Form	8879-EO		Signature Author Exempt Organiza					OMB N	lo, 1545-1878
		For calendar year 2019, or fiscal year beg	inning	, and ending			. 🗀		
Departm	ent of the Treesury	► Do not ser	id to the IRS. Keep for you	r records.			`	2	019
	Revenue Service	► Go to www.irs.gov/	Form8879EO for the latest	information.					
Name of	exempt organization	1 11 11 11			Emplo	yer ident	lfication	number	
	asback Missi	ons Inc			93-0	08319	04		
Name ar	nd title of officer								
	iam <i>J <mark>Mac</mark>Lea</i> :								
Part	Type of F	Return and Return Information	(Whole Dollars Only)						
check f	the box on lino 1a, 2 ine 1b, 2b, 3b, 4b, c	rn for which you are using this Form 8879 a, 3a, 4a, or 5a, below, and the amount on or 5b, whichever is applicable, blank (do no oo not complete more than one line in Pari	that line for the return being f t enter -0-). But, if you entere	iled with this form wa	s blank	t, then	•		
	rm 990 check here	► 🗵 b Total revenue, if any (Form							4,518,24
	rm 990-EZ check h						· 2b ຸ		
	rm 1120-POL chec		20-POL, line 22)		• • •	• • •	· 3b		
	rm 990-PF check h	_	nent Income (Form 990-PF,	. ,		• • •			
5a Fo	orm 8868 check her	e ▶ 🗌 b Balanco Duo (Form 8868,	line 3c) · · · · · · ·				· 5b .		
	W- 200								
Part		on and Signature Authorization I declare that I am an officer of the above							
organizato seno the tranauthori financi. return, Agent involve resolve electro	zation's electronic realization's resident the organization's resident the treasure at Institution account and the financial in at 1-888-353-4537 red in the processing a issues related to the	plete. I further declare that the amount in eturn. I consent to allow my intermediate a eturn to the IRS and to receive from the IR eason for any delay in processing the return y and its designated Financial Agent to In t indicated in the tax preparation software stitution to debit the entry to this account, no later than 2 business days prior to the of the electronic payment of taxes to recome payment. I have selected a personal ic plicable, the organization's consent to ele box only	service provider, transmitter, S (a) an acknowledgement on or refund, and (c) the date of itlate an electronic funds with for payment of the organization revoke a payment, I mus payment (settlement) date. I elive confidential information lentification number (PIN) as	or electronic return of f receipt or reason for if any refund. If applich hdrawal (direct debit) tion's federal taxes of t contact the U.S. Treal also authorize the firencessary to answer	originater reject able, is entry wed or easury nancial	to the n this Financi institut	lal tions		
	I authorize		44 [7]81				_4		
	I BUILIOUZE	ERO firm name	to enter my PIN	Enter five numbers, but	_ as m	ny signa	ature		
x	being filed with a ERO to enter my As an officer of the If I have indicated	n's tax year 2019 electronically filed returnicate agency(ies) regulating charities as performed in the return's disclosure consent so e organization, I will enter my PIN as my within this return that a copy of the return program, I will enter my PIN on the return	eart of the IRS Fed/State pro reen, signature on the organization of is being filed with a state ap	gram, I also authoriz n's tax year 2019 elec gency(jes) regulating	e the a	foreme	ntioned		
Officer's	signature 🕨	Ville Tille Land	Charle	Date 🕨	. 1	ュー	21.	- =	o
Part	III Certifica	tion and Authentication	/	a trial					
	EFIN/PIN. Enter yo	ur six-digit electronic filing identification y your five-digit self-selected PIN,		930	453	971 Do no	138 ot antar s	all zoros	
							,		
indicate	ed above. I confirm t	neric entry is my PIN, which is my signato hat I am submitting this return in accordan RS <i>e-file</i> Providers for Business Returns,	are on the 2019 electronically be with the requirements of P	r filed return for the o	rganiza d e-File	ation • (MeF)	1		
ERO'a si	gnature 🛌			Date 🕨					
-			in This Form - See Ir						
		Do Not Submit This Forn	n to the IRS Unless f	Requested To D	00 Sc)			
For Pa	perwork Reduction	n Act Notice, see instructions.					F	Form 88	379-EO (2019)

Form 8868

Form (Rov. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each roturn.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits, Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print Canvasback Missions Inc 93-0831904 Number, street, and room or suite no. If a P.O. box, see instructions. file by the duo date for 940 Adams Street filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return, Soo Instructions Benicia, CA 94510 Enter the Return Code for the return that this application is for (file a separate application for each return) o Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (Individual) 03 Form 4720 (other than individual) 90 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of - Jacque Spence, 940 Adams Street, Benicia, CA 94510 Telephone No. ► 707-746-7828 FAX No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until <u>11-16</u>, 20 <u>20</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 19 or tax year beginning ______ , 20 _____ , and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions, 3a

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See Instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

3b

990 Form (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for Instructions and the latest information. Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning 2019, and ending 20 Check if applicable; C Name of organizationCanvasback Missions Inc Employer Identification number Address change as econiaud galod 93-0831904 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 40 Adams Street Ste R (707) 746-7828 Finel return/terminated City of town, state or province, country, and ZiP or foreign postel code G Gross receipte Amended return Benicia, CA 94510 ,518,242 Application pending F Name and address of principal officer: H(B) is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status 501(c) ((Insert no.) 4947(a)(1) or 527 If "No," attach a list, (see instructions) www.canvasback.org Website: 🕨 Group exemption number X Corporation Trust Association Form of organization: L Year of formation: 1982 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities; Provide medical, dental and health education and Evangelism. Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of Individuals employed in calendar year 2019 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7.795 b Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 1,981,253 4,341,791 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) (5,145) 18,329 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 158,122 165,600 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,141,708 4,518,242 Grants and similar amounts pald (Part IX, column (A), lines 1-3) 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 386,068 247,955 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,955,756 4,035,243 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,203,711 4,421,311 19 (62,003) 96,931 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 330,271 368,694 21 Total liabilities (Part X, line 26) 29.456 15,266 22 Net assets or fund balances. Subtract line 21 from line 20 300,815 353,428 Part II Signature Block Under ponalties of perjury, I declare that I have examined this return, including accompanying schedulos and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. William J MacLean 2-22-20 Sign Signature of officer Here William J MacLean, Chairman Type or print name and title Print/Type preparers name Preparer's signature Date Chack Paid self-employed Preparer Firm's name Firm's EIN 🕨 **Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) * * * * * * * * * | Yas

