	000
Form	330

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2017 calendar year, or tax year beginning and	d ending		
B c a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	e Doing business as		41-0	955577
	Initial		Room/suite		
	Final	7066 STILLWATER BLVD. N		(651	)777-5222
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,784,014.
	Amer	OARDALE, MN 55120		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: TATI TASI WOOD		for subordinates	? Yes 🔀 No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ( ) ┥ (insert no.) 🛄 4947(a)(1)	) or 🔄 527	If "No," attach a	list. (see instructions)
		te: WWW.CANVASHEALTH.ORG		H(c) Group exemption	
KF	orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1969	State of legal domicile: MN
Pa	art I	Summary			
ġ	1	Briefly describe the organization's mission or most significant activities:	BRING B	HOPE, HEALIN	G, AND
Activities & Governance		RECOVERY TO THE PEOPLE WE SERVE.			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			17
	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			409
ĬŽİĖ	6	Total number of volunteers (estimate if necessary)			363
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	8 Contributions and grants (Part VIII, line 1h)		7,579,479.	7,743,550.
ent	9	Program service revenue (Part VIII, line 2g)		10,307,852.	9,674,359.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,150.	48,919.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		168,512.	255,042.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,105,993.	17,721,870.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	)	15,254,865.	15,010,204.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)  253, 8	320.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,256,298.	3,167,671.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,511,163.	18,177,875.
	19	Revenue less expenses. Subtract line 18 from line 12		-405,170.	-456,005.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		11,750,096.	11,165,183.
t As id B	21	Total liabilities (Part X, line 26)		2,482,486.	2,118,803.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		9,267,610.	9,046,380.
Pa	art II	Signature Block			
Und	er pen	lties of perjury, I declare that I have examined this return, including accompanying schedul	les and staten	nents, and to the best of my	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.	

Sign Here	Signature of officer MATT EASTWOOD, CEO Type or print name and title		Date					
	Print/Type preparer's name	Preparer's signature	Date Check DTIN					
Paid	ASHLEY C. REHN, CPA	ASHLEY C. REHN, CPA	06/26/18 self-employed P009	65922				
Preparer	Firm's name 🕨 REDPATH AND COMP	ANY, LTD.	Firm's EIN ► 41-09	75573				
Use Only	Firm's address 4810 WHITE BEAR	PARKWAY						
	WHITE BEAR LAKE,	MN 55110	Phone no. (651)426	-7000				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2017)								

Form	1990 (2017) CANVAS HEALTH, INC. 41-0955577 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
-	
1	Briefly describe the organization's mission:
	TO BE A RECOGNIZED LEADER IN COMMUNITY MENTAL HEALTH, RESPECTED FOR
	OUR CLINICAL QUALITY, INNOVATION, AND ADAPTATION TO A RAPIDLY CHANGING
	HEALTH CARE AND SOCIAL SERVICES ENVIRONMENT.
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 X 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?
-	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 \$ 10,446,968. including grants of \$) (Revenue \$ 5,245,189.)
	OUTPATIENT & SPMI
	1. PSYCHIATRY - PROVIDES ADULT PSYCHIATRIC MEDICAL SERVICES, PROVIDED
	BY PSYCHIATRISTS AND PSYCHIATRIC NURSES, MEDICAL EVALUATION AND
	CONSULTATION, TREATMENT PLANNING AND MEDICATION MANAGEMENT. AMONG
	OTHER CONDITIONS, WE OFFER SERVICES FOR PEOPLE WITH DEPRESSION,
	ANXIETY, SCHIZOPHRENIA, SUICIDAL THOUGHTS, ATTENTION DISORDERS AND
	OBSESSIVE-COMPULSIVE DISORDER.
	2. OUTPATIENT THERAPY - WE OFFER A VARIETY OF SERVICES (INDIVIDUAL,
	FAMILY, AND GROUP FORMATS) FOR PROBLEMS RANGING FROM STRESS AND
	ADJUSTMENT PROBLEMS TO SEVERE AND CHRONIC MENTAL ILLNESS. OUR SERVICES
	BEGIN WITH AN INTERVIEW SO THAT WE CAN DETERMINE THE NATURE OF AND
	EXTENT OF THE PROBLEM.
4b	(Code:) (Expenses \$4,076,282. including grants of \$) (Revenue \$2,644,576. )
	CHILDREN & FAMILY SERVICES
	1. PSYCHIATRY - PSYCHIATRIC MEDICAL SERVICES FOR CHILDREN INCLUDE
	MEDICAL EVALUATION AND CONSULTATION, TREATMENT PLANNING AND MEDICATION
	MANAGEMENT. WE PROVIDE CARE FOR EARLY CHILDHOOD (BIRTH TO AGE FIVE)
	· · ·
	INDIVIDUALS (AGE 18 - 25).
	2. OUTPATIENT THERAPY - WE TEACH CHILDREN AND FAMILIES (INDIVIDUAL,
	FAMILY, AND GROUP FORMATS) HOW TO DEVELOP PROBLEM-SOLVING SKILLS AND
	HELP THEM COPE WITH STRESS AND A VARIETY OF EMOTIONAL AND BEHAVIORAL
	ISSUES SUCH AS: TEST ANXIETY, BULLYING, PEER PRESSURE, AND MANY OTHERS.
	3. MENTAL HEALTH CASE MANAGEMENT - ASSISTS CHILDREN WITH A SEVERE
	EMOTIONAL DISTURBANCE AND THEIR FAMILIES WITH ASSESSING, ACCESSING,
4c	(Code: ) (Expenses \$ 1,827,107. including grants of \$ ) (Revenue \$ 1,623,881.)
	SPECIAL SERVICES
	1. ASSESSMENT AND CONSULTATION - PROVIDES ASSESSMENT INFORMATION AND
	CONSULTATION ON CLIENTS TO REFERRAL SYSTEM, SUCH AS THE COURT, IN ORDER
	TO ASSIST IN DETERMINING THE APPROPRIATE LEVEL OF CARE NECESSARY FOR
	CLIENTS WITH CHEMICAL HEALTH PROBLEMS.
	2. NEW CHOICES FOR RECOVERY - HELPS INDIVIDUALS (ADULT PROGRAM AND AN
	ADOLESCENT PROGRAM) TAKE ACTION TO CHANGE THEIR THINKING AND BEHAVIORS
	TO BOTH PREVENT RELAPSE AND TO FORM A MORE POSITIVE RELATIONSHIP WITH
	THEMSELVES, OTHERS AND THEIR COMMUNITY. APPROACH INCLUDES COGNITIVE
	THERAPY, MOTIVATIONAL INTERVIEWING AND 12 STEP SUPPORTS.
	3. COMMUNITY OPTIONS - A LONG-TERM COGNITIVE BEHAVIORAL,
	NON-TRADITIONAL OUTPATIENT TREATMENT PROGRAM FOR ADOLESCENTS (AGE 13 -
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 46,268. including grants of \$ ) (Revenue \$ 162,677.)
4e	Total program service expenses 16, 396, 625.

Form	990	(201)	7)

 Form 990 (2017)
 CANVAS HEALTH, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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		х	
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e	23	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 IE		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
	complete concesse of i are in			

_		(
Form	990	(2017)

CANVAS HEALTH, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	
	Schedule K. If "No", go to line 25a	24a	Х	77
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			x
	any tax-exempt bonds?	24c		A X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	0		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
54	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	Х	

