE THE FOUNDATION'S MISSION. MIIS ARE  
INVESTMENTS IN SECURITIES OF COMPANIES THAT OFFER PRODUCTS OR SERVICES  
THAT FURTHER THE FOUNDATION'S MISSION WHILE OFFERING A REASONABLE RATE OF  
RETURN COMMENSURATE WITH THE RISK ASSOCIATED WITH THE INVESTMENT. WHILE  
OBTAINING A MARKET RATE OF RETURN IS A SIGNIFICANT OBJECTIVE, IT IS NOT  
THE PRIMARY OBJECTIVE. THESE EQUITY INVESTMENTS ARE RECORDED AT COST AND  
SEPARATELY FROM THE FOUNDATION'S PRIMARY INVESTMENTS PORTFOLIO.

A) DESCRIPTION OF INVESTMENT: MISSION-IMPACT INVESTMENT

B) BOOK VALUE: \$999,998

C) METHOD OF VALUATION: END-OF-YEAR MARKET VALUE

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

Employer identification number

THE SCAN FOUNDATION

45-0552845

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b**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 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		10,876,111.
<b>3 a</b> Sub-total	0	0			10,876,111.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			10,876,111.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017



**THE SCAN FOUNDATION**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

**Part III can be duplicated if additional space is needed**

[illegible]

**Part IV** Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2017

**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.

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

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.

1 (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
ALLIANCE FOR HEALTH POLICY 1444 EYE STREET NW SUITE 910 WASHINGTON, DC 20005	52-1746328	501(C)(3)	75,000.	0.			CONVENING LEGISLATIVE STAFFS ON PERSON-CENTERED QUALITY MEASURES INFORM PYMT MECHANISMS.
ALLIANCE FOR HEALTH POLICY 1444 EYE STREET NW SUITE 910 WASHINGTON, DC 20005	52-1746328	501(C)(3)	72,713.	0.			BRIEFINGS THE BEST PRACTICES IN MEDICAID LT SVCS THAT PROMOTE QUALITY, PERSON CARE.
AMERICAN SOCIETY ON AGING 575 MARKET STREET, SUITE 2100 SAN FRANCISCO, CA 94105	94-2292868	501(C)(3)	20,000.	0.			BUILDING THE BUSINESS ACUMEN OF CBOS TO CONTRACT WITH THE HEALTH CARE SECTOR.
ANNE TUMLINSON INNOVATIONS LLC 3505 ALBEMARLE STREET, NW WASHINGTON, DC 20008	46-5466993		44,368.	0.			DISSEMINATION OF THE LONG-TERM CARE FINANCE MODELING RESULTS.
AVALERE HEALTH, LLC 1350 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	52-2220787		62,640.	0.			ANALYZING THE IMPACT OF THE MEDICAID PER CAPITA CAP PROPOSALS CONSIDERED BY CONGRESS IN 2017.
BIPARTISAN POLICY CENTER INC 1225 EYE STREET NW SUITE 1000 WASHINGTON, DC 20005	73-1628382	501(C)(3)	64,315.	0.			PRODUCING A SUMMARY REPORT ON LONG-TERM CARE FINANCING RECOMMENDATIONS.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 ASSOCIATION OF HEALTH PLANS - 1415 L STREET, SUITE 850 - SACRAMENTO, CA 95814	95-3825285	501(C)(6)	5,443.	0.			COORDINATED CARE INITIATIVE LEARNING COLAB. FOR PARTICIPATING HEALTH PLANS.
CAMDEN COALITION OF HEALTH CARE PROVIDERS - 800 COOPER STREET, SUITE 700 - CAMDEN, NJ 08102	32-0332843	501(C)(3)	35,000.	0.			DEV OF A NATIONAL BLUEPRINT TO GUIDE THE ADVANCEMENT OF THE FIELD OF COMPLEX CARE.
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NJ 08619	22-3375015	501(C)(3)	269,750.	0.			PRODUCING A TOOLKIT FOR STATES ON STRENGTHENING MEDICAID LONG-TERM SERVICES AND SUPPORTS.
COLLABORATIVE CONSULTING 521 BROWNING STREET MILL VALLEY, CA 94941	94-3363363		9,400.	0.			CASE STUDIES OF THE CALIFORNIA ORGANIZATIONS THAT PARTICIPATED IN THE LINKAGE LAB ACADEMY.
COLLABORATIVE CONSULTING 521 BROWNING STREET MILL VALLEY, CA 94941	94-3363363		10,000.	0.			CASE SUMMARIES OF THE PROGRAMS NOMINATED FOR THE FOUNDATION'S HEALTH CARE AWARD.
GOVERNMENT ACTION COMMUNICATION INSTITUTE (GACI) - 2001 JEFFERSON DAVIS HIGHWAY, SUITE 504 - ARLINGTON, VA 22202	13-4014982	501(C)(3)	71,485.	0.			LOGISTIC AND VENDOR SUPPORT FOR THE 2017 CALIFORNIA SUMMIT ON LONG-TERM SERVICES.
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY, SUITE ARLINGTON, VA 22202	13-4014982	501(C)(3)	7,500.	0.			MEMBERSHIP IN GRANTMAKERS IN AGING.
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY, SUITE ARLINGTON, VA 22202	13-4014982	501(C)(3)	35,000.	0.			DISEM. THE PLAYBOOK: BETTER CARE FOR PEOPLE WITH COMPLEX NEEDS, TO ENGAGE NEW PTRS.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE WASHINGTON, DC 20036	13-3206571	501(C)(3)	12,650.	0.			MEMBERSHIP IN GRANTMAKERS IN HEALTH.