	1990 (2019) Canvasback Missions Inc	93-0831904	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	<u></u> .	🔲
1	Briefly describe the organization's mission:		
	Provide medical, dental and health education and Evangelism.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	□ Van E	No
	If "Yes," describe these new services on Schedule O.	🗆 162 🔯	CI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∏ Yes ⊽	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	υy	
1	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	5,	
	the total expenses, and revenue, if any, for each program service reported.		
4a			
42	(Code:) (Expenses \$1,259,188 Including grants of \$66,400) (Revenue	5)
	Grantor: Republic of Palau Date: January 30-February 15, 2019 Service Provided	<u>Orthopedic</u>	
	Location: Belau State Hospital Purpose: To assess orthopedic needs and provide	surqeries	
	including joint replacement surgery and other orthopedic needs		
		""	
4b	(Code:) (Expenses \$988,661 including grants of \$900) (Revenue	\$)
	Grantor: Republic of the Marshall Islands Date: June 13-28, 2019 Service Provide	<u>led:Orthopedi</u>	<u>c</u>
	Mission Location: Majuro Hospital Purpose: To assess orthopedic needs and provi including joint replacement surgery and upper extremity surgery	de surgeries	
	Including Joint Teplacement Surdery and upper extremity surgery		
4c	(Code:) (Expenses \$686,962 Including grants of \$) (Revenue	s)
	Grantor: Micronesia medical service Date: 2020 Service Provided: Location: Micro	nesia	
	Purpose: Expences for future medical trip to Micronesia.		
	100 1001		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,121,622 including grants of \$ 433,829) (Revenue \$)	
40	Total program service expenses 4,056,433		

Form 990 (2019) Canvasback Missions Inc. 93-0831904 Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? x Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedulo C. Part I 3 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 х 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 х 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 x 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 × Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III х 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D. Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Dld the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedulo D, Part VI 11a 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 c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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, thon completing Schedule D, Parts XI and XII is optional 12b x 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? х 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 х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedulo F, Parts III and IV 16 x 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schodule G, Part III 19 20 a Did the organization operate one or more hospital facilities? If "Yes," comploto Schedule H 20a х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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 17 if "Yes," complete Schedule I, Parts I and II

Form 990 (2019) Canvasback Missions Inc. 93-0831904 Page 4 Part IV Checklist of Required Schedules (continued) Yas Na Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 x 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 23 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," enswer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 248 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yos," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a A family member of any Individual described in line 28a? If "Yos," complete Schedule L. Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pert I 31 x 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I 33 x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a х 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 Schedulo R, Part V, line 2 35b х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yos," complete Schedule R. Part V. line 2 36 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 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable ٥ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Canvasback Missions Inc

Form 990 (2019)

93-0831904 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yeв No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a х ь If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country ► GQ - Ka See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). x Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? x If "Yes" to line 5a or 5b, did the organization file Form 8886-T? c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? x If "Yes," dld the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 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? х If "Yes," dld the organization notify the donor of the value of the goods or services provided? Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e x a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g ж h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • 7h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? x Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b х 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations, Enter: Gross income from other sources (Do not net amounts due or pald to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in Ileu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to Issue qualified health plans C Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 v If "Yes," complete Form 4720, Schedule O.

	990 (2019) Canvasback Missions Inc	<u>93-</u> 083190	04	P۶	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instru	ctions.			_
	Check if Schedule O contains a response or note to any line in this Part VI				x
<u> 560</u>	tion A. Governing Body and Management				
4-	Fate-the combine of continuous and the continuous a		a seria	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	9			
	if the governing body delegated broad authority to an executive committee or similar	Į.			
	committee, explain on Schedule O.	į.			
ь	Enter the number of voting members included in line 1a, above, who are independent	_			
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		and the same
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	<u>×.</u>	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	_	<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	\dashv	<u>x</u>
6	Did the organization have members or stockholders?		6	x	
7 a	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	$_{\mathbf{x}}$	
В	Did the organization contemporaneously document the meetings held or written actions undertaken during	7	on that of A	J. P.	
	the year by the following:	j			
а	The governing body?	[8a	\mathbf{x}^{-1}	
b	Each committee with authority to act on behalf of the governing body?	[85	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	Ī			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	7[11a	x	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990,	ļ.			(C)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	cts?	12b	х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	· · · · · [12c		<u>x</u>
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?	• • • • • • •	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	Į:			704 E
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-		
a	The organization's CEO, Executive Director, or top management official		15a		X
þ	Other officers or key employees of the organization	• • • • • • •	15b	77 177	X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	į.	-	and home	arran Armata arra
	with a taxable entity during the year?		16a	. 75 22	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		.3 v 3 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ACL.		(A) (A)
Sec	organization's exempt status with respect to such arrangements?		16b		
17					
18	List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-Aif applicable), 990, and 990-T (Section 501)	(c)			
	(3)s only) available for public inspection, indicate how you made these available. Check all that apply.	(0)			
	Own website Another's website Multiple the public inspection, indicate now you made these available. Check all that apply. Other (explain on Schedule Q)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	,			
	and financial statements available to the public during the tax year.	h			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
	Jacque Spence (707)746-7828, 940 Adams Street, Benicia, CA 94510	F			
EEA	Pacque Opence (101)140-1020, 940 Adams Street, Benicia, CA 94310		Form 9	10n /2	019\
			1 OILL S	, o y \Z	J 12)

Form 990 (201	9) Canvasback Missions Inc	93-0831904	Page 7
RE45-18-28-14-130	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	onsated Employees	, and
	Check if Schedule O contains a response or note to any line in this Part VII		
	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		<u> </u>