Pert U         Statements Regarding Other IRS Filings and Tax Compliance           Check # Schedule O contains a response or note to any line in this Part V         Image: Check # Schedule O contains a response or note to any line in this Part V         Image: Check # Schedule O contains a response or note to any line in this Part V           Image: Check # Schedule O contains a response or note to any line in this Part V         Image: Check # Schedule O contains a response or note to any line in this Part V           Image: Check # Schedule O contains a response or note to any line in this Part V         Image: Check # Schedule O contains a response or note to any line in this Part V           Image: Check # Schedule O contains or response or note to any line in this Part V         Image: Check # Schedule O contains Check # Schedule O contains Check # Schedule O contains Part Part Part Part Part Part Part Part	Form	990 (2017) CANVAS HEALTH, INC.		41-0955	577	Р	age 5
1a       Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable       1a       43         b       Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable       1b       1c         2       Define the number of Forms W-2G included in line 1a. Enter 0- if not applicable       1c       1c         2       Define the number of Forms W-2G included in line 1a. Enter 0- if not applicable       1c       X         2       Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable       1c       X         2       Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable       1c       X         3       Enter the number of Forms W-2G include not line statements.       2a       40.09       2b       X         3       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       3a       X         3       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a       X         4       M *       in status 2d is graset than a a port is 0 to a schlatal accounts (FBAR).       3a       X         5       M *       in status 2d is graset than a a prime 300.000, and did the organization in 6d is did the organization in the organization in the organization in the schlata contrubuton is 0 more 1d is dis control is 0 more 1d i						-	
1a       Inter the number opromety of BOX 3 of Form 1996. Enter 0 if not applicable       Inter the number of Form W20 included in the 1a. Enter 0 if not applicable       Inter the number of persides includes in the 1a. Enter 0 if not applicable       Inter the number of persides includes inclu							
1a       Inter the number opromety of BOX 3 of Form 1996. Enter 0 if not applicable       Inter the number of Form W20 included in the 1a. Enter 0 if not applicable       Inter the number of persides includes in the 1a. Enter 0 if not applicable       Inter the number of persides includes inclu						Yes	No
b       Enter the number of Forms W30 included in line 1s. Enter 0-if not applicable payments to vondors and reportable gaming (gambing) winnings to prize winners?       10       X         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       40.9         2b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       Atary time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account is forfabor.       5a       X         5a       Did any taxable patry noify the organization have an interest in, or a signature or other financial accounts (FBAR).       5a       X         5a       Did any taxable patry noify the organization field media tax shater transaction at any time during the tax year?       5a       X         5a       Did any taxable patry noify the organization if Fore 886-17       Yes, 'id any contributions that was not is a patry to a prohibited tax shatel transaction?       5a       X         5b       Did any taxable patry noify the organization if Fore 886-17       Yes, 'id any caxable patry notify the organ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43		100	
c       Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamment       1c       X         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, ted for the calendar year ending with or within the year covered by this return       2a       40.9       2x       X         b       If a teast on es reported on the 2, did the organization file all required tedraf employment tax returns?       2a       X       X         Note. If the sum of times 1a and 2 as greater than 250, you may be required to e-file (see instructions)       3a       X         b       If Yes, "thai if field a form 90-7 for this year? If Yes, 'to lan 3b, provide an explanation in Schedule O       3b       4a         d       At any time the name of the organization have an interest in, or a signature or other authority over, a financial account is previous an abank account, a schutz transaction?       5a       X         5a       Was the organization have interves in or a signature or other authority over, a financial account is previous an abank account as any time during the telander.       5a       X         5a       Was the organization have unal gross receipts that are normally greater than \$100,000, and did 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 or gifts were not tax deductible?       7a       X         7b       If Ye				0			
gambling) winnings to prize winners?     1c     X       2a     Enter the number of enopyexs reported on form W3. Transmital of Wage and Tax Statements.     2a     40.9       b     If at least one is reported on line 2a, did the organization file all required to 4 <sup>th</sup> (see in structions)     2b     X       3a     Did the organization have unrelated business gross income of \$1.000 or more during the year?     3a     X       b     If **se, "in at file a 5 emotion of 50. you may be required to 4 <sup>th</sup> (see in structions)     3a     X       b     If **se," in at file a 5 emotion of 7 for this year?     3a     X       b     If **se," in atter the name of the foreign county.     A stark income of the organization have an interest in, or a signature or other authority over, a financial accounty for the ase abain account; securities account, or other financial account?     4a     X       5a     Max the organization a party to a prohibited tax shelter transaction?     5a     X       5a     Did any transhelp early notify the organization file Form 888617     5a     X       6b     Did any transhelp early notify the organization an express statement that such contributions or gifts were not tax deductible as charlable contributions?     5a     X       7b     Did the organization netuk deductible as charlable contributions?     7a     X       7c     X     T*se," idia de again at a de as a de adarde contribution and aparty for goods and services provide at the pra				able gaming			
2a       Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.       2a       40.9         bit at least one is reported on line 2, all othe organization file all required tedral employment tax returns?       2b       X         Note. If the sum of lines 1 and 2 is greater than 250, you may be required to 2- <i>file</i> (see natructions)       3a       X         bit 7 Vess, 'has it filed a form 80-17 for this yar? /f 'No, 'to line 3b, provide an explanation in Schedule O       3b       X         bit 7 Vess, 'that it filed a form 80-17 for this yar? /f 'No, 'to line 3b, provide an explanation in Schedule O       3b       X         bit 7 Vess, 'that it filed a form 80-17 for this yar? /f 'No, 'to line 3b, provide an explanation in Schedule O       3b       X         bit 7 Vess, 'to line 5a of 5b, did the organization have an interest in, or a signature or other authority over, a financial accountly to a prohibited it was or is a party to a prohibited it was hefter transaction?       5c       X         bit 8 Vess, 'to line 5a of 5b, did the organization have and the was or is a party to a prohibited was hefter transaction?       5c       X         bit 17 Vess, 'to line 5a of 5b, did the organization have and explore stature or this was or a party to a prohibited was hefter transaction?       5c       X         constraints and explore deductible as charitable contributions or prist       6a       X       X         constraints and explore deductible as charitable contribution andexplot provide and services	Ū				10	x	
tide for the calendary year ending with or within the year covered by this return     2a     4.09       b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?     2b     X       3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?     3a     3a     X       1b if 'yes,' has filed a Tom Bool Tor this year?     3a     X     3b     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 is a toring too point to a bank account, securities account, or other financial accountly over, a financial account is a toring too point too tax as bank account, securities account, or other financial Accounts (FBAR).     5a     X       5a Was the organization on party to a prohibited tax shelter transaction 7     5a     X       5b If 'Yes,' enter the name of the foreign country.     5a     X       5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any combination that it was or is a party to a prohibited tax shelter transaction?     5a     X       5b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6b       6b If 'Yes,' did the organization tothy the organization that may the goods or services provided to the paralitation tothy the organization access for the value of the goods or services provided?     7a     X	2a				10		
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1 and 2a is greater film 250, you may be required to e-file (see Instructions)       3a       X         b       If "Yes," has if field a Torm 980-T for this year? If "No," to line 30, provide an explanation in Schedule O       3a       X         b       If "Yes," has if field a Torm 980-T for this year? If "No," to line 30, provide an explanation in Schedule O       3a       X         b       If "Yes," has if field a Torm 980-T for this year? If "No," to line 30, provide an explanation of the naturotity over, a       4a       X         b       If "Yes," tenter the name of the foreign country;       See instructions for film requirements for fincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See       X         5a       Dad any taxable pary notify the organization that it was or is a party to a prohibid tax shelter transaction?       See       X         5a       Dad any taxable pary notify the organization take the assolutions and did the organization see any aparty to a prohibid tax shelter transaction?       See       X         5a       Dad any taxable pary notify the organization net as deductible as chartable contributions?       See       X         5b       TYes," due the organization network aparts as contribution and party for prohibid the party of a prohibid tax shelter transaction 2000, and id the organi	Zu		22	409			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       3a         3a       Dift the organization have unrelated business gress income of \$1,000 or more during the year?       3a       3a         3b       Dift the organization have unrelated business gress income of \$1,000 or more during the year?       3a       3a         4a       At any time during the calendar year, did the organization have an interest 1n, or a signature or other authomity over, a financial account) is orting country (b-financial account)?       4a       4a       X         bit "Yes, 'enter the name of the foreign country.       E       See instructions for filing requirements for Financial Accounts (FBAP), Se       See instructions for filing requirements for Financial Accounts (FBAP), Se       X         bit any contributions that were not tax deductible contributions?       See       X       See         cit 1'Yes, it line is a or 5b, oit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and erar to financial Accounts (FBAP), Se       X         cit 1'Yes, it dit be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and eracts provided to the provide to the provide to the aver of the value of the organization neceles apprent in excess of 575 made party as contribution and party for goods and services provided?       7a       X         d If "Yes, 'indicate the number of Form	h		L		2h	x	
3a       Did the organization have unrelisted business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, ' has if field a Form 990-T for this year? If 'No,' to <i>line 3b</i> , provide an explanation in Schedule O       3b       X         b       If Yes, ' has if field a Form 990-T for this year? If 'No,' to <i>line 3b</i> , provide an explanation in Schedule O       4a       X         b       If Yes, ' has if field a Form 990-T for this year? If 'No,' to <i>line 3b</i> , provide an explanation in Schedule O       4a       X         b       If Yes, ' has if field a Form 990-T for this year? If 'No,' to <i>line 3b</i> , provide an explanation in Schedule O       4a       X         b       If Yes, ' has if field a form 900-T for this year? If 'No,' to <i>line 3b</i> , provide that schedults       4a       X         b       If Yes, ' has if field any taxable party notify the organization that any sort is a party to a prohibited tax shelter transaction?       5c       X         b       D dat any taxable party notify the organization neither was or is a party to a prohibited tax shelter transaction?       5c       X         b       If Yes, ' did the organization neither was need tax scheturt transaction?       5c       X         b       If Yes, ' did the organization neithy a prohibited tax scheter transaction?       7c       X         c       If Yes, ' did the organization neither ange organization neithore that douchible as charitable neorthibit	D				20		
b       If "Yes," has it filed a Form 990-T for this year? If "No," to <i>line 3b</i> , provide an explanation in Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country to the sa bank account, securities account, or other financial accounts?       4a       X         b       If "Yes," entor the name of the foreign country. <ul> <li>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>Sa</li> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Sa</li> <li>X</li> <li>b) If any taxable party notify the organization file form 88967?</li> <li>Ge</li> <li>See instructions fan time granization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions organization solicit any contributions that way receive deductible contributions or offf tor goods and services provided to the paver?             <li>To organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions on a personal benefit contract?</li> <li>To at the organization notify the dorog of the yeake or the goods or services provided to the paver?</li> <li>To did the organization notify the dorog or diverse droves provided?</li> <li>To at a diverse any function of the value of the goods or services provided?</li> <li>To at a diverse any function of the value of the goods or services provided?</li> <li>To at at the organization neceiv</li></li></ul>	32				30		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign county (such as a bank account, securities account, or other financial account)?       4a       X         bit If 'Yes,'' tent the name of the toreign county) >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).       5a       X         bit of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         b If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-17?       5a       X       5b       X         c If Yes,'' to line 5a or 5b, did the organization file Form 8886-17?       5a       X       5b       X         b If 'Yes,'' did the organization necey solicitation an express statement that such contributions or gifts were not tax deductible es charitable contributions?       6a       X         7 Organization shet may receive deductible contributions under section 170c).       a       1d       7a       X         10 the organization neceive a payment in eccess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         11 'Yes,'' did the organization neceive a payment in eccess of \$75 made party to rindirectly, to pay premiums on a personal benefit contract?       7b       X         12 bit the organization neceive a payment in eccess of \$75 made party party for which it wa							<u> </u>
in ancial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If 'Yes," enter the name of the foreign country:     See instructions for finge requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).     5a     X       5 W as the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5 D di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       6 D boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and party bit a prohibited tax shelter transaction?     5c     -       6 D boes the organization include with every soliclation an express statement that such contributions or gifts were not tax deductibles?     6a     X       7 Organization still, exchange, or otherwise dispose of tangible personal property for which it was required to fie form 8282?     7c     X       7 D id the organization receive a payment in excess buffs made party as a contribution and party for gradustation field form 8282?     7c     X       9 Di d the organization approprint property for which it was required to fie form 8282?     7c     X       9 If 'Yes,'' indicate the number of Forms 8282 filed during the year, pay premiums on a personal benefit contract?     7f     X       9 Di d the organization receive a contribution of qualified intellectual property, did the organization file Rem 8282?					55		<u> </u>
b       If Yes,* enter the name of the foreign country: ▶       See instructions for Iling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       Sa         b       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelt transaction at any time during the tax year?       Sa       Xa         c       If Yes,* to line 5a or 5b, did the organization file Form 8886-17?       Sa       Xa         c       If Yes,* to line 5a or 5b, did the organization file Form 8886-17?       Sa       Xa         d       Dest the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       Xa         7       Organization receive deductible contributions under section 170(c).       Did the organization notide with every solicitation and early for goods and services provided to the payor?       7a       X         d       If Yes,* indicate the number of Forms 8282 filed during the year       Td       Td       Zd         d       Did the organization receive a contribution of qualified intelectual property, did the organization file Form 8282.7 filed thing: they are pay sequired?       7b       X         f       Did the organization neceive a contribution of cars, basts, aiplanes, or other vehicles, did the organization file Form 8289 as required?       7f       X	чa				12		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c Did the organization receive a payment in excess of S7 made party as a contribution and party for goods and services provided to the pav/7       7a       X         11 'Yes, 'i did the organization notify the door of the value everices provided?       7b       X         c Did the organization receive a payment in excess of S7 made party as a contribution and party for goods and services provided to the pav/7       7a       X         11 'Yes, 'i did the organization notify the door of the value everice paved paverice provided?       7b       X <th>h</th> <th></th> <th>acco</th> <th>and ?</th> <th><del>-t</del>a</th> <th></th> <th></th>	h		acco	and ?	<del>-t</del> a		
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactor?       5b       X         c1       'Ves,'' to line 5a or 5b, did the organization file Form 8886-17?       5c       Sc       Sc         c1       'Ves,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       Sc       Sc         a       Did the organization necelve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization necelve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7c       X         d       If 'Yes,'' did the organization necelve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7c       X         d       If 'Yes,'' indicate the number of Forms 8282 filed during the year       Zd	b		Accou	nte (ERAD)			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5 aor 5b, did the organization file Form 8886-17       5c       5c         5       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?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7b       X         c       Did the organization neceive any promiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         g       If the organization neceive any premiums, directly or indirectly, to a personal benefit contract?       7e       X         g       If the organization make any taxable distributions under section 14966?       9a       9a       9b       7b         g       Sponsoring organization make	50				50		x
c       H *Ves,* to line 5a of 5b, did the organization file Form 8886-17       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and were not tax deductible as charable contributions?       6a       X         b       If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       6b         0       Organizations that may receive deductible contributions under section 170(c).       7a       X         0       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly tor goods and services provided to the payor?       7a       X         0       Did the organization neceive apayment in excess of tangible personal property for which it was required       7c       X         1       H *Ves,* indicate the number of Forms 8282 field during the year       7d       7d       X         1       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       7f       X         1       Did the organization received a contribution of case. Doats, inplanes, or other vehicles, did the organization file Form 8898 as required?       7f       X         1       If the organization received a contribution of case. Doats, inplanes, or othere vehicles, did the organization file Form 889							
Gas Ches 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?       Image: Control Contrel Control Control Conter Contrect Contrel Control Control Contre							
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization netwike a payment in excess of \$75 made party as a contributions and partly for goods and services provided to the payor?       7a       X         c Did the organization netwike donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Ves," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization notify the year.       7f       X       7f       X         g If the organization matining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a					30		<u> </u>
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         0       Did the organization notify the donor of the value of the goods or services provided?       7a       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       X         1       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         1       Did the organization neceive any funds, directly or indirectly, no apersonal benefit contract?       7t       X         1       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       16         1       Bit organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9a </th <th>Ua</th> <th></th> <th></th> <th></th> <th>62</th> <th></th> <th>x</th>	Ua				62		x
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       bit the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b     To brain the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     Td     7c     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       f     Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     Z       8     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Sponsoring organization make a distribution to a donor, donor advised funds.     10a     10a     10a       10     the sponsoring organization make a distribution to a donor, donor advised funds?     9a     9b     9b       9     Sponsoring organization make a distribution to a donor, donor advised funds?     10a     10a     10a       10     Did the sponsoring organization	h	,			Ua		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       ff "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c       It if "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         f       Did the organization sell, exchange, or other vise funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       If the sponsoring organization make any taxable distributions under section 4966?       9a	b			or girts	6h		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       10a       10a <th>7</th> <th></th> <th></th> <th></th> <th>00</th> <th></th> <th></th>	7				00		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       H' res," indicate the number of Forms available directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining door advised funds.       a donor advised funds.       a       9a       9a       9a       9b       7h       7h       7k       8       9b       7h       7h       7k       7k<			rvices	provided to the payor?	72	x	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         f       Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.       8a       9         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         10       the sponsoring organizations. Enter:       10a       10b       10b         11       Section 501(c)(7) organizations. Enter:       11a       10b       11b         a Gross income from members or shareholders       11a       10b       11b       11b         12       Section 501(c)(2) organizations. Enter:       11a       11b       11b       11b       12a       12a       12a							<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make a distribution to a donor, donor advised fund funds.       10a       10a       10a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       12a         12 Gross income from members or shareholders       11a       10b       12a       12a       12a         13 Section 501(c)(12) organizations. Enter:       11a       12a       12a       12a       12a       12a       12a       12a       12a       12a <th></th> <th></th> <th></th> <th></th> <th>10</th> <th></th> <th><u> </u></th>					10		<u> </u>
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Te         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       Th       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations maintaining donor advised funds.       10a       10a       9a	C				70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         9 Did the sponsoring organizations make a distribution to a donor, donor advised funds.       9a       9a       9b         9 Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       10b       11a       10b         12 Section 501(c)(12) organizations. Enter:       a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       10b       12a       12a       12a       12a       12a       12a       12a       1	Ь				10		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       9b       9b         10       Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         a Gross income from members or shareholders       11a       10b       12a       12a       12a       12a         11       b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a       12a       12a       13a         12       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a       13a       13a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a <td< th=""><th></th><th></th><th></th><th></th><th>7e</th><th></th><th>x</th></td<>					7e		x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         c Gross income from other sources (Do not net amounts due or pacito to ther sources against amounts due or received from them.)       11b         12a       11b       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information							
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(17) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13       Section 501(c							
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12       Section 947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a     <	-						
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         11       Section 501(c)(12) organizations. Enter:       11a       12a         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       <	_	-					
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       9b       9b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         13       Section 501(c)(20) organizations. Enter:       11a       11b       12a       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12a       12a       12a       12a       13a	-				8		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         a Is the organization is incensed to issue qualified health plans       13b         a Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         14a       X					9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         13       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b       13b         14a       Did the organization receive any payments for indoor tanning se							
a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11a         b Gross income from members or shareholders       11a       11b       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13a       13a       14a       X	10						
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X	а		10a				
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       Ita         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         13       Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         13b       Ita         14a       X							
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       13a       13a         14a       X							
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13d       13d         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	а		11a				
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X	b						
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X			11b				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       X	12a		n 1041	?	12a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       X			1				
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a       X							
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					13a		
<ul> <li>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</li> <li>c Enter the amount of reserves on hand</li> <li>13c</li> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> </ul>							
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	b						
c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			13b				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	с						
			L		14a		X