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET, SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	250,000.	0.			DIGI COVERAGE ON AGING AND LT-CARE ISSUES, AND THE EFFECTS OF FED AND STATE POLICY CHANGES.
HOLLYWOOD HEALTH & SOCIETY UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA 90074	95-1642394	501(C)(3)	200,000.	0.			IMPROVING THE PORTRAYALS OF OLDER ADULTS IN TELEVISION AND FILM.
IDEO LP PIER 28 ANNEX, THE EMBARCADERO SAN FRANCISCO, CA 94105	26-3362395		66,435.	0.			DEVELOPMENT OF A CAREGIVER APP TO PROVIDE RESOURCE INFORMATION AND LIVE ASSISTANCE.
IDEO LP PIER 28 ANNEX, THE EMBARCADERO SAN FRANCISCO, CA 94105	26-3362395		12,000.	0.			DEVELOPING AN "EMPATHY FILM" SHOWING THE NEEDS OF THE PEOPLE THE FOUNDATION SERVES.
INSTITUTE FOR HEALTHCARE IMPROVEMENT - 20 UNIVERSITY ROAD, 7TH FLOOR - CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	75,000.	0.			UPDATING AND REFINING THE PLAYBOOK: BETTER CARE FOR PEOPLE WITH COMPLEX NEEDS.
J. SOLOMON CONSULTING 181 CENTRE STREET MOUNTAIN VIEW, CA 94041	39-2070459		8,750.	0.			EVALUATION OF 5 ORGANIZATIONS TRAINED TO CONTRACT WITH HEALTH CARE PROVIDERS.
J. SOLOMON CONSULTING 181 CENTRE STREET MOUNTAIN VIEW, CA 94041	39-2070459		5,190.	0.			CASE STUDIES OF THE CALIFORNIA ORGANIZATIONS THAT PARTICIPATED IN THE LINKAGE LAB ACADEMY.
JENNINGS POLICY STRATEGIES, INC. 1150 NORTH, 601 THIRTEENTH STREET WASHINGTON, DC 20005	52-2307507		180,000.	0.			FEDERAL STRATEGIC POLICY ADVISOR.
LONG-TERM QUALITY ALLIANCE 1666 K STREET, NW - SUITE 1100 WASHINGTON, DC 20006	46-3140288	501(C)(3)	19,965.	0.			SUPPORTING LTQA'S EFFORTS TO DEVELOP SHARED STRATEGIES TO ACHIEVE LTSS INTEGRATION.