- 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 trustoes that received, in the capacity as a former director or trustoe of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any re					(C)				"-"	"	
(A) Name and titlo	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustoo)						(D) Reportable componsation from the	(E) Reportable compensation from related	(P) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organization	
(1) Jacque Spence	60.00							•			
Corporate Secretary-Treasurer		х		x				51,300	ا ہ	0	
(2) Jamie Spence	40.00										
President		x		x				13,500		0	
(3) James Bainer, MD	1,00							,			
Board Member		х					ļ	0	اها	0	
(4) Franklin House, MD	1.00						\neg				
Board Member		x						٥	ا ہ	0	
(5) William MacLean, PA	1.00									V	
Board Member, Chairman		x						0	ا ہ	٥	
(6) Leonard Grado	1.00			-			_				
Board Member		x	'					0	0	٥	
(7) Janet Burki	1.00						\neg		<u>. </u>		
Board Member		x		Ì		- 1	ĺ	o	ا ہ	0	
(8) Alaxander Hirata	1,00				\neg					0	
Board Member		x						0	o	0	
(9) John Anholm	1.00			T			_				
Board Member		x						o	o	^	
(10)John Bechtel	40.00			\neg				<u> </u>			
Employee			ľ		x		- 1	23,085	0	0	
(11)Linda Sue Martin	40.00		_	\neg	-		\dashv	23,003	<u> </u>		
Employee					x			32,746	0	0	
(12)Kristen R Smith	40.00		\dashv	\dashv	-		\neg		- 0	U	
Employee					x			18,928	o	0	
(13)Tanner P Smith	40.00		_				\dashv	19,320		<u></u>	
Employee					x		-	18,556		0	
(14)James S Ayer	40.00		\dashv		^		-	10,336	0	0	
Employee					-	x		42,000	0		
	<u> </u>				- 1	^		~~ ~~ / UUU		0 Form 000 /2010	

Form 990 (2019) Canvasback Missic Part VII Section A. Officers, Directors, Trustons									9;	3-0831	.904 Page 8
Part VIII Section A. Officers, Directors, Trustoos,	, Key Employ (8)			(º Pos	C) Itlon		nsat	ed Employees (co			(F)
Name and title	Average hours per week (list ony	(do not check more than one age box, unless person is both an officer and a director/trustee) any						Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual frustee or director	Institutional busine	Officer	Key employee	Highest compensated employee	Famer	(W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations
(15)Garland G Crawford Employee						x		7,856		0	0
(16)Caitlin Dwyer Employee						x		19,383		0	•
(17)Sara R Miller Employee						х		4,588		0	<u> </u>
(18)Kenya Wright Employee						x		2,83		0	0
(20)				_		<u></u>			1881		
(21)							_	-411			1804
(22)								1116			
(23)											
(24)											
(25)											
1b Subtotal	ion A .				•		• *		11 111		
d Total (add lines 1b and 1c)								232,225 than \$100,000 of	•	0	Ó
reportable compensation from the organization	<u> </u>										Yes No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	for such indiv	idual									3 ************************************
For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	\$150,000? // "	Yes," c	omp	lete :							and Marie and annual annual and a constant and a
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes," or	compensation	from a	any i	unreli			rizati	on or individual			4 x
Section B. Independent Contractors	iompioto cono	•	, O, O,	о о г. г.	,0,0	2 17				* * * * *	5 X
Complete this table for your five highest compensation from the organization. Report compensation from the organization.											114
(A)	onsauon lor p	ie caję	11001	yea	rem	ung w	1111 0	(B)	auon's tax	year.	(¢)
Name and business addre	88							Description of service	95		Compensation
Total number of independent contractors (Including received more than \$100,000 of compensation fro	-		ose i	listec •	dab(ove) w	ho				

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Canvasback Missions Inc Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (0) Total revenue Related or exempt Unrelated Revenue excluded function revenue business ravenue from tax under sections 512-514 Federated campaigns 1a 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 10 Related organizations 1d Government grants (contributions) . . 1e 589,843 All other contributions, gifts, grants, and similar amounts not included above 1f 3,751,948 Noncash contributions included in h Total. Add lines 1a-1f 4,341,791 Business Code 2a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment Income (including dividends, interest, and 18,329 18,329 Income from investment of tax-exempt bond proceeds (I) Real (li) Personal 6a Gross rents b Less: rental expenses . . 6b c Rental income or (loss) 6¢ d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis 7a Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8a Gross income from fundralsing events (not including \$ of contributions reported on line 1c), Soo Part IV, line 18 8a b Less: direct expenses 86 Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b b Loss: direct expenses c Net income or (loss) from garning activities 10a Gross sales of inventory, loss returns and allowances 10a 10b b Less: cost of goods sold Net Income or (loss) from sales of inventory Business Code 11a Diabetes Wellness Cente 900099 150,327 150,327 ь c Non Operating 900099 7,795 7,795 d All other revenue e Total. Add lines 11a-11d 158,122 Total revenue. See instructions 4,518,242 168,656 7,795 0 Form 990 (2019) Canvasback Missions Inc.
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