Form 990 (2017
----------------

Form 990 (2017)
-----------------

CANVAS HEALTH, INC.

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Δ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14 15	Did the organization have a written document retention and destruction policy?	14	- 23	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a 15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN			
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)	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	STEVE HUNT, CFO - (651)777-5222			
	7066 STILLWATER BLVD. N, OAKDALE, MN 55128			

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

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

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an		lirecto	n/irus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mper				and related
	below	id ual	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) DEAN HOWARD	2.00									
CHAIR		X		Х				0.	0.	0.
(2) JOHN MIELKE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) JIM ELLIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) EILEEN MCMAHON	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) MINDY SACHS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL BOLDENOW	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ANNE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMES CHANG	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID COOK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ANDREW DORWART	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ERIN FEIGAL	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) SUSAN MILES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LISA OLSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KARNA PATERS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) GLENN ROTH	1.00									_
DIRECTOR		х						0.	0.	0.
(16) JOHN STOXEN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(17) GARY WESTEEN	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.

Form	000	10017
I UIIII	990	(2017

	Section A. Onicers, Directors, mus	tees, key Em	pioj	/ees	, an	ип	gne	SUU	ompensated Employe	es (continueu)				
	(A)	(B)			-	<b>C)</b> sitior	,		(D)	(E)		_	(F)	
	Name and title	Average hours per	(do not check r		(do not check more than one box, unless person is both an				Reportable Reportable compensation compensat				timate nount	
		week		officer and a director/trustee)					from from relate				other	
		(list any	ector	actor					the organizatio			com	pensa	ation
		hours for	or dire	e.			ated		organization	(W-2/1099-MI	SC)		om th	
		related organizations	ustee	truste		e	suadu		(W-2/1099-MISC)			•	anizat d relat	
		below	Individual trustee or director	Institutional trustee		nploye	st con yee	5					nizat	
		line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former						
(18)	MATT EASTWOOD	40.00				<u> </u>								
CEO					Х				146,490.		0.		9,4	38.
(19)	STEVE HUNT	40.00									•			
CFO		40.00			X	<u> </u>			121,261.		0.		2,8	99.
	THOMAS RUTER	40.00			<b>v</b>				100 500		0		1 1	24
C00		40.00			X				108,522.		0.		4,I	34.
	ELENA ROSAS	40.00					x		190,580.		0.	1	ли	80.
-510	HIATRIST			$\vdash$	-				190,300.		0.	<b>_</b>	0,4	00.
			1											
														-1
	Sub-total								566,853.		0.	2	6,9	51.
	Total from continuation sheets to Part V								0. 566,853.		0.	2	<u> </u>	0.
-	Total (add lines 1b and 1c)								-		-	2	0,9	51.
2	Total number of individuals (including but n	iot limited to tr	iose	e liste	ed a	DOV	e) wr	no re	eceived more than \$100	1,000 of reportab	le			4
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director. or tru	uste	e. ke	ev er	npla	ovee	or	highest compensated e	mplovee on	1			
	line 1a? If "Yes," complete Schedule J for s				-	-	-					3		Х
4	For any individual listed on line 1a, is the su	um of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sche	edule	ə J f	for such individual	-		4	Х	
5	Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services	6			
	rendered to the organization? If "Yes," com	plete Schedul	e J i	for s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithir		year.		10		
	(A) Name and business	address	N	ONI	R				(B) Description of s	ervices	С	(C omper		n
				0111					•					
2	Total number of independent contractors (	-	ot li	mite	d to		~	stec	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨					0							

990 () <b>'t VII</b>		S HEALTH	, INC.			41-0955	5577 Pag
			or poto to any ling	in this Part VIII			Г
	Check if Schedule O cont			(A)	(B)	(C)	(D) Revenue excluc
				Total revenue	Related or	Unrelated	from tax unde
					exempt function revenue	business revenue	sections 512 - 514
1 a	Federated campaigns	1a	56,401.				
	Membership dues	·····					
	Fundraising events	······					
	Related organizations						
	Government grants (contribut	·····	7,155,434.				
	All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·	,,133,131.				
	similar amounts not included abo		531,715.				
~							
	Noncash contributions included in lines			7 743 550			
n	Total. Add lines 1a-1f			7,743,550.			
	GUADGES FOD SEDUTOE		Business Code	0 512 646	0 512 646		
	CHARGES FOR SERVICE		621990	9,513,646.	9,513,646.		
b	RENT INCOME	<u>.</u>	531120	160,713.	156,913.		3,8
С							
d							
е							
f	All other program service reve	enue					
g	Total. Add lines 2a-2f		►	9,674,359.			
3	Investment income (including	,	,				
	other similar amounts)		►	48,919.			48,9
4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
5	Royalties		►	5,764.	5,764.		
		(i) Real	(ii) Personal				
6 a	Gross rents						
	Less: rental expenses						
с	Rental income or (loss)						
	Net rental income or (loss)		▶				
	Gross amount from sales of	(i) Securities	(ii) Other				
•	assets other than inventory	()	(				
b	Less: cost or other basis						
~	and sales expenses						
~	Gain or (loss)						
	Net gain or (loss)						
	Gross income from fundraisin						
0 a	including \$						
	contributions reported on line	,	213,571.				
<b>b</b>	Part IV, line 18		62,144.				
	Less: direct expenses		02,144.	151 407			151 /
	Net income or (loss) from fund		····· •	151,427.			151,4
9 a	Gross income from gaming ad						
	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam		▶				
10 a	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
С	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a	ENDOWMENT HELD BY OTHE	RS -CHANGE	525920	97,851.			97,8
b							
с							
d	All other revenue						
	Total. Add lines 11a-11d			97,851.			
•				17,721,870.			