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20009	81-1239309		38,698.	0.			COMMUNICATIONS CONSULTANT ON VARIOUS INITIATIVES AND PROJECTS. NATIONAL COMMUNICATION ON THE WORK OF THE FOUR WINNING STATES OF THE PACESETTER PRIZE.
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20009	81-1239309		156,439.	0.			PROVIDING ONGOING COMM. CONSULTATION TO THE FNDN ON ITS VARIOUS INITIATIVES AND PROJECTS.
MCCABE MESSAGE PARTNERS 1825 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20009	81-1239309		66,220.	0.			PLANNING GRANT TO EXPLORE POTENTIAL CARE MODELS FOR HIGH-NEED, HIGH-COST POPULATIONS.
NATIONAL ASSOCIATION OF ACOS 601 13TH STREET, NW, SUITE 900 WASHINGTON, DC 20002	46-1581524	501(C)(6)	75,000.	0.			SHOWCASING POLICIES AND PRACTICES OF THE 4 STATES, IMPROVED THEIR LONG-TERM CARE SYSTEMS.
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 EAST 1ST PLACE - DENVER, CO 80230	84-0772595	GOV'T ENTITY	49,747.	0.			RESEARCH TO KNOW THE PAYER-PROVIDER CONTRACTUAL RELATIONSHIPS FOR HIGH-COST POPULATION.
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	50,000.	0.			TWO-DAY CONFERENCE OF CA HEALTHCARE LEADERS TO PROBLEM SOLVE FOR HIGH-COST POPULATIONS.
PACIFIC BUSINESS GROUP ON HEALTH 575 MARKET STREET, SUITE 600 SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	23,650.	0.			SECURING DATA FOR THE COORDINATED CARE INITIATIVE EVALUATION.
PUBLIC CONSULTING GROUP 2150 RIVER PLAZA DRIVE, SUITE 380 SACRAMENTO, CA 95833	04-2942913		57,000.	0.			
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET, SUITE 2 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	8,300.	0.			MEMBERSHIP IN SOUTHERN CALIFORNIA GRANTMAKERS.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
SPECIAL NEEDS PLAN ALLIANCE, INC. 750 9TH STREET NW, SUITE 650 WASHINGTON, DC 20001	81-4850675	501(C)(6)	34,810.	0.			PLANNING GRANT TO EXPLORE POTENTIAL CARE MODELS FOR HIGH-NEED, HIGH-COST POPULATIONS.
THE ASPEN INSTITUTE ONE DUPONT CIRCLE, NW, SUITE 700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	250,000.	0.			HIGHLIGHTING OUR WORK ON THE PLAYBOOK: BETTER CARE FOR PEOPLE WITH COMPLEX NEEDS.
THE MARGOLIN GROUP, INC. 1875 CENTURY PARK EAST, STREET 179 LOS ANGELES, CA 90067	41-2065784		27,387.	0.			DEVELOPING STRATEGIC PLANS FOR LONG-TERM CARE SYSTEM TRANSFORMATION IN CALIFORNIA.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - P.O. BOX 748872 - LOS ANGELES, CA 90074	94-6036493	GOV'T ENTITY	450,000.	0.			RAPID CYCLE POLLING TO MEASURE SATISFACTION AMONG CA DUALS DEMONSTRATION ENROLLEES.
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET, SUITE 302 HANOVER, NH 03755	02-0222111	501(C)(3)	50,000.	0.			UPDATING THE NATIONAL SURVEY OF ACOS TO COMPARE HOW THEY MANAGE HIGH-COST POPULATIONS.
TWIN CITIES PUBLIC TELEVISION 172 4TH STREET SAINT PAUL, MN 55101	41-0769851	GOV'T ENTITY	199,664.	0.			DEV ORIG. NEWS COVERAGE OF PERSON-CENTERED CARE AND POLICY ISSUES FOR THE PBS.
UNIVISION COMMUNICATIONS INC. 8551 NW 30TH TERRACE MIAMI, FL 33122	95-4398884		154,286.	0.			ORIGINAL DIGITAL CONTENT AND TELEVISION PROGRAMMING IN SPANISH ON AGING WITH DIGNITY.
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		6,750.	0.			DEVELOPING THE BUSINESS CASE FOR PERSON-CENTERED CARE PROGRAMS AT 20+ MEDICAL PROVIDERS.
VICTOR TABBUSH CONSULTING 4047 HILTON HEAD WAY TARZANA, CA 91356	20-5284688		42,333.	0.			DESIGNING INNOVATIVE PERSON-CENTERED CARE MODELS FOR THOSE WITH COMPLEX NEEDS.

Schedule I (Form 990)

**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 noncash assistance
TO ANALYZE DATA FOR SELECTION OF THE FOUNDATION'S PACESETTER PRIZE AWARDERS	1	22,500.	0.		
TO SUPPORT DUAL ELIGIBLE CARE OPTIONS WEBSITE DEVELOPMENT	1	38,030.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

## 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**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.

**Only section 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?  
**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017



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.