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Sec	ion 501(c)(3) and 501(c)(4) organizations must complete all colu	mns. All other organization	ons must complete colun	nn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do I	not include amounts reported on lines 6b, 7b,	(A)	(0)	(C)	(D)
8b, s	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				(1872) (0.05 to 1872) (1873) (1874) (1878) (1874)
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			Control City Control	ELONAGE EL MONAPACION
	individuals. See Part IV, Ilne 22				
3	Grants and other assistance to foreign			Secretary and the	A PRINCE CONTRACTOR
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Section of the section of	POSTERVI PROTERVI
5	Compensation of current officers, directors,			""	
	trustees, and key employees	232,226	139,336	55,73 4	37,156
6	Compensation not included above, to disqualified		1- 12 13		
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	96,463	96,463		
a	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)		111111		
10	Other employee benefits	38,122		9,149	6,100
11	Fees for services (nonemployees);	19,257	11,554	4,622	3,081
	Management · · · · · · · · · · · · · · · · · · ·				
Þ	Legal		<u></u>		
c	Accounting				
d	Lobbying	7,815	2,500	<u>5,315</u>	
е	Professional fundraising services. See Part IV, line 17		z zakonen		
f	Investment management fees		A COMMON COMMON PROPERTY OF	Man di pari 197 mengan 1989 mendi se	
g	Other, (If line 11g amount exceeds 10% of line 25, column		<u> </u>		
•	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	102,253	15,035	43,609	42 500
13	Office expenses	74,102	21,689	34,942	43,609
14	Information technology		21,003		17,471
15	Royalties	"""	-	. ,	
16	Occupancy	45,089	14,255	20,556	10,278
17	Travel	356,794	348,277	7,154	1,363
18	Payments of travel or entertainment expenses			"	27500
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,548		4,774	4,774
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,398	12,398		
23	Insurance	<u>2,</u> 000		2,000	
24	Other expenses. Itemize expenses not covered				W. 1048 (VA) valgori
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	Santania Marine S.		valt var at Des (1996)	
a b	Medical/Evang Supplies	3,177,402	3,177,402		
c	Diabetes Wellness Program	83,584	83,584		
þ	World Diabetes Foundation	31,281	31,281		
e	All other expenses	120 027		.	
25	Total functional expenses. Add lines 1 through 24e	132,977 4,421,311	79,786	31,915	21,276
26	Joint costs. Complete this line only if the	**************************************	4,056,433	219,770	145,108
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundralsing solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	j		ļ	
EEA			"" ""		Farm 000 (0040)

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Form 990 (2019) Canvasback Missions Inc

asback Missions Inc 93-0831904

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of vear Cash - non-interest-bearing 103,196 109,946 2 2 24,549 48,195 3 3 21,000 Accounts receivable, net 4 3,550 4,400 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use 5,000 15,665 Prepaid expenses and deferred charges 4 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a ь Less: accumulated depreciation 10b 124,700 60,854 10c 99,430 11 11 51,738 70,058 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 81,384 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 330,271 368,694 17 29,456 17 15,266 18 18 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability, Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director. Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 29,456 15,266 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 353,428 300,815 31 32 Total net assets or fund balances 300,815 32 353,428 33 368,694 330,271

Form 990 (2019)

	990 (2019) Canvasback Missions Inc	93-01	<u> 33190</u>	4	Pag	ge 12
Par	tXI 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		4,	518,2	242
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		4,	421,3	311
3	Revenue less expenses. Subtract line 2 from line 1	. 3			96,9	931
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			300,8	<u> 815</u>
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8			(44,:	318)
Ð	Other changes in net assets or fund balances (explain on Schedule O)	9	1.			0
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	- 10			353,4	428
Pai	rtXII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yos	Νo
1	Accounting method used to prepare the Form 990; Cash Accrual Other			<i>}</i>	200 No. 1	(XXXII)
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			8.3) Ay	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			$((x_n)/(1))$		Jan Barrer
	reviewed on a separate basis, consolidated basis, or both:			177 mm		Provi Braketa
	▼ Separate basis					ы <u>п.</u> 4 1
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			77.	100	
	separate basis, consolidated basis, or both:			7/12	, 34 J	
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis					
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				VALUE OF THE STATE	W.M811 V P
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on			1.7.518	10 1 The Co.	39.3
	Schedule O.			100		γ.,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3а		x
ь	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
				3b		
FFA				Form	990 (2	019)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

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.

2019

OMB No. 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization

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

Employer Identification number Canvasback Missions Inc 93-0831904

	urt I	Keason for Public Charit	y Status (Ali or	ganizations must c	omplete	this part.) See instructions.						
The	orgar	nization is not a private foundation beca	ause it is: (For Ilnes	1 through 12, check only	one box.)		,						
1		A church, convention of churches, or a	ssociation of church	es described in section 1	70(b)(1)(A)	Mil.							
2		A school described in section 170(b)(1)(A)(II). (Attach Sci	nedule E (Form 990 or 99	0-EZ).)	/\·/·							
3		A hospital or a cooperative hospital ser	vice organization de	scribed in section 170(b))(1)(A)(III).								
4		A medical research organization opera	ated in conjunction wi	ith a hospital described in	section 17	'0(b)(1)(A)(III). Enter the						
	_	hospital's name, city, and state:											
5		An organization operated for the bene	fit of a college or un	iversity owned or operate	ed by a gov	/ernmental	unit described in						
	_	section 170(b)(1)(A)(Iv). (Complete P	'art II.)										
6		A federal, state, or local government of	r governmental unit c	described in section 170(b)(1)(A)(v)								
7		The state of the s											
	_	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section	n 170(b)(1)(A)(vi). (Complete Part II.)									
Ð													
		or university or a non-land-grant colle-	ge of agriculture (se	e instructions). Enter the	name, city	and state	of the college or						
	_	university:			, , , , ,								
10	x	An organization that normally receives	s: (1) more than 33	1/3% of its support from o	ontribution	ıs, member	ship fees, and gross						
		receipts from activities related to its ex	xempt functions - su	bject to certain exception	is, and (2)	no more tha	an 33 1/3% of its						
		support from gross investment income	a and unrelated bus	lness taxable income (les	s section 5	511 tax) from	n businesses	•					
	_	acquired by the organization after June	30, 1975. See secti	on 509(a)(2), (Complete	Part (II.)								
11		An organization organized and operate	d exclusively to test t	for public safety. See sec	tion 509(a)	(4).							
2		An organization organized and operat	ed exclusively for th	e benefit of, to perform th	e functions	of, or to ca	arry out the purposes						
		of one or more publicly supported orga	nizations described	n section 509(a)(1) or se	ction 509(a)(2). See :	section 509(a)(3).						
		Check the box in lines 12a through 12	d that describes the	type of supporting organ	ization and	complete	lines 12e, 12f, and 12g,						
	a	Type I. A supporting organization of	operated, supervised	l, or controlled by its supp	orted organ	ization(s), t	ypically by giving						
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the						
		supporting organization. You mus											
	þ	☐ Type II. A supporting organization											
		control or management of the sup	porting organization	vested in the same pers	ions that co	ontrol or ma	inage the supported						
		organization(s). You must compl											
	C	Type III functionally integrated.	A supporling organiz	ation operated in connect	ion with, an	d functiona	lly integrated with,						
		its supported organization(s) (see i	nstructions), You m	ust complete Part IV, Se	ctions A, I), and E.							
	d	☐ Type III non-functionally integra	ited. A supporting or	ganization operated in co	nnection wi	th its suppo	rted organization(s)						
		that is not functionally integrated.	The organization ge	nerally must satisfy a dis	tribution re	quirement a	and an attentiveness						
	_	requirement (see Instructions). You	u must complete P	art IV, Sections A and D	, and Part	V.							
	e	Check this box if the organization	received a written d	letermination from the IR	S that it is a	Type I, Ty	pe II, Type III						
	_	functionally integrated, or Type III											
	f	Enter the number of supported organiz	zations			• • • • •	• • • • • • • • • • • •						
		Provide the following information abou			T			<u></u>					
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10		rganization Ir governing	(v) Amount of monetary	(vi) Amount of					
				abovo (see Instructions))	docum		support (see Instructions)	other support (see instructions)					
			!				, i						
		111			Yes	No							
A)													
		- 00			<u> </u>								
B)						ı							
~													
C)													
D)				H-1104	"								
-,													
E)				11.11				THE STATE OF THE S					
otal			9.1 (T. 7.19%) 11 (E. 17.19)	"" "" " " " " " " " " " " " " " " " "	1000000	97	·						

