Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 20	222 calendar year, or tax year beginning $AUG~1~,~2022$ and ending	JUL 31, 2023	3
В	Check if applicable:	C Name of organization	D Employer identif	fication number
	Address	CANTUS		
	Name change	Doing business as	41-19344	24
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	er
	Final return/	1201 MARQUETTE AVE S 100	612-435-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,324,947.
	Amended return	MINNEAPOLIS, MN 55403	H(a) Is this a group r	return
	Applica- tion	F Name and address of principal officer: BOB PESKIN	for subordinate	s? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No
ī	Tax-exem	ppt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
	Website:		H(c) Group exemption	on number
K	Form of or	ganization; X Corporation Trust Association Other L	rear of formation: 1999 I	M State of legal domicile: MN
		Summary		
	1 B	riefly describe the organization's mission or most significant activities: CANTUS G	IVES VOICE TO	SHARED
- 5	В	UMAN EXPERIENCE BY INSPIRING AUDIENCES (CONT	INUED ON SCHE	DULE O)
	75	heck this box if the organization discontinued its operations or disposed of m		
	3 N		3	12
ć	9 4 N	umber of independent voting members of the governing body (Part VI, line 1b)		10
٥	8 5 Te	otal number of individuals employed in calendar year 2022 (Part V, line 2a)	Access to	12
	ë 6 T∈	otal number of volunteers (estimate if necessary)		65
	= 1	otal unrelated business revenue from Part VIII, column (C), line 12		0.
•	ĕ b N	et unrelated business taxable income from Form 990-T, Part I, line 11	Total Control of the	0.
_	 		Prior Year	Current Year
	. B C	ontributions and grants (Part VIII, line 1h)	1,009,905.	715,983.
	≝ ∣	rogram service revenue (Part VIII, line 2g)	597,032.	601,882.
	10 Ir	evestment income (Part VIII, column (A), lines 3, 4, and 7d)	188.	2,958.
(11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174.	4,124.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,607,299.	1,324,947.
_		irants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	662,827.	771,580.
		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	та Б	otal fundraising expenses (Part IX, column (D), line 25) 108,017.		
ı	当 17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	559,075.	514,922.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,221,902.	1,286,502.
	19 R	evenue less expenses. Subtract line 18 from line 12	385,397.	38,445.
-	S		Beginning of Current Year	End of Year
t d	20 T	otal assets (Part X, line 16)	1,048,716.	1,163,748.
		otal liabilities (Part X, line 26)	198,701.	275,288.
2	22 N	et assets or fund balances. Subtract line 21 from line 20	850,015.	888,460.
F	Part II	Signature Block		
Ur	nder penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
tru	ie, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Si	gn	Signature of officer	Date	
H		OB PESKIN, INTERIM EXECUTIVE DIRECTOR		_
		Type or print name and title	104	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa	aid M	ARC A. KOTSONAS	11/29/23 self-employ	
Pi	eparer	Firm's name MAHONEY ULBRICH CHRÍSTIANSEN & RUSS,	PA Firm's EIN 4	1-1647057
U	se Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800		
_		SAINT PAUL, MN 55107	Phone no. (6	51)227-6695
	lay the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Form 990 (2022)

974,856.