PART I, LINE 4B:

THE COMPANY PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO ONLY

THE CEO VIA ITS SECTION 457(F) PLAN. THE FOLLOWING INDIVIDUAL PARTICIPATED

IN THE COMPANY'S SECTION 457(F) PLAN DURING THE YEAR 2017:

BRUCE CHERNOF

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.

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

DEFERRED COMPENSATION FOR 2017, 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.

IN 2017, UPON RECOMMENDATION BY SCAN'S COMPENSATION CONSULTANT SULLIVAN

COTTER, THE COMPENSATION COMMITTEE APPROVED THE ELIMINATION OF THE DEFERRAL PORTION OF THE EMPLOYEE INCENTIVE PLAN. THE RECOMMENDATION BY SULLIVAN

COTTER TO DISCONTINUE THE DEFERRAL COMPONENT OF THE PLAN WAS BASED ON BEST

PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS. THE ELIMINATION OF THE

DEFERRAL COMPONENT RESULTED IN DISTRIBUTION TO ALL PARTICIPANTS OF ANY

PREVIOUSLY UNPAID CONTRIBUTIONS, EXCEPT IN CERTAIN INDIVIDUAL CIRCUMSTANCES

THAT ARE GOVERNED BY THE LAW, IN WHICH CASE SCAN ADHERED TO THE GOVERNING



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.

PRACTICES. THE COMPENSATION RELATED TO THE ELIMINATION OF THE DEFERRAL

COMPONENT WAS REPORTED IN SCHEDULE J, PART II, COLUMN B(II), BONUS &

INCENTIVE COMPENSATION.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT PRESERVE DIGNITY AND INDEPENDENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DURING 2017, THE FOUNDATION DISBURSED \$5,952,073 IN CASH GRANTS AND

ASSISTANCE TO OTHER ORGANIZATIONS TO HELP ACHIEVE THEIR MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 2017:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 06-07-17

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

## THEMATIC GOAL 1: MEDICARE-MEDICAID INTEGRATION

OUR FIRST THEMATIC GOAL FOCUSES ON EFFORTS TO BEST INTEGRATE MEDICARE AND MEDICAID SERVICES AND FUNDING IN ORDER TO PROVIDE THE HIGHEST QUALITY OF CARE FOR PEOPLE WITH ACCESS TO BOTH OF THESE PROGRAMS. THE FOUNDATION'S LEADERSHIP AND COLLABORATIVE PARTNERSHIPS HAVE CHALLENGED LONGSTANDING MYTHS AND MARSHALLED KEY STAKEHOLDERS TO ADVANCE THE PROMISE OF COORDINATED CARE.

## GOAL 1 SUCCESSES:

(1) RESULTS FROM EVALUATIONS OF CALIFORNIA'S DUALS DEMONSTRATION - RAPID-CYCLE POLLING AND THE UCSF EVALUATION - HAVE ENABLED US TO LEARN DIRECTLY FROM CONSUMERS IN REAL TIME, AS WELL AS THE DUALS HEALTH PLANS AND ASSOCIATED DELIVERY SYSTEMS IMPLEMENTING CALIFORNIA'S DEMONSTRATION USING THESE NEW CARE MODELS. FOR THE FIRST TIME, THE EXPERIENCES AND PERSPECTIVES OF THOSE ACCESSING THESE SERVICES HAVE BEEN USED TO DRIVE CHANGE FOR THIS VULNERABLE POPULATION.

(2) USING THE FOUNDATION'S VOICE TO PROMOTE POLICY CHANGE, WE CAPTURED THE "TOP 10" POLICY RECOMMENDATIONS FROM THE CALIFORNIA EXPERIENCE AND DISSEMINATED THEM TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND NATIONAL ADVOCACY ORGANIZATIONS.

(3) POLICY ADVANCEMENT ONLY HAPPENS WHEN GOOD IDEAS ARE IN THE HANDS OF A KNOWLEDGEABLE AND DIVERSE POOL OF ADVOCATES WHO CAN SPEAK WITH ONE COMMON VOICE FOR CHANGE. OUR CALIFORNIA COLLABORATIVE IN SACRAMENTO AND THE ASSOCIATED LOCALLY BASED REGIONAL COALITIONS ARE CHAMPIONING SYSTEM TRANSFORMATION EFFORTS. THEY HAVE BECOME THE "GO-TO" ADVOCACY RESOURCE FOR POLICYMAKERS AT EVERY LEVEL, KEEPING THE CONSUMER VOICE FRONT AND CENTER IN TECHNICAL POLICY AND IMPLEMENTATION DISCUSSIONS.