		k Missions				93-083190	
Pa	mtill Support Schedule for Organiz						
	(Complete only if you checked the						fy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pla	<u>ease</u> complet	e Part III.)	
Se	ction A. Public Support				•	,	
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		, ,	_/	<u> </u>		(-,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
_				•			
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the			İ			
	organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions by			NACOBELIAN	BARRIANI (CA	HAR DER KERKT	
	each person (other than a	FAVE WEEK					
	governmental unit or publicly	医感觉导激性静脉					
	supported organization) included on	MARKE WALLEY R					
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	No. 10 Table 10 Co. 10	11 81 11 2 31 11 WAR CARP	and the second of the second of the	Control March 1977 Control	No. No. of the second s	
	ction B. Total Support	74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		primate to the second of a	Delta Santonia Santo Maria	5 16 2012 12 12 12 12 12 12 12 12 12 12 12 12 1	
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	(4) 20,0	(15) 20.0	(0) 2011	(4) 2010	(e) 2010	(I) TOTAL
8	Gross income from interest, dividends,						
_	payments received on securities loans,				l		
	rents, royalties and income from				j		
	similar sources						
9	Net Income from unrelated business	1					
	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI,)						
	Total support. Add lines 7 through 10	SPERBER AND	18世紀的問題的第		Michigan Filipia	1994 1927 1948 19	,
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the org	anization's first	, second, third,	fourth, or fifth t	tax year as a sé	ection 501(c)(3)	-
	organization, check this box and stop here						▶ 🗆
So	ction C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, o	olumn (f)) · ·		14	%
15	Public support percentage from 2018 Sched	ule A, Part II, lir	ne 14			15	%
16a	33 1/3% support test - 2019. If the organizati	on did not chec	k the box on lir	ne 13, and line	14 is 33 1/3% o	r more, check th	
	box and stop here. The organization qualifies						
t	33 1/3% support test - 2018. If the organizati	on did not chec	k a box on line	13 or 16a, and	l line 15 is 33 1/	3% or more, che	eck
	this box and stop here. The organization qua	lifies as a public	dv supported c	rganization .			▶ □
17a	10%-facts-and-circumstances test - 2019, I	f the organization	on did not chec	k a box on line	13 16a or 16b	and line 14 is	
	10% or more, and if the organization meets th	e "facts-and-cir	cumstances" te	ast check this t	nox and ston h	ere Evolain in	
	Part VI how the organization meets the "facts	s-and-circumsts	ances" test Th	e organization	rualifiae ee e	argi evbigir ili	\d
	organization	and on our page			dogwicz \$2 \$ [Addinay Supporte	
H	0 10%-facts-and-circumstances test - 2018, I	f the organization	on did not obse		13 16- 16		• • • •
-	15 is 10% or more, and if the arganization are	ate the life ate at	on did not chec	RADUX OF THE	15, 16원, 168, 0	r iza, and line	
	15 is 10% or more, and if the organization me	eis ine Tacis-al	no-circumstant	es" test, check	this box and st	op nere,	
	Explain in Part VI how the organization meet	s the "facts-and	z-circumstance	es" test. The or	ganization qual	mes as a public	
40	supported organization						••• □
16	Private foundation. If the organization did no						
	instructions		<u></u>				▶ □

Canvasback Missions Inc Schedule A (Form 990 or 990-EZ) 2019 93-0831904 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 (I,) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,553,682 1,736,340 1,757,598 1,926,253 4,341,791 11,315,664 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 -Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 1,553,682 1,736,340 1,757,598 1,926,253 4,341,791 11,315,664 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from 11,315,664 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 11,315,664 1,553,682 1,736,340 1,757,598 1,926,253 4,341,791 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 237 39,994 8,540 6,949 4,066 59,786 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 237 39,994 8,540 6,949 59,786 4,066 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 129,382 154,854 155,926 162,795 172,385 775,342 13 Total support. (Add lines 9, 10c, 11, 1,683,301 1,931,188 1,922,064 2,095,997 4,518,242 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 93.13 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 91.43 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 0.00 % 18 1.00 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