CANVAS HEALTH, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor		this Part IX (B)	(0)	X	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.			<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
5	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
4 5	Compensation of current officers, directors,					
5		392,743.		392,743.		
~	trustees, and key employees	552,745.		552,745.		
6	Compensation not included above, to disqualified					
	persons (as defined under section $4958(f)(1)$ ) and					
_	persons described in section 4958(c)(3)(B)	12,210,070.	11,637,482.	385,361.	107 007	
7	Other salaries and wages	12,210,070.	11,037,402.	303,301.	187,227	
8	Pension plan accruals and contributions (include		040.000	24 104	4 200	
	section 401(k) and 403(b) employer contributions)	287,660.	249,229.	34,104.	<u>4,327</u> 3,724	
9	Other employee benefits	1,218,902.	1,133,813.	81,365.	3,724	
10	Payroll taxes	900,829.	832,971.	53,691.	14,167	
11	Fees for services (non-employees):					
а	Management					
b		6,237.		6,237.		
с	Accounting	49,103.		49,103.		
d						
е						
f	Investment management fees	15,995.		15,995.		
g						
5	column (A) amount, list line 11g expenses on Sch O.)	456,767.	444,026.	2,741.	10,000	
12	Advertising and promotion	56,634.	56,634.	,	-,	
13	Office expenses	576,305.	536,060.	26,828.	13,417	
14	Information technology	162,223.	116,356.	35,787.	10,080	
15	Royalties	548,833.	327,798.	212,230.	8,805	
16 17		299,840.	237,943.	61,011.	886	
17	Travel	299,040.	237,943.	01,011.	000	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	12 022	10.045	2 0 0 0		
20	Interest	13,833.	10,945.	2,888.		
21	Payments to affiliates		166 116			
22	Depreciation, depletion, and amortization	466,116.	466,116.			
23	Insurance	205,367.	119,517.	85,850.		
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 0.)					
а	MAINTENANCE	148,158.	148,158.			
b	MISCELLANEOUS	91,871.	31,318.	59,653.	900	
с	DUES AND LICENSES	48,701.	26,571.	21,843.	287	
d	DIRECT CLIENT SUPPORT	21,688.	21,688.			
e			· · ·			
25	Total functional expenses. Add lines 1 through 24e	18,177,875.	16,396,625.	1,527,430.	253,820	
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)

CANVAS	HEALTH,	INC
--------	---------	-----

Pa	πΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
		· · ·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			406,213.	1	356,530.
	2	Savings and temporary cash investments			933,930.	2	441,229.
	3	Pledges and grants receivable, net		671,169.	3	700,957.	
	4	Accounts receivable, net			1,153,234.	4	1,003,231.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9				83,608.	9	63,726
	10a	Land, buildings, and equipment: cost or other		F			
		basis. Complete Part VI of Schedule D	10a	14,761,371.			
	ь	Less: accumulated depreciation		9,899,211.	5,103,738.	10c	4,862,160.
	11	Investments - publicly traded securities			1,950,373.	11	2,217,074.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		F	825,818.	13	825,818.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			622,013.	15	694,458.
	16	Total assets. Add lines 1 through 15 (must equa			11,750,096.	16	11,165,183.
	17	Accounts payable and accrued expenses		1,642,550.	17	1,360,100.	
	18	Grants payable				18	
	19	Deferred revenue	262,688.	19	229,263.		
	20	Tax-exempt bond liabilities		444,104.	20	393,408.	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	office	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties	133,144.	23	136,032.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,482,486.	26	2,118,803.
		Organizations that follow SFAS 117 (ASC 958		k here ► 🔯 and			
Ses		complete lines 27 through 29, and lines 33 an					
ano	27	Unrestricted net assets			6,590,953.	27	6,529,507.
Fund Balances	28	Temporarily restricted net assets			656,644. 2,020,013.	28	424,415. 2,092,458.
pur	29	Permanently restricted net assets	2,020,013.	29	2,092,490.		
		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🛄			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or eq				31	
Net	32	Retained earnings, endowment, accumulated in			9,267,610.	32 33	9,046,380.
	33	Total net assets or fund balances			11,750,096.	33	11,165,183.
	34	Total liabilities and net assets/fund balances			11,750,050.	34	Form <b>990</b> (2017

Form 990 (2017
----------------

Part X | Balance Sheet

	990 (2017) CANVAS HEALTH, INC.	41-	0955577	Pa	ge <b>12</b>
Pa	rt 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	17,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	-45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,26		
5	Net unrealized gains (losses) on investments	5	23	4,7	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,04	6,3	80.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
-	Act and OMB Circular A-133?	5	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				000	

S	Cŀ	ΙE	D	UL	_E	Α	

Department of the Treasury

Internal Revenue Service

(	Form	990	or	990-EZ)
۱	FUIII	990	U	330-LZJ

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nam	ame of the organization Employer identification number								
_			AS HEALTH,						1-0955577
Ра	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	e instruction	S.	
Гhе	orga	nization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	l)(A)(i).		
2	Щ	A school described in <b>sect</b>	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	Χ	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	ifety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section {	5 <b>09(a)(3).</b> (	Check the box in
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	r giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
	_	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	• •		-		-	d an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.			
		ter the number of supported of	•						
g	Pro	ovide the following information			(iv) Is the orga	nization listed	(a) Amount of		(vi) Amount of other
		(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir		support (see instructions)
				above (see instructions))	Yes	No			
Tota	1								

# Schedule A (Form 990 or 990 EZ) 2017 CANVAS HEALTH, INC.

41-0955577 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,837,600.	6,948,452.	6,991,746.	7,579,479.	7,743,550.	36,100,827.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,837,600.	6,948,452.	6,991,746.	7,579,479.	7,743,550.	36,100,827.
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)						
~							26 100 927
	Public support. Subtract line 5 from line 4.						36,100,827.
	• •	(-) 0010	(1-) 0014	(-) 0015	(-1) 0010	(-) 0017	(6) <b>T</b> - + - 1
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 4	6,837,600.	6,948,452.	6,991,746.	7,579,479.	7,743,550.	36,100,827.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 740		20.250	04 000	146 770	446 600
	and income from similar sources $\dots$	103,749.	78,747.	32,358.	84,998.	146,770.	446,622.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						36,547,449.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 47	,397,861.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	98.78 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.99 %
	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2016. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes	-		• • • •	-		
N N	more, and if the organization meets the						
	organization meets the "facts-and-cire						
10	•		•	•			
18	Private foundation. If the organization	п ии пот спеск а І	Jox on line 13, 16a	i, iou, i/a, or i/b	, check this box a	ind see instruction:	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 CANVAS HEALTH, INC.

# 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
5	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and <b>stop here</b>	-					
Se	ction C. Computation of Public						
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
-	ction D. Computation of Invest	-					
	Investment income percentage for <b>20</b>					17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2017.</b> If the						
130	more than 33 1/3%, check this box ar	-					
L	33 1/3% support tests - 2016. If the						
L.	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organizatio	n ala not check a	DUA ULI III IE 14, 19	a, ur 190, check t	Ins DUX and See In		····· 🚩 📖

# 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		
	2		
	20		
	3a		
	3b		
	•		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	00		
	6		
	0		
	7		
	8		
	0		
	9a		
	05		
	9b		
	9c		
	40		
	10a		
	10b		
_			

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
k	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations	~		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ŭ	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	L_		
		-		
k				
Č		truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
- 2				
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ł	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
e e				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
ŀ	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
_				<u> </u>

# Schedule A (Form 990 or 990-EZ) 2017 CANVAS HEALTH, INC.

# 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
	Check here if the surrent year is the ergenization's first as a per functional	-	d T and W as an entire state	

7 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

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	Ŭ
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on 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 (reason-			
	able 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			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
5	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
U	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:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	<b>Supplemental Information.</b> 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

41-0955577

CANVAS	HEALTH,	INC

- <u>3</u>	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

CANVAS HEALTH, INC.

Name of organization

Employer identification number

41-0955577

### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,447,466. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 2,364,688. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 259,696. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 573,245. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 579,639. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 X Person Pavroll 421,198. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

41-0955577

# CANVAS HEALTH, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II No	oncash Property (see instructions). Use duplicate copies of Proceedings of Procee	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- -		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of orga	anization			Employer identification number
	HEALTH, INC.			41-0955577
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described	n section 501(c)(7),	(8) or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this	info.once.) <b>*</b>
(a) No	Use duplicate copies of Part III if addition	nal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Γ		(e) Transfer of gift	·	
	Transferee's name, address, a	and $7IP \pm 4$	Relationshin	of transferor to transferee
-			neidtionamp	
		[		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I			(4)	
-		e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	ind ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
F		(e) Transfer of gift	I	
			Dolotionaki-	of transforor to transforoe
F	Transferee's name, address, a		Relationship	of transferor to transferee

**SCHEDULE D** 

**b** Assets included in Form 990, Part X

732051 10-09-17

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

(Form	990)
-------	------

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



\$ 

Schedule D (Form 990) 2017

	nent of the Treasury Revenue Service	►Go t	o www.irs.gov/Form	Attach to Form 990 for instructio		ormation.		Inspec	tion
	e of the organizat	ion					Employ	/er identificati	
Par	t l Organiz		HEALTH, ING		)thar Similar Fur	do or A		41-0955	
Fai			-				CCOUNT		the
	organizatio	on answered res d	on Form 990, Part IV, li		r advised funds		h) Funds	and other acco	ounts
-	Total number at a	nd of yoor							Junto
			during year)			_			
			g year)			_			
			and donor advisors ir		anota hald in donar a	l dvicod fun	da		
	-		ect to the organization?	-				Yes	
			es, donors, and donor						
	•	•	es, donors, and donor						
	impermissible priv						-	Yes	
Par			nts. Complete if the o						
			s held by the organiza	-		0,1 4111	, 1110 7.		
•			use (e.g., recreation or	· –	Preservation of a h	historically	importan	t land area	
		of natural habitat	use (e.g., recreation of		Preservation of a c				
		n of open space					310110 3110		
2			rganization held a qua	lified conservation	contribution in the fo	orm of a co	nservatio	n easement or	the last
	day of the tax yea		rganization neid a qua					Id at the End of	
	• •		ents				2a		
		tricted by conservat					2b		
	-	•	on a certified historic s		in (a)		20 20		
			ncluded in (c) acquired				20		
							2d		
			nodified, transferred, r				LI	uring the tax	
	year 🕨		, , ,		, <b>,</b>	U		0	
4	Number of states	where property sub	ject to conservation e	asement is locate	d 🕨				
			policy regarding the p			of			
	violations, and en	forcement of the co	nservation easements	it holds?	-			Yes	🗌 No
6	Staff and volunte	er hours devoted to	monitoring, inspecting						e year
7	Amount of expen	ses incurred in moni	itoring, inspecting, har	ndling of violations	, and enforcing conse	ervation ea	asements	during the yea	r
	▶\$								
8	Does each conse	rvation easement re	ported on line 2(d) abo	ove satisfy the req	uirements of section -	170(h)(4)(E	3)(i)		
	and section 170(h	n)(4)(B)(ii)?		-				Yes	
			ation reports conserva					balance sheet	, and
	include, if applica	ble, the text of the fo	ootnote to the organiz	ation's financial st	atements that describ	pes the or	ganization	's accounting	for
	conservation ease								
Par	t III Organiz	ations Maintain	ning Collections	of Art, Histori	cal Treasures, or	r Other	Similar	Assets.	
	Complete	if the organization ar	nswered "Yes" on For	m 990, Part IV, line	e 8.				
1a	If the organization	elected, as permitte	ed under SFAS 116 (A	ASC 958), not to re	port in its revenue sta	atement a	nd balanc	e sheet works	of art,
	historical treasure	es, or other similar as	ssets held for public e	xhibition, educatio	n, or research in furth	erance of	public se	rvice, provide,	in Part XIII,
	the text of the foo	otnote to its financial	I statements that desc	ribes these items.					
b	If the organization	elected, as permitte	ed under SFAS 116 (A	ASC 958), to repor	t in its revenue statem	nent and b	alance sh	eet works of a	rt, historica
	treasures, or othe	r similar assets held	I for public exhibition,	education, or rese	arch in furtherance of	public se	rvice, prov	vide the followi	ng amount
	relating to these i								
	(i) Revenue inclu	uded on Form 990, F	Part VIII, line 1				▶ \$_		
			t X						
			orks of art, historical tr						
			reported under SFAS			<b>C</b> <i>i</i>			
	-	-	· VIII, line 1		-		▶ \$		