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

(4) IN OUR EFFORT TO CHANGE THE QUALITY DISCUSSION TO FOCUS ON WHAT MATTERS MOST TO PEOPLE RECEIVING CARE, WE AND THE JOHN A. HARTFORD FOUNDATION PROVIDED CONTINUOUS FUNDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) TO INITIATE THE DEVELOPMENT OF NEW QUALITY MEASURES EXPRESSLY FOR THIS POPULATION OF OLDER, LOW-INCOME ADULTS WITH COMPLEX CARE NEEDS. NCQA HAS DEVELOPED AN ALL-NEW ACCREDITATION PROGRAM FOR CASE MANAGEMENT FOR LONG-TERM SERVICES AND SUPPORTS (LTSS) AND AN LTSS DISTINCTION MODULE FOR USE IN CONJUNCTION WITH THEIR EXISTING HEALTH PLAN ACCREDITATION.

#### THEMATIC GOAL 2: PERSON-CENTERED CARE

OUR SECOND THEMATIC GOAL RECOGNIZES THAT THE WAY MEDICARE IS CURRENTLY ORGANIZED FOR OLDER ADULTS WITH COMPLEX NEEDS IS INEFFICIENT AND OFTEN INEFFECTIVE, IF NOT HARMFUL, BECAUSE IT IS OVERLY MEDICALIZED AND FAILS TO BUILD PLANS OF CARE THAT ACTUALLY ADDRESS BENEFICIARIES' FULL RANGE OF NEEDS. A MORE INTEGRATED APPROACH TO HEALTH AND SUPPORTIVE SERVICES IS CRITICAL TO BETTER ADDRESSING THESE NEEDS AND A MORE COMPREHENSIVE CARE COORDINATION MODEL IS REQUIRED-ONE THAT SPECIFICALLY INCORPORATES THE NEEDS, VALUES, AND PREFERENCES OF THE OLDER ADULT. THIS IS PARTICULARLY TRUE FOR OLDER ADULTS WITH MEDICARE ONLY- THE POPULATION FOCUS OF GOAL 2.

#### GOAL 2 SUCCESSES:

- (1) AARP, ALONG WITH THE COMMONWEALTH FUND AND THE FOUNDATION, RELEASED THE THIRD LONG-TERM SERVICES AND SUPPORTS (LTSS) STATE SCORECARD.
- (2) THE FOUNDATION INSTITUTED THE FIRST PACESETTER PRIZE, HONORING

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

STATES MAKING THE LARGEST IMPROVEMENTS SINCE THE 2014 LTSS STATE

SCORECARD. THE IMPACT IS EVIDENCED BY THE OVERWHELMINGLY POSITIVE

RESPONSE OF GOVERNORS AND STATE STAFF WHO WON THIS PRIZE-WITH ALL FOUR

STATES (MINNESOTA, NEW YORK, VERMONT, AND WISCONSIN) EMBRACING THEIR

EFFORTS AND PURSUING THE NEXT PHASE OF PROGRESS.

(3)WE WORKED WITH THE FIVE FOUNDATION COLLABORATIVE ON SEVERAL BODIES

OF WORK: 1) REFINING AND GROWING THE PLAYBOOK - BETTER CARE FOR PEOPLE

WITH COMPLEX NEEDS; 2) SUPPORTING THE BIPARTISAN POLICY CENTER'S REPORT

ON POLICY OPTIONS TO IMPROVE CARE FOR MEDICARE-ONLY INDIVIDUALS; AND 3)

INCORPORATING KEY PERSON-CENTERED CARE QUESTIONS IN THE DARTMOUTH

INSTITUTE'S NATIONAL SURVEY OF ACOS.

(4)WE SHOWCASED THE WORK OF THE PLAYBOOK AND THE EFFORTS OF THE FIVE

FOUNDATION COLLABORATIVE AT SPOTLIGHT HEALTH, THE ASPEN IDEAS FESTIVAL

PRE-CONFERENCE, TO MAXIMIZE NATIONAL AWARENESS AND INTEREST IN

PROVIDING PERSON-CENTERED CARE TO HIGH-NEED, HIGH-COST OLDER ADULTS.