Part IV

Canvasback Missions Inc

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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yas," 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," explein 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?
- 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 Schadula L (Form 990 or 990-EZ).
- 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 Schedula 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
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School Pa	rtilly Supporting Organizations (continued) 93-0831904	<u> </u>	F	Page 5
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		drocks - s	Maria de la compansión
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Sec	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		
			1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	(2 ii	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Service of the servic	700	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1000		
	controlled the organization's activities, if the organization had more than one supported organization.		Say S	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	10.4% (A. 10.4%)	3.73	344
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1000		***************************************
2		1	1	n - Ma
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Sharen.		MAG Column
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	7.	700	
	supervised, or controlled the supporting organization.		1 (0/2)	<u> </u>
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	900 STC2	7 . 105.55	NO.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization wes vested in the same persons that controlled or managed			9
	the supported organization(s),	-1		**************************************
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	5 34970	JS 1830	3.10
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	0.30		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ili) copies of the	7787		i en
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		· mindone · · ·
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2//4/2	20 Sec.	2008E-1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how	ty (2.34-1)	$\{p_{i}\}_{i=1}^{n}\}$	3/64
	the organization maintained a close and continuous working rolationship with the supported organization(s).			annatantumidi a
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's	79.00		Dog.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2.5.5%		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctions	s).	
3	The organization satisfied the Activities Test. Complete Iline 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a		200	8 77	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify			A TAN
	those supported organizations and explain how these activities directly furthered their exempt purposes,		2 35	
	how the organization was responsive to those supported organizations, and how the organization determined			Allega memerina
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2512		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	more .	1	ayeriye <u>Tarabira</u>
	activities but for the organization's involvement.	2b	,,,	
3	Parent of Supported Organizations. Answer (a) and (b) below.	$= - \frac{1}{2} \delta \frac{\partial x^{\mu}}{\partial x^{\mu}} \frac{\partial x}{\partial x^{\mu}}$	i in	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	4.5	23.23	
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	and activities of each		<u> 5 - 1 - 1</u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 980-EZ) 2019 Canvasback Missions Inc		93-08319	004 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	··········
1 Check here if the organization satisfied the Integral Part Test as a qualifying tree	ust or	n Nov. 20, 1970 (explain in F	art VI). See
instructions. All other Type III non-functionally integrated supporting organiza	tions	must complete Sections Att	rough E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	"	
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	- 1		
maintenance of property held for production of income (see instructions)	6		i
7 Other expenses (see instructions)	7	-	111111111111111111111111111111111111111
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	5,627	on with a city of the state of the Colorest	Party stable of the late
instructions for short tax year or assets held for part of year):	- Bart		
a Average monthly value of securities	1a	7,41	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other		AL TRANSPORTED TO MICE SHE SHE SHE SHE SHE SHE SHE SHE SHE SH	900-750 150-50-2017 NOBELEVA
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	The second secon	Professional Angles and the Company of Manager (1994)
3 Subtract line 2 from line 1d.	$\frac{1}{3}$		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	- `		1 11
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	17		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	1 3		
4 Enter greater of line 2 or line 3.	 3		
5 Income tax imposed in prior year	5		".
6 Distributable Amount, Subtract line 5 from line 4, unless subject to	⊣ -	 Tawar no lea non les représes Que le visitable de la républication de la	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		rated Type III eveneties are	contration (see

instructions).

Page 7

Schedule A (Form 990 or 990-EZ) 2019 Canvasback Missions Inc Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (III) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in 3.450 Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

EEA

Schedule A (Forn	990 or 990-⊊Z) 2019 Page 6
[Part∈VI]	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (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.

11c, 11d, 11e, 11f, 12a, or 12b.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "res" or Form 990, Part IV, Jine 8. 1 Total number at end of year 2 Agarcgate value of contributions to (during year) 3 Agarcgate value of contributions to (during year) 4 Agarcgate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assests held in donor advised funds are the organization from all grantess, donors, and donor advisors in writing that the assests held in donor advised funds are the organization from all grantess, donors, and donor advisors in writing that the assests held in donor advised funds are the organization from all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring intermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring intermisable private benefit? Part III Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, Iline 7. Propose(s) of conservation easements held by the organization (check all that apoly). Preservation of an historically important land since Protection of natural habitat Preservation of pan apace 2 Complete If the organization held a qualified conservation contribution in the form of a conservation easements in the last day of the tax year. 3 Total number of conservation easements included in (c) acquired after 72596, and not on a listent statuteure listed in the National Register 1 Total acreage restricted by conservation easements 2 Does the organization easements mortified, transferred, released, extinguished, or terminated by the organization during the year a historic statuteure included in (c) acquired after 72596, and not on a listent statuteure listed in the National Register 1 Number of conservation easements mortified,	Name o	the organization	Employer Identification number
Complete if the organization enswered "Yes" on Form 990, Part IV. Jine 6. 1 Total number at end of year 2 Aggregate value of centributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of another form (during year) 4 Aggregate value of end of year 5 Did the organization farm all donors and donor advisors in writing thus the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperisable protein benefit? Part.IR Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. Jine 7. 1 Purpose(s) of conservation assemments held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land wrea Preservation of a formal part of the organization held a qualified conservation examents in the last stay of the tax year. 2 Complete line 2s at through 28 of the organization held a qualified conservation examents in the last stay of the tax year. 2 Total number of conservation essements on a conflict of historic structure included in (a) 2 Number of conservation essements included in (a) acquired after 7/2506, and not on a historic structure listed in the National Register 3 Number of conservation essements included in (a) acquired after 7/2506, and not on a historic structure listed in the National Register 4 Number of states where property subject to conservation essements in located to a conservation essement in a conservation essement in the last stay where property subject to conservation essements in located to a stay and a conservation essement reported on line 2(d) above salsfy the requirements of section 170(h)(4)(B)(B)(l) 2 not seed to conservation ess	Canv	asback Missions Inc	93-0831904
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of earths of year Aggregate value of earths with the organization inform all grantees, choors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, choors, and donor advisors in writing that grant (trids can be used only for chantable purposes and not for the benefit of the donor of condra advisor, or fire any other purpose conferring imparmisable purposes and not for the benefit of the donor of condra advisor, or fire any other purpose Yes No No No No No No No N	Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	unts.
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report In its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	Par	tills Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			
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service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:			
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If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these ftems:		(ii) Assets included in Form 990. Part X	> s
following amounts required to be reported under FASB ASC 958 relating to these items:	2		
	_		•
a Revenue Included on Form 990, Part VIII, line 1	а		> \$
b Assets included In Form 990, Part X			