Sche	dule D (Form 990) 2017 CANVAS	HEALTH, INC	2.				41-09	5557	7 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Historical Ti	reasures,	or Othe	er Simil	ar Asse	e <b>ts</b> (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	e following that	at are a s	ignificant	use of its	collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d		change progr	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	how they further	the organizat	ion's exe	mpt purp	ose in Pai	t XIII.		
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be m		Ŭ					Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered	"Yes" on	Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							٦		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	It	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T 00	Ending balance Did the organization include an amount on F							Yes		Na
	If "Yes," explain the arrangement in Part XIII						······ ∟			_ No □
Par							<u></u>	<u></u>		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears hack	(e) Fou	r vears	hack
1a	Beginning of year balance	817,558.	763,695		2,104.		/35,834.			259.
h	Contributions		,		_,		,		,	· •
c c	Net investment earnings, gains, and losses	127,753.	55,882	-1	8,409.		46,270.		120	575.
d	Grants or scholarships	, -	,	-	, .		,		,	
	Other expenditures for facilities									
-	and programs	25,406.	2,019							
f	Administrative expenses	,								
g	End of year balance	919,905.	817,558	. 76	3,695.	7	82,104.		735,	834.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (	a)) held as:				•		
а	Board designated or quasi-endowment	2.00	%							
b	Permanent endowment  81.00	%	_							
с	Temporarily restricted endowment ▶ 1	7.00 %								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administe	ered for t	he organi	zation			
	by:								Yes	No
	(i) unrelated organizations							. 3a(i)	Х	
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?	?				. 3b		
4	Describe in Part XIII the intended uses of the	0	wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990								
	Description of property	(a) Cost or ot		t or other		ccumulate		( <b>d)</b> Boo	k valu	е
		basis (investm	,	(other)	dep	oreciation		1 77	<u> </u>	<u> </u>
	Land			50,665.		147 0	60	1,76		
	Buildings			39,922.	<u>о,</u>	$\frac{147,2}{22,1}$		2,79		
	Leasehold improvements			57,798.		33,1 718,7			4,6 4,2	
	Equipment		3,95	92,986.	з,	110,1	15.	41	4,4	<u>+ + •</u>
	Other		V aglumr (D) list	100)				4,86	2 1	60
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	л, coiumn (B), line	10C.)	<u></u>					

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.	an Farm 000 Dart IV line	11b Coo Form 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
3) Other			
-			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) INVESTMENT IN LIMITED			
(2) PARTNERSHIP	825,818.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	825,818.		
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
.,	Description		(b) Book value
(1) ENDOWMENT FUNDS HELD BY C	THERS		694,458
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		694,458
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 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ►		

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 I

Sche	edule D (Form 990) 2017 CANVAS HEALTH, INC.			41-	0955577 Page	4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	18,002,794	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	234,775.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	234,775	
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,768,019	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	15,995.			
b	Other (Describe in Part XIII.)	. 4b	-62,144.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	-46,149	
E	Tatal variables Add lines 2 and 4 (This must sound form 000 Port 1 line 12)			5	17,721,870	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•		٠
	rt XII Reconciliation of Expenses per Audited Financial Staten			•		•
		nents Wit		Retu	irn.	
	rt XII Reconciliation of Expenses per Audited Financial Staten	n <b>ents Wit</b> a.	h Expenses per	•		
Pa	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents Wit</b> a.	h Expenses per	Retu	irn.	
<b>P</b> a	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	irn.	
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a. 2a	h Expenses per	Retu	irn.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses per	Retu	irn.	
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	h Expenses per	Retu	ırn. 18,224,024	<u>·</u>
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per	Retu	<b>irn.</b> <u>18,224,024</u> 0	<u>.</u>
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per		ırn. 18,224,024	<u>.</u>
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	1 2e 3	<b>irn.</b> <u>18,224,024</u> 0	<u>.</u>
Pa 1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2d	h Expenses per	1 2e 3	<b>irn.</b> <u>18,224,024</u> 0	<u>.</u>
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	h Expenses per	1 2e 3	ırn. 18,224,024 0 18,224,024	· ·
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d           4a           4b	h Expenses per 15,995. -62,144.	2e 3	<b>Irn.</b> <u>18,224,024</u> 0 <u>18,224,024</u> -46,149	· · ·
Pa           1           2           a           b           c           d           a           b           c           d           b           c           3           4           b           c           5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d           4a           4b	h Expenses per 15,995. -62,144.	1 2e 3	ırn. 18,224,024 0 18,224,024	· · ·

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 V, LINE 4:

CANVAS HEALTH, INC IS THE NAMED BENEFICIARY OF THE FUNDS. NET INCOME OF

THE FUNDS IS AVAILABLE FOR DISTRIBUTION ANNUALLY TO CANVAS HEALTH, INC

BASED ON THE SPENDING POLICIES OF THE FOUNDATION. THE PRINCIPAL WILL

ORDINARILY BE PRESERVED AND MAINTAINED AS AN ENDOWMENT.

PART X, LINE 2:

GAAP PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX

POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS

MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION

BY TAXING AUTHORITIES. MANAGEMENT BELIEVES CANVAS HEALTH, INC. HAS NO

UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR 732054 10-09-17 Schedule D (Form 990) 2017

# BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD.

Part XIII Supplemental Information (continued)

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

# SPECIAL FUNDRAISING EXPENSES REPORTED NET WITH REVENUE ON

# FORM 990

PART XII, LINE 4B - OTHER ADJUSTMENTS:

# SPECIAL FUNDRAISING EXPENSES REPORTED NET WITH REVENUE ON

# FORM 990

732055 10-09-17

-62,144.

-62,144.

(Form 990 or 990-EZ) Complete if the	e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 9 5,000 c or For	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization	HEALTH, INC.					Employer i	dentification number 5577
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
<ol> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ol>	e Solicitat f Solicitat g Special or oral agreement with any individual 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of r tion of g fundra (includ rofessi	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	<b>Y</b>	es No o be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	trol of	(iv) Gross receipts from activity	tò (e	Amount paic or retained by fundraiser ted in col. (i)	
		Yes	No				
Total	1	· · · · ·					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notifie	d it is	exempt from	n registration

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

Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			-	ots greater than \$5,000.
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 FOOD AND WINE	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	38,272.	88,501.	86,798.	213,571.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	38,272.	88,501.	86,798.	213,571.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs	12,158.			12,158.
Direct Expenses	7	Food and beverages		21,841.		21,841.
	8	Entertainment				
		Other direct expenses			28,145.	28,145.
		Direct expense summary. Add lines 4 throug			►	62,144.
_	11	Net income summary. Subtract line 10 from I				151,427.
Pa	irt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	a Dull to be for stant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	-	Gross revenue				
ses	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Direct	4	Rent/facility costs				

	6 Volunteer labor	└── Yes ′ └── No	% 🛄 Yes 🔲 No	%   Yes No	%		
	7 Direct expense summary. Add lines 2 through	n 5 in column (d)			►		
	8 Net gaming income summary. Subtract line 7	from line 1, column (	d)		►		
9	<b>9</b> Enter the state(s) in which the organization condu	ucts gaming activities:					
	<b>a</b> Is the organization licensed to conduct gaming ac <b>b</b> If "No," explain:	ctivities in each of the	se states?			Yes	No No
	<b>0a</b> Were any of the organization's gaming licenses re <b>b</b> If "Yes," explain:	evoked, suspended, o	r terminated during t	he tax year?		Yes	No No

Other direct expenses

5

Sch	nedule G (Form 990 or 990-EZ) 2017 CANVAS HEALTH, INC. 41-	0955	5577	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
k	b An outside facility	. 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
ĸ				
	of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			