(5)WE UPDATED OUR MEDIA INVESTMENT STRATEGY, CONTINUING LONGSTANDING

SUCCESSFUL PARTNERSHIPS (E.G., ASSOCIATED PRESS-NATIONAL OPINION

RESEARCH CENTER [AP-NORC], KAISER HEALTH NEWS, NEXT AVENUE, UNIVISION)

AND CULTIVATED NEW RELATIONSHIPS THAT LEVERAGED CREATIVITY AND BUILDING

COMMUNITY IN NOVEL WAYS (E.G., SPOTLIGHT HEALTH; USC'S HOLLYWOOD,

HEALTH & SOCIETY).

THEMATIC GOAL 3: LONG-TERM CARE FINANCING

OUR THIRD THEMATIC GOAL ACKNOWLEDGES THAT THE VAST MAJORITY OF OLDER

ADULTS WILL NEED SOME DAILY LIVING SUPPORT AS THEY AGE. THE LIKELIHOOD

THAT ANY INDIVIDUAL MIGHT NEED LTSS IS QUITE VARIABLE, WITH

APPROXIMATELY 20 PERCENT OF OLDER ADULTS NEVER REQUIRING SUPPORT WHILE

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

A SLIGHTLY LOWER PERCENTAGE WILL NEED HIGH LEVELS OF CARE FOR FIVE OR MORE YEARS. THESE COSTS CAN BE QUITE SUBSTANTIAL, AND FOR MANY OLDER ADULTS LIVING ON FIXED INCOMES, THEY CAN EASILY OVERWHELM REMAINING SAVINGS AND OTHER AVAILABLE RESOURCES. COMPOUNDING THIS PROBLEM IS PEOPLE'S MISPERCEPTIONS ABOUT THE LIKELIHOOD OF NEEDING LTSS AS THEY AGE. AS A RESULT, THERE IS LITTLE DEMAND FOR AN ALTERNATIVE SOLUTION. THE LARGEST SOURCES OF SPENDING TODAY ARE PERSONAL/OUT OF POCKET, THEN MEDICAID. RECENT THREATS TO THE MEDICAID SAFETY NET CHALLENGE NOT ONLY THOSE WHO SPEND DOWN TO POVERTY, BUT ALSO CREATE INCREASING PRESSURE TO CRAFT MEANINGFUL AND MUCH NEEDED SOLUTIONS FOR MIDDLE-INCOME AMERICANS.

## GOAL 3 SUCCESSES:

(1) AVALERE HEALTH USED ITS MEDICAID FORECASTING AND SIMULATION MODEL TO ESTIMATE THE IMPACT OF PER CAPITA CAPS ON FEDERAL MEDICAID SPENDING, SPECIFICALLY FOR DUAL ELIGIBLES, ALONG WITH STATE-SPECIFIC IMPACTS. IT CONDUCTED ADDITIONAL ANALYSES ON THE IMPACT OF THE MEDICAID FUNDING PROPOSALS OUTLINED IN THE SENATE'S BETTER CARE RECONCILIATION ACT (BCRA), AS WELL AS OTHER CAPPED FUNDING SCENARIOS.

(2) BIPARTISAN POLICY CENTER FURTHER REFINED POLICY CONCEPTS THAT WOULD ALLOW ALL AMERICAN FAMILIES TO ACCESS AFFORDABLE AND VIABLE OPTIONS TO PAY FOR FUTURE SUPPORT NEEDS, ISSUING ITS FINAL RECOMMENDATIONS REPORT IN JULY. ONE MAIN RECOMMENDATION FROM THE BPC REPORT - CREATING A PATHWAY TO PAY FOR NON-MEDICAL SERVICES IN MEDICARE ADVANTAGE PLANS - WAS INCORPORATED INTO THE CHRONIC CARE ACT, PASSED BY THE SENATE IN SEPTEMBER AND INCLUDED IN THE FINAL BIPARTISAN BUDGET ACT IN FEBRUARY 2018.

(3) WE COLLABORATED WITH THE MILBANK MEMORIAL FUND TO SUPPORT A NEW

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

PROJECT WITH THE CENTER FOR HEALTH CARE STRATEGIES AND MANATT HEALTH TO

OUTLINE HOW STATES SHOULD APPLY "PERSONCENTEREDNESS" WHEN REQUESTING

CHANGES TO THEIR MEDICAID-FUNDED LONG-TERM CARE PROGRAMS.

(4) UNIVISION DESIGNATED A MICROSITE WITH DIGITAL CONTENT ON TOPICS LIKE

CAREGIVING AND AFFORDING LONG-TERM CARE.