	ule D (Form 990) 2019 Canvasback Mistrill Organizations Maintaining	sions Inc	Art Hist	orical Tr	00011406	or Other	93-08319	004 Page 2		
3	Using the organization's acquisition, accession	and other reserve	chack and	onical II	easures,	or Othe	er Similar Asse	ts (continued)		
	collection Items (check all that apply);	i, and other records	, cneck any c	of the follow	ing that mak	e significa	ant use of its			
а	Public exhibition			_						
b			d		or exchange	programs				
			6	Other						
C	Preservation for future generations						<u> </u>			
4	a description of the digenizations collections and explain now they further the organization's exempt purpose in Part									
_	OHI.						•			
5	During the year, did the organization solicit or r	ecsive donations of	art, historica	l treasures	, or other sim	ila <i>r</i>				
	assets to be sold to raise funds rather than to b	e maintained as pa	rt of the oras	nization's d	collection?			Yes No		
Pai	- 11 - Solow and Custoulal Affa	ngements.						"		
	Complete if the organization	answered "Yes	" on Form	990, Pa	rt IV, line	9. or rei	ported an amou	int on Form		
	990, Part X, line 21.									
1a	is the organization an agent, trustee, custodian	or other intermedia	ry for contrib	utions or o	ther assets r	ıot				
	Included on Form 990, Part X?					<i>.</i> ,	, ,	. 🗌 Yes 📗 No		
ь	If "Yes," explain the arrangement in Part XIII ar	nd complete the folio	wing table;							
							Amo	unt		
C	Beginning balance		, ,			. 1c		"		
đ	Additions during the year									
0										
f	Ending balance					. 1f	-			
2a	Did the organization include an amount on Fore	m 990 Part X line 9	21 for ecorou	v At quetad	ini necessatili	min litte etc				
ь	If "Yes," explain the arrangement in Part XIII. C	heck hard if the eve	lanation bee	boon previ			-			
Par	tV Endowment Funds.	mack riefe it tile exp	ianatiói) Has	been provi	oeo on Part.	XIII .				
	Complete if the organization :	answered "Ves"	'on Form	990 Pa	rt IV line	10				
	O O M Piete II the Organization I									
40	Distriction of the last of	(a) Current year	(b) Pric	ryear .	(c) Two years	back .	(d) Three years back	(e) Four years back		
1a	Beginning of year balance									
Þ	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
0	Other expenditures for facilities and	"""				- "	W.			
	programs									
f	Administrative expenses	1111				·				
ឱ	End of year balance	"-								
2	Provide the estimated percentage of the curren	t veer end halance	ilne 1a colu	man (a)) be	ld as:		- mrna			
а	Board designated or quasi-endowment	% year one balance	(mie 19, cold	mm (a)) ne	IU 45.					
b	_									
c	Term endowment > %	0								
v										
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	lon of the organizati	on that are h	eld and ad	ministered fo	r the				
	organization by:							Yes No		
	(i) Unrelated organizations		<i>.</i>					3a(i)		
	(II) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the o									
Par	t VI Land, Buildings, and Equip						•			
	Complete if the organization a		on Form	990. Pa	rt IV. line	11a. Se	e Form 990. Pa	rt X line 10		
	Description of property	(a) Cost or of			other basis		ccumulated	(d) Book value		
	was a sure of the state of the	(investr			ther)		preciation	(W) GOOK VAIUS		
1a	Land		10,000	,-	·		-0150-2015	10,000		
b	Buildings					51 C. True V.	77. 17. 17. 17. 17. 17. 17. 17. 17. 17.	10,000		
c	Leasehold Improvements									
d	Equipment		" "		14 150		704 706	AA		
	Other			2	14,130		124,700	89,430		
			antivirus (5)	U						
TO COL	Add lines 1a through 1e. (Column (d) must equal	aironn 990, PartX,	column (B), i	ın a 10c.)		<u></u>		99,430		

Schedule D (Form	990) 2010 Canvasback Missions Inc		93-0831904	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on F	form 990, Part IV, line	e 11b. See Form 990, Part X, I	ine 12.
	(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Coat or end-of-year market va	
1) Financial	derivatives			
	eid equity Interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) · · · · · · · Investments - Program Related.			<u>. (1141</u>
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11c. See Form 990, Part X, I	line 13.
	(a) Description of investment	(b) Book valua	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			1 1 11	
(7)				
(8)				
(9)			turi i i i i i i i i i i i i i i i i i i	,
	in (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		Elicina de Pa
Part IX	Other Assets.	Tarres 000 Deat N/ lies	a 11 d Sac Fatas 000 Bart V	line 15
	Complete if the organization answered "Yes" on F	-orm 990, Part IV, Ilin		
(4)	(a) Description	· m···	(b) 8o	ok value
(1)				
(2)				
(3)	THE RESIDENCE OF THE PARTY OF T			
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on I	Form 990, Part IV lin		art X
	line 25.	Terry.	Les and Mill dense, LMaine Convert of Lagrangians	
1,		ook value		
	income taxes			
(2)	NING A		병 그십 왕은 한 그 일을 접촉했다.	v. 1
(3)				
(4)		The state of the s	NO 18 80 2 700 0 10 8 4 8 2 7 5 9	
(5)		$ h = \sqrt{h} / h = \sqrt{h}$		
(6) (7)		1	THE ALL PROPERTY OF THE PARTY OF THE	
(8)		70,000 (10,00) (10,000 (10,00) (10,000 (10,00) (10,000 (10,00) (10,000 (10,00) (10,000 (10,00)		
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	Angeles and a second		
	r uncertain tax positions. In Part XIII, provide the taxt of the footnote	to the organizationic flagral	al statements that reports the	<u> Na Garage de Maries</u>
E-GRIPHLY (VI	. ALLANTONIC FOR BOOKINGS IN CAST VIII, DIOMIND FIRE FOXE OF THE 100KINGS	TO THE CHARLICANCILS IIII AND	er erefermente mer rebong me	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