(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Componentation answered 'Yes' on Form 990, Part IV, line 23.	SCHEDULE J	Compensation Information	1	OMB No.	1545-00	47		
Description of the Theory International Structure Control State Structure Description of the	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2017				
Department         Department <thdepartment< th="">         Department         Departme</thdepartment<>				2017				
Name of the organization       P do 0 Whith agent on the order inductions and the fields monitoning of the field of the f		Attach to Form 990.		-		ic		
CANVAS HEALTH, INC.         41-0955577           Part I         Questions Regarding Compensation         Image: Compensation of 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 terms.         Image: Complete Part III to provide any relevant information regarding these terms.         Image: Complete Part III to provide any relevant information regarding these terms.         Image: Complete Part III to provide any relevant information regarding the set terms.         Image: Complete Part III to provide any relevant information regarding the set terms.         Image: Complete Part III to provide any relevant information regarding payment or reintbursament or provision of all of the expanses described adopted Part III to complete Part III to complete Part III to provide any relevant information regarding payment or reintbursament or provision of all of the expanses described adopted PI II'No. Complete Part III to explain .         Image: Complete Part III to provide any relevant information set to set the set to the organization reguler substantiation prior to reimbursing or allowing sepanses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.         Image: Compensation committee         Image: Ceo/Executive Director, but explain in Part III.         Image: Ceo/Executine Ceo/Executive Dimage: Ceo/Executive			Employer id			mher		
Part1       Questions Regarding Compensation       Yes       No         ************************************	Name of the organizatio							
a 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.         Yes         No           B Check the appropriate box(es) if the organization provided any relevant information regarding these items.         Housing allowance or residence for personal resonal use induces the organization of prostup payments         Health or social club dues or inflation fees           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 allowork? If No, Complete Part III to provide any relevant box on the social club dues or inflation fees         Ite           2 Indicate which, if any, of the following the filing organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, part vili, Section A, line 1a?         Ite         Ite           3 Indicate which, if any, of the following the filing organization used to establish the compensation committee         Xer written employment contract         Ite           Compensation committee         Xer written employment contract         Xer written employment contract         Ite           Contrig 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:         Xer written employment?         Ker Xer           4 During the year, did any person listed on Form 990, Part VII, Section A, line 1	Part I Question		_ <u>+</u> 1 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/			
1a         Check the appropriate box(es) if the organization provide any relevant information regarding these items.           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Prist-Class or charter travel         Housing allowance or residence for personal use         Payments for business use of personal residence           Travel for comparions         Payments for business use of personal residence         Housiness use or initiation fees           Discretionary spending account         Personal services (such as, maid, chauffeur, chef)         Ite           2         Indicate which, if any, of the following the filing organization regulary or allowing expresses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         2           3         Indicate which, if any, of the following the filing organization used to establish for compensation organization surgers or study         Compensation committee         2           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:         X         X           9         Participate in, or receive payment from, an equity-based compensation for attill.         X         X           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organiza					Yes	No		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Print-class or charter travel       Polyments for business use of personal escience         Tax indemnification and gross-up payments       Pearion social club dues or initiation fees         Discretionary spending account       Personal envices (such as, maid, chartfler, cheft)         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.       10         2       Dut the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.       0         3       Indicate which, if any, of the following the filing organization used to establish the compensation committee       12       1         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       13       Norther employment contract       14       14         Imdigenedant companisation consultant       13       Compensation committee       14       14       14       14         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committe	1a Check the appropriate	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990.		100			
First-class or charter travel Housing allowance or residence for personal use   Travel for companions Payments for business use of personal residence   Tax indemntification and gross-up payments 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 reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain   c Did the organization requires substantiation prior to reintbursing or allowing expenses incurved by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   c Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization regulated Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish the compensation of the CEO/Executive Director, but explain in Part III.   c Compensation committee X Compensation committee   d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:   a Receive a severance payment from, an equity based compensation arrangement?   if "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.   Ohy section 501(c(3), 501(c)(4), and 501(c)(29) organization may caccue any compensation committee   b Any related organization?   if "Yes" to any of lines 5ab, describe in Part III.   6a X X   b Any related organization?   if "Yes" to any of lines 5ab, describe in Part III.   6a X X   b Any related organization? </th <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td>			,					
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Personal services (such as, maid, chauffeur, chef)         Ib 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       Ib         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?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are alted organization:       3         a Receive a severance payment from, a supplemental nonqualified retirement plan?       4a       X         C Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         C Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         C Participate in, or receive payment from, a supplemental nongualified retirement plan?       4b       X         C Participate in, or receive payment from, a supu			onal use					
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       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       1b         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?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       X       Written employment contract         Independent compensation consultant       X       Compensation committee         Approval by the board or compensation committee       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         c Participate in, or receive payment from, as explemental nonqualified retirement plan?       4a       X         c Participate in, or receive payment from, as equity-based compensation arrangement?       4a       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5b <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
Discretionary spending account       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.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is certables compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the filing organization used to establish the compensation of the ceramitation or the CEO/Executive Director, but explain in Part III.       2         6       Compensation committee       X       Written employment contract         1       Compensation committee       X       Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         5       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6       Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         6       Participate in, or receive payment from, an equ								
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         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?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. but explain in Part III.       2         Compensation committee       X       Xiften employment contract         Impedment compensation consultant       X Orgenesation array or study         Form 990 of other organization:       X 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:       4a       X         B       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization on files 4ac, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Ohy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X								
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       X Written employment contract       1         Compensation committee       X Written employment contract       1         Portigenedent compensation comsultant       X Compensation survey or study       1         Portigenedent compensation comsultant       X Approval by the board or compensation committee       4         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         b Any related organization?       5a       X         f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(X), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5       5b       X         f "Yes" to nine 6a or 5b, describe in P								
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?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       X       Written employment contract       2         Independent compensation consultant       X       Compensation committee       4a       X         9       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.       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         9       Participate in, or receive payment from, a supplemental compensation pay or accrue any compensation contingent on the revenues of:       5a       X         10       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X	<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all the applicable are poly of the organization to establish compensation consultant       Image: Ceo/Executive Director. Check all the applicable are poly of the applicable are poly of the applicable are aseverance payment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:       5a	reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		. 1b				
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 committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish 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:       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used to the filing organization or a related organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization roomitingent on the revenues of.       Image: Ceo/Executive Director. Check all the applicable amounts for each item 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:       Image: Ceo/Executive Director. Check any nonfixed payments not desoribed on lines 5 and 67 if "Yes," describe in Part III.         7<	2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation consultant</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Compensation or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Conjusction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> <li>The organization?</li> <li>Any related organization?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe</li></ul>	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2				
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation consultant</li> <li>Compensation committee</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Compensation or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Conjusction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> <li>The organization?</li> <li>Any related organization?</li> <li>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:</li> <li>The organization?</li> <li>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:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe</li></ul>								
establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:             <ul> <li>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> </ul> <ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:             <ul> <li>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:             <ul> <li>The organization?</li> <li>If "Yes" on line 6a or 6b, describe</li></ul></li></ul></li></ul></li></ul>	3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's					
Compensation committee       X       Written employment contract         Independent compensation consultant       X       Compensation survey or study         Form 990 of other organizations       X       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:       4a       X         a       Receive a severance payment or change of control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         f "Yes" on line 5a or 5b, describe in Part III.       5a       X         d       Any related organization?       5a       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         b       Any related organization?       6a       X	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to					
Independent compensation consultant       Image: Compensation survey or study         Form 990 of other organizations       Image: Compensation survey or study         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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         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       a         a       The organization?       6a       X       X         b       Any related organization? </th <td>establish compens</td> <td>ation of the CEO/Executive Director, but explain in Part III.</td> <td></td> <td></td> <td></td> <td></td>	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
Form 990 of other organizations       Image: 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:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         h "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       6a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         f 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:       6a       X         a The organization?       6a       X       X         f "Yes" on line 6a or 6b, describe in Part III. <td< th=""><td>Compensatio</td><td></td><td></td><td></td><td></td><td></td></td<>	Compensatio							
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X	Independent							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X       J       J       Y         b Any related organization?       5b       X       J       J       J         contingent on the retearnings of:       a The organization?       5a       X       J         f "Yes" on line 6a or 6b, describe in Part III.       6a       X       J </th <td>Form 990 of c</td> <td>ther organizations</td> <td>committee</td> <td></td> <td></td> <td></td>	Form 990 of c	ther organizations	committee					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X       1f       Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.								
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization? <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         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.       7       X	•	•				37		
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         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:       5a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported 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.       7       X         <								
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: constraint of 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.       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:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initital contract exception described in Regulations section 53.4958-4(								
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:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 <td colspan="4"></td> <td></td> <td></td>								
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in R	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9 <th>0-1</th> <th></th> <th></th> <th></th> <th></th> <th></th>	0-1							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9			·					
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			.011					
b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	•			<b>F</b> -		x		
If "Yes" on line 5a or 5b, describe in Part III.       Image: Section 4, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Section 4, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         Image: The organization?       Image: Section 8, line 1a, did the organization pay or accrue any compensation       Image: Section 8, line 1a, did the organization pay or accrue any compensation         Image: Section 1       Image: Section 1       Image: Section 1       Image: Section 1         Image: Section 1       Image: Section 1       Image: Section 1       Image: Section 1         Image: Section 1       Image: Section 1       Image: Section 1       Image: Section 1       Image: Section 1         Image: Section 1								
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				00				
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9			ion					
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			on					
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				63		x		
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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
<ul> <li>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</li></ul>								
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			ïS					
<ul> <li>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</li></ul>				7		Х		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	•			8		X		
Regulations section 53.4958-6(c)?								
				9				
					n 990	) 2017		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MATT EASTWOOD	(i)	146,490.	0.	0.	2,919.	6,519.	155,928.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELENA ROSAS	(i)	190,580.	0.	0.	3,698.	6,782.		0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