(5) THE NATIONAL AGING AND LONG-TERM CARE POLL COMPLETED ANNUALLY BY

AP-NORC WAS RELEASED AGAIN IN 2017, TAKING THE PULSE OF KNOWLEDGE,

ATTITUDES, AND BEHAVIORS OF AMERICANS AGED 40 AND OLDER REGARDING

AGING, LONG-TERM CARE, AND FAMILY CAREGIVING.

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. 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 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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SCAN FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT & CHIEF

EXECUTIVE OFFICER (CEO) OF THE SCAN FOUNDATION IS CONDUCTED BY THE

COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION,

ALL THE VOTING MEMBERS OF WHICH ARE INDEPENDENT PERSONS. IN DETERMINING THE

COMPENSATION OF THE PRESIDENT & CEO, THE COMPENSATION COMMITTEE WORKS WITH

AND RELIES UPON THE COUNSEL AND EXPERTISE OF AN OUTSIDE COMPENSATION

CONSULTANT WITH WELL- ESTABLISHED EXPERIENCE AND EXPERTISE IN THE AREA OF

NONPROFIT ORGANIZATION EXECUTIVE COMPENSATION AND COMPLIANCE WITH THE

INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUCH COMPENSATION. THE

COMPENSATION CONSULTANT PROVIDES AN EXECUTIVE COMPENSATION REPORT AND

REASONABLENESS OPINION TO THE COMPENSATION COMMITTEE EACH YEAR WHICH

FURNISHES THE BASIS FOR DETERMINING THE PRESIDENT & CEO'S COMPENSATION

PACKAGE DURING THE FOLLOWING YEAR. THE EXECUTIVE COMPENSATION REPORT AND

REASONABLENESS OPINION ARE BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION

PRACTICES OF A VARIETY OF ORGANIZATIONS CONSIDERED COMPARABLE TO THE SCAN

FOUNDATION BASED UPON CERTAIN INDUSTRY STANDARD METRICS. THE COMPENSATION

COMMITTEE DELIBERATES ON THE ISSUE OF THE PRESIDENT & CEO'S COMPENSATION

PACKAGE IN CONSIDERATION OF THE EXECUTIVE COMPENSATION REPORT AND OPINION.

QUESTIONS ARE ASKED OF, AND ANSWERED BY THE COMPENSATION CONSULTANT,

REGARDING SUCH REPORT AND OPINION AND OTHER MATTERS RELEVANT TO SUCH



Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

PACKAGE. BASED ON SUCH DELIBERATIONS, THE COMPENSATION COMMITTEE MAKES A  
 RECOMMENDATION TO THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION REGARDING  
 THE COMPENSATION PACKAGE FOR THE CEO FOR THE FOLLOWING YEAR. THE FULL BOARD  
 OF DIRECTORS OF THE SCAN FOUNDATION DELIBERATES ON AND THEN VOTES ON SUCH  
 RECOMMENDATION; THE PRESIDENT & CHIEF EXECUTIVE OFFICER IS RECUSED FOR THE  
 ENTIRETY OF SUCH DELIBERATIONS AND VOTE. THE MINUTES OF THE COMPENSATION  
 COMMITTEE AND THE BOARD OF DIRECTORS FOR THESE MEETINGS ARE PREPARED  
 SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH DELIBERATIONS AND  
 DECISIONS. AN OPINION OF THE GENERAL COUNSEL IS OBTAINED TO ENSURE THAT THE  
 REQUIREMENTS TO OBTAIN THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER  
 TREASURY REGULATION SECTION 53.4958-6(D) ARE MET.

THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION  
 REPORT AND GUIDANCE RELATED TO THE 2017 SALARY PACKAGE WAS SULLIVAN COTTER.

FORM 990, PART VI, SECTION B, LINE 15B:

THE PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS OR OTHER KEY  
 EMPLOYEES OF THE SCAN FOUNDATION IS CONDUCTED BY THE HUMAN RESOURCES  
 DEPARTMENT, THE CHIEF EXECUTIVE OFFICER AND THE COMPENSATION COMMITTEE OF  
 THE BOARD OF DIRECTORS OF THE SCAN FOUNDATION, ALL OF THE VOTING MEMBERS OF  
 THE COMMITTEE ARE INDEPENDENT PERSONS. IN DETERMINING EACH EMPLOYEE'S  
 COMPENSATION, THE HUMAN RESOURCES DEPARTMENT AND COMPENSATION COMMITTEE  
 WORK WITH AND RELY UPON THE COUNSEL AND EXPERTISE OF AN OUTSIDE  
 COMPENSATION CONSULTANT WITH WELL-ESTABLISHED EXPERIENCE AND EXPERTISE IN  
 THE AREA OF NON-PROFIT ORGANIZATION EXECUTIVE COMPENSATION AND COMPLIANCE  
 WITH THE INTERMEDIATE SANCTIONS REQUIREMENTS APPLICABLE TO SUCH  
 COMPENSATION. THE COMPENSATION CONSULTANT PROVIDES AN EXECUTIVE  
 COMPENSATION REPORT AND REASONABLENESS OPINION TO THE HUMAN RESOURCES