edule D (Form 990) 2019 Canvasback Missions Inc	93-0831904	Page 4
art XI Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements	1 4	,518,2 <u>42</u>
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	3/3/2	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	(54,754)	
e Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3 4	,518,242
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11 / April 14	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	10 A A A A A A A A A A A A A A A A A A A	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
+ 1111 - 11		,518,242
	onses per Return	,510,242
art XIII Reconciliation of Expenses per Audited Financial Statements With Exp	senses per Rotaini	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		400 100
Total expenses and losses per audited financial statements	· · · · · 1 4	,430,198
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities		
Prior year adjustments		
C Other losses		
d Other (Describe in Part XIII.)		
a Add lines 2a through 2d	<u>2e</u>	
Subtract line 2e from line 1		,430,198
Amounts included on Form 990, Part IX, line 25, but not on line 1:	77.4.73	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		,430,198
Part XIII Supplemental Information.		
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
	,	
	<u> </u>	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

2019

Open to Public .

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer Identification number

Can	vasback Missions Inc				93-08319	04
Pai	General Information (Form 990, Part IV, line	on Activities (14b.	Outside the U	nited States. Complete if the	ne organization answered "Ye	s" on
1	For grantmakers. Does the orga		n records to subs	tantiate the amount of its grants	and	
	other assistance, the grantees' e	ligibility for the g	grants or assistar	ice, and the selection criteria us	ed to	
	award the grants or assistance?		• • • • • • •		• • • • • • • • • • • • • • • • • • • •	🔀 Yes 🔲 No
2	For grantmakers, Describe in Pa outside the United States,	art V the organiz	ation's procedure	s for monitoring the use of its gra	ants and other assistance	
3	Activities per Region. (The follow	ino Part I line 3	table can be du	nlicated if additional engagin po	oded)	
	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	omployees, agents, and	region (by typo) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in the region	In the region
			In the region			
	ast Asia and the	_	, , ,			
<u> </u>	<u>actitic</u>	1	17	Program services	Surgical, medical	456,296
(2)						
(3)						
_(4)						
(5)						
	, , , , , , , , , , , , , , , , , , ,					
(6)			<u></u>			
(7)			. "			
(8)						
(9)						
(10)						"
(11)						
(12)						1 011
(13)	- m.	,				"
(14)			1.00			
			<u>,,,,</u>			,
(15)						
(16)_						
(17)						
3a b	Subtotal	1	17			456,296
Ь	Total from continuation sheets to Part I					
<u> </u>	Totals (add lines 3a and 3b)	11	17	The first of the state of the section of the sectio	LA HARA BET LIVE STEELER AT PLEA.	456,296

	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of cash grant	(ii) Manner of cash	(g) Amount of nancash	of noncash	valuation valuation
	(if applicable)				distursement	assistance	वङ्ग्रह्माळ	अppraisal, जीभ्ये
1 100 1 1					:			
	W.							
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						1		

200								

Grants and Other Assistance to Individuals Outside the United St. Part III can be duplicated if additional space is needed. Per of grant or assistance (a) Namidee of proper of grant or assistance (b) Pergen (c) Namidee of proper or assistance (c) Namidee or as	Сапуавьаск Missions Inc Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	rof (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation of cash grant disbursement assistance (book, FMV, appraisa), other)									
	Schedule Ffrom 950) 2019 Canvasback Missions Inc Part III Grants and Other Assistance to Individuals Outsi Part III can be duplicated if additional space is need	(a) Type of grant or assistance									

Schedule	F(Form 990) 2019 Canvasback Missions Inc 93-08	31904	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. 🗌 Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	. Yes	⊠ №
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. 🗌 Yes	⊠ No
4	Was the organization a direct or Indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	· 🗌 Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	, 🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yos," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	. 🗌 Yes	Х No
EE A		Cabadula # /Fa	ስክስሮ /በብር _{የመመ}

Schedule F (Form 990) 2019 Supplemental Information Part V Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

.

OMB No. 1545-0047 **2019**

Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.lrs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number Name of the organization 93-0831904 Canvasback Missions Inc Part I Types of Property (c) (d) (b) (a) Noncash contribution Number of contributions or Method of determining Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 1 Art - Fractional Interests Books and publications 5 Clothing and household goods 16,500 Fair Market 6 Cars and other vehicles 4 Х 7 Boats and planes в 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC. or trust Interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 3,148,846 Cost 84 20 Drugs and medical supplies Х 21 Taxidormy 22 Historical artifacts 23 Scientific specimens 24 Archeological entifacts 2 3,341 Cost X 25 Other (Airline ticket 200 Cost 26 Other ►(Schwin recumben х 1 220 Cost 27 Other ►(3 crates shippe х 2,000 Cost 28 Other ► (50% of the cost Х Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Dones Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a to be used for exempt purposes for the entire holding period? x b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 х contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

Qpen to Public

Department of the Transury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ. ► Go to www.irs,gov/Form990 for the latest information.

Inspection
Employer Identification number

Canvasback Missions Inc	93-0831904
01. Officer, directors, etc. family relationship (Part VI, line 2)	
Jamie and Jacque Spence are married.	
02. Members or stockholder classes and rights (Part VI, line 6)	
No stockholders, members have the right to vote for board members.	
03. Governing body decisions (Part VI, line 7b)	
Election to the board of directors is reserved to general members.	
04. Form 990 governing body review (Part VI, line 11)	
The completed form 990 is reviewed by the organization's Treasurer, bo	th co-executive
Directors, the Chairman of the Board & the Chairman of the Fiduciary o	committee for
approval. Then the approved form 990 is sent to all members of the Ro	ard of Directors &
to an independent CPA who will prepare a full disclosure audited finar	cial statement.
05. Governing documents, etc, available to public (Part VI, line 19)	· ,
Governing documents are available upon request.	
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	7 THE