41-0955577

# 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.

Schedule J (Form 990) 2017

Name of the organization       Employer identification number \$1-0955577         Security of color same       (a) issuer EIN       (a) CUSIP #       (a) Date issued       (a) Date issue in the organization       The organization       The organization         CITY OF COTTAGE GROVE, A MINNESOTA       A 1-6008286       NONE       12/22/04       935,000. PACILITY       X	SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	-	Complete if the organ	nization answer xplanations, and	d any additional ii	990, Part IV Information in	, line 24a. n Part VI.	. Provide descri	ptions,			Ор	20	. 1545-0 <b>)17</b> Public on	
Part II       Bond Issues       (a) Issuer name       (b) Issuer EIN       (c) CUSIP #       (d) Date Issued       (e) Issue price       (f) Description of purpose       (g) Datesation (h) (h) Inhibital       (h) Pooled         CITY OF COTTAGE GROVE, A MINNESOTA       41-6008286       NONE       12/22/04       935,000.FACILITY       X       X       X       X         B	Name of the organizat		LTH. INC.											n nun	nber
And the second secon	Part I Bond Issue		,								-		-		
CITY OF COTTAGE GROVE, A MINRESOTA       No Yes       No       Y	(a)	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issu	ue price	(f) Descripti	on of purpose	<b>(g)</b> De	efeased	· ·			
A MINNESOTA       41-6008286       NONE       12/22/04       935,000.FACILITY       X <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>—<u> </u></td></th<>															— <u> </u>
A MINNESOTA       41-6008286       NONE       12/22/04       935,000.FACILITY       X <th< td=""><td></td><td>OTTACE GROVE</td><td></td><td></td><td></td><td></td><td></td><td>ACOUTRE/</td><td>REMODEL</td><td>Yes</td><td>NO</td><td>Yes</td><td>NO</td><td>Yes</td><td>NO</td></th<>		OTTACE GROVE						ACOUTRE/	REMODEL	Yes	NO	Yes	NO	Yes	NO
B       A       B       C       D         Part II       Proceeds       541,592.       D         2       Amount of bonds regally defased       935,000.       D         3       Total proceeds of assue       935,000.       D         4       Gross proceeds in resurve funds       F       F         5       Capitalize lattress from proceeds       935,000.       F         6       Proceeds       F       F         7       Issuance costs from proceeds       18,700.       F         8       Capitalize Intress from proceeds       916,300.       F         10       Capitalize Apenditures from proceeds       F       F         12       Other unspent proceeds       916,300.       F       F         13       Year of substantial completion       Z004       F       F         14       Were the bonds issued as part of a urrent refunding issue?       X       K       K       K         14       Were the bonds issued as part of an advance refunding issue?       X       K       K       K         15       Were the bonds issued as part of an advance refunding issue?       X       K       K       K       K         16       Hasthe final			41-6008286	NONE	12/22/04	1 935					x		х		x
C       A       B       C       D         PartII       Proceeds       541,592.       - <td></td> <td></td> <td></td> <td></td> <td>/</td> <td></td> <td>,</td> <td>[</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u> </u></td>					/		,	[							<u> </u>
C       A       B       C       D         PartII       Proceeds       541,592.       - <td>В</td> <td></td>	В														
D       Amount of bonds retired       A       B       C       D         1       Amount of bonds retired       541,592.       -															
PartII       Proceeds       A       B       C       D         2       Amount of bonds retired       541,592.	С														
PartII       Proceeds       A       B       C       D         2       Amount of bonds retired       541,592.															
A       B       C       D         1       Amount of bonds retired       541,592.	D														
1       Amount of bonds retired       541,592.         2       Amount of bonds legally defeased       935,000.         3       Total proceeds of issue       935,000.         4       Gross proceeds in reserve funds       5         5       Capitalized interest from proceeds       6         6       Proceeds in refunding escrows       7         7       Issuance costs from proceeds       18,700.         8       Credit enhancement from proceeds       9         9       Working capital expenditures from proceeds       9         10       Capital expenditures from proceeds       9         11       Other unspent proceeds       9         12       Other unspent proceeds       1         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         14       Were the bonds issued as part of an advance refunding issue?       X         15       Were the final allocation of proceeds?       X         16       Has the final allocation of proceeds?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         17       Does the organization a partner in a p	Part II Proceeds				i				i						
2       Amount of bonds legally defeased       935,000.         3       Total proceeds of issue       935,000.         4       Gross proceeds in reserve funds          5       Capitalized interest from proceeds          6       Proceeds in refunding escrows          7       Issuance costs from proceeds          8       Credit enhancement from proceeds          9       Working capital expenditures from proceeds          9       Working capital expenditures from proceeds          10       Capital expenditures from proceeds          11       Other unspent proceeds           12       Other unspent proceeds           13       Year of substantial completion       2004           14       Were the bonds issued as part of a current refunding issue?       X            15       Were the final allocation of proceeds is and records to support the final allocation of proceeds?       X            14       Were the bonds issued as part of a nativance refunding issue?       X             15       Were the final allocation of proceeds	1 Amount of bond	s retired						В	C				D		
4 Gross proceeds in reserve funds       5 Capitalized interest from proceeds       6         6 Proceeds in refunding escrows       7       15 usance costs from proceeds       18 , 700 .         8 Credit enhancement from proceeds       18 , 700 .       7         9 Working capital expenditures from proceeds       9       9         10 Capital expenditures from proceeds       9       9         11 Other spent proceeds       9       9         12 Other unspent proceeds       10       10         13 Year of substantial completion       2004       10         15 Were the bonds issued as part of a current refunding issue?       X       10         15 Were the bonds issued as part of an advance refunding issue?       X       10         16 Has the final allocation of proceeds been made?       X       10         17 Does the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X       10         18 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X       10         2 Are there any lease arrangements that may result in private business use of       X       10       10															
5       Capitalized interest from proceeds       Image: construction of proceeds         6       Proceeds in refunding escrows       Image: construction of proceeds         7       Issuance costs from proceeds       Image: construction of proceeds         9       Working capital expenditures from proceeds       Image: construction of proceeds         9       Working capital expenditures from proceeds       Image: construction of proceeds         10       Capital expenditures from proceeds       Image: construction of proceeds         11       Other unspent proceeds       Image: construction of proceeds         12       Other unspent proceeds       Image: construction of proceeds         13       Year of substantial completion       Image: construction of proceeds         14       Were the bonds issued as part of a current refunding issue?       Image: construction of proceeds?         15       Were the load isoued as part of an advance refunding issue?       Image: construction maintain adequate books and records to support the final allocation of proceeds?       Image: construction maintain adequate books and records to support the final allocation of proceeds?         16       Has the final allocation of proceeds?       Image: construction maintain adequate books and records to support the final allocation of proceeds?       Image: construction construction apartner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       <						35,000.									
6       Proceeds in refunding escrows       18,700.         7       Issuance costs from proceeds       18,700.         8       Credit enhancement from proceeds       9         9       Working capital expenditures from proceeds       916,300.         10       Capital expenditures from proceeds       916,300.         11       Other spent proceeds       916,300.         12       Other unspent proceeds       1         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         15       Were the bonds issued as part of an advance refunding issue?       X         16       Has the final allocation of proceeds been made?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         17       Does the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X         1       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X         2       Are there any lease arrangements that may result in private business use of       X       Image: Context and the second s	4 Gross proceeds	in reserve funds													
7       Issuance costs from proceeds       18,700.         8       Credit enhancement from proceeds       9         9       Working capital expenditures from proceeds       916,300.         10       Capital expenditures from proceeds       916,300.         11       Other unspent proceeds       10         12       Other unspent proceeds       10         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         15       Were the bonds issued as part of an advance refunding issue?       X         16       Has the final allocation of proceeds to support the final allocation of proceeds?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         11       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X         2       Are there any lease arrangements that may result in private business use of       X	5 Capitalized inter	est from proceeds													
8       Credit enhancement from proceeds       9         9       Working capital expenditures from proceeds       916,300.         10       Capital expenditures from proceeds       916,300.         11       Other spent proceeds       916,300.         12       Other unspent proceeds       916,300.         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         15       Were the bonds issued as part of an advance refunding issue?       X         16       Has the final allocation of proceeds?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         17       Does the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X         2       Are there any lease arrangements that may result in private business use of       X	6 Proceeds in refu	Inding escrows													
9       Working capital expenditures from proceeds       916,300.         10       Capital expenditures from proceeds       916,300.         11       Other spent proceeds						18,700.									
10       Capital expenditures from proceeds       916,300.         11       Other spent proceeds       12         12       Other unspent proceeds       2004         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         15       Were the bonds issued as part of an advance refunding issue?       X         16       Has the final allocation of proceeds been made?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         17       Does the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X         2       Are there any lease arrangements that may result in private business use of       X															
11       Other spent proceeds						C 200	ļ								
12       Other unspent proceeds       2004         13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X         15       Were the bonds issued as part of an advance refunding issue?       X         16       Has the final allocation of proceeds been made?       X         17       Does the organization maintain adequate books and records to support the final allocation of proceeds?       X         17       Does the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       A       B       C       D         1       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X       Image: start of the may result in private business use of       Image: start of the may result in private business use of       Image: start of the may result in private business use of					9.	16,300.									
13       Year of substantial completion       2004         14       Were the bonds issued as part of a current refunding issue?       X       No       Yes       No       Yes       No         14       Were the bonds issued as part of a current refunding issue?       X       Image: Constraint of the state of the state of the state of the state of the organization of proceeds been made?       X       Image: Constraint of the state of the state of the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       A       B       C       D         1       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       X       Image: Constraint of the state of	I I														
Yes       No       Yes       No       Yes       No       Yes       No         14       Were the bonds issued as part of a current refunding issue?       X       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       X       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Constraint of the bonds issued as part of an advance refunding issue?       Image: Conste bonds issued aset advance refunding issue						004									
14       Were the bonds issued as part of a current refunding issue?       X       Image: Constraint of the second seco	13 Year of substant	tial completion									_				
Image: Non-order backet as part of an advance refunding issue?       X       X       X       Image: Non-order backet as part of an advance refunding issue?         16       Has the final allocation of proceeds been made?       X       Image: Non-order backet as part of an advance refunding issue?       X       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance refunding issue?       Image: Non-order backet as part of an advance as part of an advance refunding issue?       Image: Non-order backet as part of an advance as part of proceeds?       Image: Non-order backet as part of an advance as part of an advance as part of proceeds?       Image: Non-order backet as part of an advance as part of proceeds?       Image: Non-order backet as part of advance as part of proceeds?       Image: Non-order backet as part of advance as part of proceeds?       Image: Non-order backet as part of proceeds?       Image: Non-order bad		increase and an entert of a community	eft un dien nie er en O				Yes	NO	Yes	NO		Yes	_	NO	
Idea to be the bende isobace as part of an advance formating location in the final allocation of proceeds been made?       X       Image: Constraint of the bende isobace as part of an advance of the final allocation of proceeds?         16       Has the final allocation of proceeds been made?       X       Image: Constraint of the bende isobace as part of an advance of the bende isobace as part of the final allocation of proceeds?       X       Image: Constraint of the bende isobace as part of the be															
Image: A matrix and a problem of a proceed sector matrix and equate books and records to support the final allocation of proceeds?       X       Image: A matrix and a matrix and equate books and records to support the final allocation of proceeds?         Part III       Private Business Use       A       B       C       D         1       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       Yes       No       Yes       No       Yes       No         2       Are there any lease arrangements that may result in private business use of       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of the property financed by tax-exempt bonds?       Image: Construction of tax exempt bonds?       Image: Construction of tax ex		•			v										
Part III     Private Business Use       1     Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?     A     B     C     D       2     Are there any lease arrangements that may result in private business use of     X     Image: Construction of the private business use of     Image: Construction of the private business use of		•											-		
A       B       C       D         1       Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?       Yes       No       Yes       Yes       No       Yes       Yes       No       Yes       Yes       No       Yes       Ye	ÿ	· · · · · · · · · · · · · · · · · · ·	is to support the final allocation	Tor proceeds?											
I Was the organization a partner in a partnership, or a member of an LLC,       Yes       No       Yes       No       Yes       No       Yes       No         which owned property financed by tax-exempt bonds?       X								B	C				D		
which owned property financed by tax-exempt bonds?     X        2     Are there any lease arrangements that may result in private business use of     Image: Comparison of the text of	1 Was the organiz	ation a partner in a partners	hip, or a member of an	LLC.		-	Yes		Ť.	No		Yes	Ť	No	
2 Are there any lease arrangements that may result in private business use of	•		• *	•											
													+		
						Х									

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### Schedule K (Form 990) 2017 CANVAS HEALTH, INC. Part III Private Business Use (Continued)

41-0955577

Page **2** 

		Α		В		Ç		2
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		1						<u> </u>
of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections				//		//		
1.141-12 and 1.145-2?								
<ul><li>9 Has the organization established written procedures to ensure that all nonqualified</li></ul>								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		x						
Part IV Arbitrage						1		1
		A		В		С	Г	)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?		1		1				
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						1		
performed								
3 Is the bond issue a variable rate issue?	X	1		1		1		
<ul><li>4a Has the organization or the governmental issuer entered into a qualified</li></ul>								
hedge with respect to the bond issue?		x						
	N/A			1				L
c Term of hedge		X						1
d Was the hedge superintegrated?		X						<u> </u>
e Was the hedge terminated?		Δ						1

#### CANVAS HEALTH, INC. Schedule K (Form 990) 2017

41-0955577

Page 3

Part IV	Arbitrage (Continued)	
---------	-----------------------	--

Ра	TIV Arbitrage (Continued)								
			Α	E	3		<u>ə</u>	1	2
		Yes	No	Yes	No	Yes	No	Yes	No
58	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
		N/A					·		-
5a       Were gross proceeds invested in a guaranteed investment contract (GIC)?       X       I       I         b       Name of provider       N/A       I       I       I         c       Term of GIC       I       I       I       I         d       Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?       X       I       I         6       Were any gross proceeds invested beyond an available temporary period?       X       I       I         7       Has the organization established written procedures to monitor the requirements of section 148?       X       I       I         Part V       Procedures To Undertake Corrective Action       A       B       C       D									
			X						
			x						
Pa					1		<u>.</u>		<u> </u>
			Α	- E	3			I	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of								
	• • • • • • • • • • • • • • • • • • • •		v						
_									L
Pa	t VI Supplemental Information. Provide additional information for responses to question	ns on Schedu	le K. See inst	ructions					
		Yes       No       Yes <t< td=""></t<>							

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



41-0955577

CANVAS HEALTH, INC.

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

3. CRISIS CONNECTION - PROVIDES QUALIFIED COUNSELORS WHO ARE ABLE TO

RESPOND TO ANY PROBLEM 24 HOURS A DAY, 365 DAYS A YEAR BY PHONE OR

TEXT. COUNSELORS HELP THE CALLER REACH A PLACE OF EMOTIONAL AND

PHYSICAL SAFETY AND THEN DIRECT THE CALLER TO AVAILABLE COMMUNITY

RESOURCES THAT OFFER LONGER-TERM SUPPORT.

4. ADULT DAY TREATMENT - PROVIDES A SERIES OF SKILLS DEVELOPMENT

PROGRAMS, INTEGRATED DUAL DISORDER TREATMENT PROGRAM (MENTAL HEALTH AND

CHEMICAL HEALTH) AND DIALECTICAL BEHAVIOR THERAPY (DBT).

5. ADULT REHAB MENTAL HEALTH SERVICES (ARMHS) - PROVIDED MENTAL HEALTH

REHABILITATION SERVICES TO HELP AFFECTED INDIVIDUALS RECOVER TO THE

POINT WHERE THEY CAN MANAGE THEIR LIVES . SKILLS DEVELOPMENT PROGRAMS

FOCUS ON: COMMUNITY RESOURCE UTILIZATION, MEDICATION MONITORING,

SYMPTOM MANAGEMENT, USE OF TRANSPORTATION, HOUEHOLD MANAGEMENT, AND

MANY OTHERS.

6. VOCATIONAL - PROVIDES TWO VOCATIONAL SERVICES PROGRAMS TO HELP

INDIVIDUALS SEEK AND ATTAIN EMPLOYMENT, AND TO DEVELOP SKILLS TO HELP

THEM MAINTAIN EMPLOYMENT.

7. SERVICE COODINATION - COORDINATORS WORK IN CONJUNCTION WITH PROPERTY

MANAGEMENT COMPANIES THAT PROVIDE HOUSING FOR SENIORS AND DISABLED

INDIVIDUALS. THE GOAL IS TO HELP RESIDENTS REMAIN IN STABLE HOUSING

AND ALLOW THEM TO LIVE INDEPENDENTLY IN A BUILDING.