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

DEPARTMENT AND COMPENSATION COMMITTEE EVERY YEAR WHICH FURNISHES THE BASIS

FOR THE ESTABLISHMENT OF SUCH EMPLOYEES' COMPENSATION PACKAGE DURING THE

FOLLOWING YEAR. THE EXECUTIVE COMPENSATION REPORT AND REASONABLENESS

OPINION ARE BASED ON A REVIEW OF THE EXECUTIVE COMPENSATION PRACTICES OF A

VARIETY OF ORGANIZATIONS THAT ARE CONSIDERED COMPARABLE TO THE SCAN

FOUNDATION BASED ON VARIOUS METRICS. THE PRESIDENT &amp; CEO MAKES A

RECOMMENDATION TO THE COMPENSATION COMMITTEE WITH RESPECT TO EACH OF SUCH

EMPLOYEES' COMPENSATION PACKAGE IN LIGHT OF THE EXECUTIVE COMPENSATION

REPORT AND OPINION. AT THE COMPENSATION COMMITTEE MEETING ADDRESSING SUCH

MATTERS, QUESTIONS ARE ASKED OF, AND ANSWERED BY THE COMPENSATION

CONSULTANT REGARDING SUCH REPORT AND OPINION AND OTHER MATTERS RELEVANT TO

SUCH PACKAGE; PURSUANT TO THEIR DELIBERATIONS, THE COMPENSATION COMMITTEE

MAKES A DECISION REGARDING THE COMPENSATION PACKAGE FOR SUCH EMPLOYEES FOR

THE FOLLOWING YEAR. THE MINUTES OF THE COMPENSATION COMMITTEE FOR THIS

MEETING ARE PREPARED SUBSTANTIALLY CONTEMPORANEOUSLY AND DOCUMENT SUCH

DELIBERATIONS AND DECISIONS. THE DECISIONS OF THE COMPENSATION COMMITTEE

ARE REPORTED TO THE FULL BOARD OF DIRECTORS. AN OPINION OF THE GENERAL

COUNSEL IS OBTAINED TO ENSURE THAT THE REQUIREMENTS TO OBTAIN THE

REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER TREASURY REGULATION SECTION

53.4958-6(D) ARE MET.

THE OUTSIDE COMPENSATION CONSULTANT PROVIDING THE EXECUTIVE COMPENSATION

REPORT AND GUIDANCE RELATED TO THE 2017 SALARY PACKAGE WAS SULLIVAN COTTER.

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.

Name of the organization

THE SCAN FOUNDATION

Employer identification number

45-0552845

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNEXPENDED GRANTS

20,728.

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.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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
SCAN GROUP - 95-3826037							
3800 KILROY AIRPORT WAY, SUITE 100							
LONG BEACH, CA 90806	ADMIN SUPPORT	CALIFORNIA	501(C)(3)	12B	N/A		X
SCAN HEALTH PLAN - 95-3858259							
3800 KILROY AIRPORT WAY, SUITE 100							
LONG BEACH, CA 90806	MEDICARE ADVANTAGE	CALIFORNIA	501(C)(3)	10	SCAN GROUP	X	
SCAN HEALTH PLAN ARIZONA - 73-1729007							
3800 KILROY AIRPORT WAY, SUITE 100							
LONG BEACH, CA 90806	MEDICARE ADVANTAGE	ARIZONA	501(C)(4)	N/A	SCAN GROUP	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017



**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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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	345,102.	BOOK VALUE
(2) SCAN HEALTH PLAN	P	80,246.	BOOK VALUE
(3)			
(4)			
(5)			
(6)	54		



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART V, LINE 2:

ACTUAL AMOUNTS PAID ON BEHALF OF THE ORGANIZATION WERE REIMBURSED WHEN

POSSIBLE. FOR SG&amp;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.