8. PSYCHOLOGICAL - PROVIDES ASSESSMENT INFORMATION AND CONSULTATION TO

THE COUNTY, COURT SYSTEM, CANVAS HEALTH CLINICIANS AND OTHER AGENCIES

THROUGH COMPREHENSIVE PSYCHOLOGICAL EVALUATIONS.

9. CRISIS CLINIC - OFFERS SAME DAY AND NEXT DAY APPOINTMENTS FOR

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization CANVAS HEALTH, INC.	Employer identification number 41-0955577
WASHINGTON COUNTY RESIDENTS EXPERIENCING A MENTAL HEALTH	CRISIS.
10. MOBILE CRISIS - RESPONDS TO MENTAL HEALTH CRISIS OR E	MERGENCIES
WITH FACE-TO-FACE ASSESSMENT, INTERVENTION AND STABILIZAT	ION SERVICES
AT HOME, SCHOOL OR IN THE COMMUNITY.	
11. ABUSE RESPONSE - SERVES VICTIMS OF SEXUAL ASSAULT AND	) TEEN
RELATIONSHIP ABUSE IN WASHINGTON COUNTY.	
12. TEXT4LIFE - A TEXTING BASED SERVICE DELIVERY MODEL WE	IICH PROVIDES
QUALIFIED COUNSELORS WHO ARE ABLE TO RESPOND TO ANY PROBL	LEM 12 HOURS A
DAY, 365 DAYS A YEAR.	
13. HOUSING - ASSISTS ADULTS WITH MENTAL ILLNESS AND CHEM	IICAL HEALTH
DISABILITIES IN OBTAINING AND MAINTAINING SAFE, AFFORDABI	LE AND STABLE
HOUSING.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	INTS:
COORDINATING, MONITORING AND PLANNING MENTAL HEALTH SERVI	ICES.
4. IN HOME FAMILY TREATMENT - PROVIDES FLEXIBLE, CULTURAL	LY COMPETENT
IN-HOME AND COMMUNITY BASED THERAPY AND TREATMENT SERVICE	S THAT WORK TO
BUILD POSITIVE FAMILY RELATIONAL PATTERNS AND REDUCE DISF	UPTIVE
BEHAVIORS. THIS PROGRAM FOCUSES ON REDUCING THE NEED FOR	OUT OF HOME
PLACEMENT IN RESIDENTIAL LEVEL OF CARE. ALSO PROVIDES IN	NDIVIDUAL AND
GROUP SKILLS DEVELOPMENT TO TRANSITION AGE YOUTH.	
5. THERAPEUTIC SUPPORT - IN COLLABORATION WITH TWO LOCAL	SCHOOL
DISTRICTS, STAFF ARE ON SITE TO PROVIDE MENTAL HEALTH SEF	VICES TO
CHILDREN WHO ARE SEVERELY AND EMOTIONALLY DISTURBED, AND	TO PROVIDE
CONSULTATION AND ASSISTANCE TO SPECIAL EDUCATION TEACHERS	3 AND THEIR
STAFF.	
6. THERAPEUTIC LEARNING CENTER - DAY TREATMENT SERVICES F	ROVIDED FOR
THREE HOURS FACH DAY SERVICES ARE PROVIDED IN A CENTER-	-BAGED DATLV

THREE HOURS EACH DAY. SERVICES ARE PROVIDED IN A CENTER-BASED DAILY
732212 09-07-17
Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization CANVAS HEALTH, INC.	Employer identification number $41 - 0955577$
THERAPEUTIC AND EDUCATIONAL ENVIRONMENT FOR CHILDREN AGES	11 TO 15
WHOSE MENTAL HEALTH NEEDS ARE SIGNIFICANTLY IMPACTING ALL	AREAS OF
DAILY FUNCTIONING WITH FAMILY, SCHOOL AND PEERS.	
7. THERAPEUTIC ASSISTANCE PROGRAM - PROVIDES SCHOOL BASED	PROGRAM
PROVIDING MENTAL HEALTH SERVICES, INCLUDING DIAGNOSTIC AS	SESSMENTS AND
THERAPY SERVICES, TO ELIGIBLE STUDENTS AND THEIR FAMILIES	CO-LOCATED
WITHIN SCHOOL BUILDINGS THROUGHOUT FIVE SCHOOL DISTRICTS.	
8. EARLY CHILDHOOD MENTAL HEALTH PROGRAM - PROVIDES CONSU	LTATION,
EDUCATION, TRAINING AND SUPPORT TO PARENTS AND DAYCARE PR	OVIDERS TO
HELP DECREASE DISRUPTIVE BEHAVIOR PROBLEMS WHILE PROMOTIN	G HEALTHY
CHILD AND FAMILY DEVELOPMENT. ALSO PROVIDES EARLY CHILDH	OOD DIAGNOSTIC
ASSESSMENTS AND TREATMENT IN ORDER TO IMPACT MENTAL HEALT	H AND
DISRUPTIVE BEHAVIORS IN CHILDREN AGES 0-5.	

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

18) WHO ARE AT HIGH RISK FOR OUT-OF-HOME PLACEMENT DUE TO SUBSTANCE

ABUSE.

4. SHARE (SOBER HOUSING AND RECOVERY ENVIRONMENT) - PROVIDES PERMANENT HOUSING AND SUPPORTIVE SERVICES FOR CHEMICALLY DEPENDENT, HOMELESS, SINGLE PARENTS AND THEIR CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SERVICES FOR SENIORS

EXPENSES \$ 46,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 162,677.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE (CHAIR, VICE-CHAIR, TREASURER, SECRETARY, AND UP TO

 FIVE
 AT
 LARGE
 MEMBERS
 APPOINTED
 BY
 THE
 CANVAS
 HEALTH
 BOARD
 HAS
 THE
 POWER

 732212
 09-07-17
 Schedule O (Form 990 or 990-EZ) (2017)

Sche	edule O (Form 990 c	or 990-EZ) (2017)								Page <b>2</b>
Nam	e of the organizatio	n CANVAS	HEZ	LTH,	INC.			E	mployer identific 41-09555	
то	TRANSACT	BUSINESS	OF	THE	ORGANIZATION	DURING	THE	INTERIM	BETWEEN	THE

MEETINGS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS COMPLETED IN DRAFT FORM AN ELECTRONIC COPY IS

DISTRIBUTED TO EACH CANVAS HEALTH BOARD MEMBER FOR THEIR REVIEW.

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

TRAINING, EXTERNAL AUDITS AND INTERNAL AUDITS.

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

COMPENSATION ANALYSIS IS COMPLETED ANNUALLY FOR EACH POSITION WITHIN CANVAS

HEALTH BY THE HUMAN RESOURCES DIRECTOR USING MULTIPLE SURVEYS TO DETERMINE FAIR MARKET VALUE.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX

FUNDRAISING EXPENSE IS RELATED TO DIRECT AND INDIRECT PUBLIC SUPPORT REPORTED ON FORM 990, PART VIII, LINES 1A-D AND F. AMOUNTS REPORTED ON LINE 1E ARE GOVERNMENTAL CONTRACTS FOR WHICH THE RELATED EXPENSES DO NOT MEET THE DEFINITION OF "FUNDRAISING" PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). SCHEDULE R

(Form 990)

# **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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

41-0955577

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### CANVAS HEALTH, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
HOME FREE IN WASHINGTON COUNTY LLC -	PROVIDE SUPPORTED HOUSING				
75-3178146, 7066 STILLWATER BLVD. N,	OPTION FOR WASHINGTON				
OAKDALE, MN 55128	COUNTY RESIDENTS	MINNESOTA	49,753.	321,963.	CANVAS HEALTH, INC.
SHARE AT FOREST RIDGE LLC - 84-1697388	PROVIDE SUPPORTED HOUSING				
7066 STILLWATER BLVD. N	TOWNHOMES FOR WASHINGTON				
OAKDALE, MN 55128	COUNTY RESIDENTS	MINNESOTA	4,019.	1,213,548.	CANVAS HEALTH, INC.
HSI - NEW GENERATIONS, LLC - 41-0955577	PROVIDE MENTAL HEALTH				
7066 STILLWATER BLVD. N	SERVICES TO CLIENTS IN				
OAKDALE, MN 55128	HENNEPIN & RAMSEY COUNTIES	MINNESOTA	1,443,101.	797,561.	CANVAS HEALTH, INC.
HSI - CRISIS CONNECTION, LLC - 27-4372695	PROVIDE FREE CONFIDENTIAL				
7066 STILLWATER BLVD. N	CRISIS SERVICES TO				
OAKDALE, MN 55128	RESIDENTS OF MINNESOTA	MINNESOTA	2,046,353.	319,342.	CANVAS HEALTH, INC.

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2017

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	Code V-UBI amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
FOREST RIDGE AT FOREST LAKE,	PROVIDE										
LIMITED PARTNERSHIP -	AFFORDABLE										
20-2338563, 11900 WAYZATA	HOUSING OPTION										
SLVD, SUITE 216J, MINNETONKA,	FOR WASHINGTON	MN	N/A	RELATED				x	N/A	x	.01%
	1										
	1										
	1										
	1										
	1										

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
	1								

## Schedule R (Form 990) 2017 CANVAS HEALTH, INC.

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in ecceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) bans or loan guarantees to or for related organization(s) bans or loan guarantees by related organization(s)	1a 1b 1c 1d 1e		2 2 2 2 2
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) pans or loan guarantees to or for related organization(s)	 1b 1c 1d		2
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) pans or loan guarantees to or for related organization(s)	 1c 1d		
ift, grant, or capital contribution from related organization(s)	 1d		
pans or loan guarantees to or for related organization(s)	 <u> </u>		
	1e		
vidends from related organization(s)	 1f		
ale of assets to related organization(s)	 1g		
urchase of assets from related organization(s)	1h		
change of assets with related organization(s)	1i		
ease of facilities, equipment, or other assets to related organization(s)	 1j		
ease of facilities, equipment, or other assets from related organization(s)	 1k		
erformance of services or membership or fundraising solicitations for related organization(s)	 11		
erformance of services or membership or fundraising solicitations by related organization(s)	 1m		
naring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
naring of paid employees with related organization(s)	10		
eimbursement paid to related organization(s) for expenses	 1p		
eimbursement paid by related organization(s) for expenses	1q		
ther transfer of cash or property to related organization(s)	 1r		
ther transfer of cash or property from related organization(s)	1s	Х	
the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved					
(1) FOREST RIDGE AT FOREST LAKE, LP	S	4,019.	CASH DISTRIBUTED					
(2)								
<u>(3)</u>								
(5)								
_(6)								

### Schedule R (Form 990) 2017 CANVAS HEALTH, INC.

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

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

	(1)		<u>( n</u>			(0)	()			(1)	(1)	(1)
(a)	(b)	(c)	(d)	Are partner 501 (c org:	<b>all</b>	(f)	(g)	) (I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501 (c	rs sec. c)(3)	Share of	Share of	tior	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing	Percentage
of entity		(state or foreign	excluded from tax under	org		total		alloca	tions?	of Schedule K-1	partner?	ownersnip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO	
												<u> </u>
												<u> </u>

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

CANVAS HEALTH, INC.

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

FOREST RIDGE AT FOREST LAKE, LIMITED PARTNERSHIP

EIN: 20-2338563

11900 WAYZATA BLVD, SUITE 216J

MINNETONKA, MN 55305

PRIMARY ACTIVITY: PROVIDE AFFORDABLE HOUSING OPTION FOR WASHINGTON COUNTY

RESIDENTS

Schedule R (Form 990) 2017