4e Total program service expenses

orm 9	90 (2022) CANTUS			
Part	IV Checklist of Required Schedules		Yes	No
	2017/J/d) (all than a private foundation)?			
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	
	f "Yes," complete Schedule A	2	Х	
•	the expeniention required to complete Schedule B. Schedule of Contributors? See Instructions			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to carracted by	3		X
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in section 501(ii) election in section 501(iii) election in section	4		X
	during the toy year? If Every II complete Cabadula C. Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	5		X
	similar amounts as defined in Rev. Proc. 98-197. If "Ves." complete Schedule C. Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Scriedule B, Yarr	<u> </u>		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment historic land areas or historic structures? If "Yes." complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
	Octobrill D. Doct III			
9	Did the accompanies report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian re-			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		X
	Willy Bernelote Cahadula D. Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		X
	: and automated 15 N/an II complete Schodule D. Part V	10	Res.	
11	or in quasi endowments? If "Yes," complete Schedule D, I at V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	COLUM		
	an analianhla	S, COLOMB EDISON A	20.000	No. of Concession,
ε	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	Part VI	110		
t	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% of more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1.12		
	bid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		X
	. II. D. + V. II. 162 K IV. II. complete Schedule D. Part VIII	110		
	assets reported in Part X, line 167 if Yes, Complete Schedule B, Fart VIII 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	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1.0		
	Did the organization report at almost the statements for the tax year include a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
	Schedule D, Parts XI and XII			
	b Was the organization included in consolidated, independent audited financial statements for the tax year? Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Is the organization a school described in section (1700)(1)(170)(1) If the school of the organization maintain an office, employees, or agents outside of the organization fundamental in a first organization maintain an office, employees, or agents outside of the organization fundamental in a first organization of the organization maintain an office, employees, or agents outside of the organization fundamental in a first organization of the organization maintain an office, employees, or agents outside of the organization of the organization of the organization maintain an office, employees, or agents outside of the organization of the orga	14a		Х
14	b Did the organization maintain an office, employees, or agents outside of the organization maintain an office, employees, or agents outside of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmating, tartificating, backness, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmating, backness, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmating, backness, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmating, backness, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmating, backness, and grant			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
	A) line 3 more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	(A) line 3 more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
191-	the state of many than \$15,000 of expenses for professional fundraising services on Part IX.			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
	the pool total of fundraising event gross income and contributions on Part VIII. lines			
1	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	the same from gaming activities on Part VIII line 9a? If "Vec "			
1	complete Schedule G, Part III	19		X
^	complete Schedule G, Part III Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
2	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
2	1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
-	2003 12-13-22	Form	n 990	(2022)

Par	t IV Checklist of Required Schedules (continued)		Yes	No
			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
	Part IX, column (A), line 27, If "Ves," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule I	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," answer lines 24b through 24d and complete			v
	Schodula K. If "No." go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X_
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			0000000
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
00	was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		1 2 8 4	
28	instructions for applicable filing thresholds, conditions, and exceptions):		Sale.	
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 25th 555 " "Yes," complete Schedule L, Part IV	28c		X
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete scriedule is a few points and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	Did the organization receive contributions of art, historical treasures, of other armial assets, or quamed content armial assets are quamed content armial assets.	30		X
	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissource and cease operations: If resp. Complete screeding, a cr., a cr.			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	-		T
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	1	x
	Part V, line 1	34 35a	1	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+	+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	# "Ves." complete Schedule R. Part V. line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
(5)	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7	100	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		1 TEN
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1 345	100
G	(gambling) winnings to prize winners?	10		
29200	gambling) withings to prize winners?		_	0 (2022)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1000		1000
	filed for the calendar year ending with or within the year covered by this return 2a 12	The same of the sa		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	+
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	₩
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	Mark the transfer of the trans	5с		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		7b		
c				
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1100	
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b		9b	THE PARTY NAMED IN	
10	Section 501(c)(7) organizations. Enter:			
a	· Onning the contract of the c			
ь				
11	Section 501(c)(12) organizations. Enter:			
a				
ь	The state of the s			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	2399		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		WEST 1800
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	\$1000 PER	KERT	A COLD	
а	Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.	13a	BANK BOOK S	Samuel I
b				
	annulanting in Research to Leave and Miles and the state of the state			
14a	Did the organization receive any payments for indeer tenning convince during the Access of	1500000	Office of	NE CO
		14a	-	<u>x</u>
15	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	14b	-	
	excess parachute payment(s) during the year?			v
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			77
	If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1550h	MARIE	1
	4L-A 11 to 11 to 12 to 1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		
		Charles St.	350320	1000000

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Par	000 (2022)			
AND DESCRIPTION OF THE PARTY OF	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		90 mars (100 mars)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 10			To see
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	23		
_	officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses 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
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	MANAGE TO SERVICE STATE OF THE
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		200	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	Chief Control
15	Did the process for determining compensation of the following persons include a review and approval by independent		12.3	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450065	Х	5000
a	The organization's CEO, Executive Director, or top management official	15a	Λ	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		42
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	E46 ()	1	
16a		16a	DEPTH D	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	41		
	exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed MN			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) s	vailah	ole.
18	for public inspection. Indicate how you made these available. Check all that apply.	J. 1197 C	- vanat	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
10	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 612-435-0046			
	1201 MARQUETTE AVE S, 100, MINNEAPOLIS, MN 55403			
		_		

E0	000	(2022)

CANTUS

41-1934424

200 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		organ	nizat	ion	com	pen	sate	ed any current officer, d	irector, or trustee.		
(A)	(B)			(C	(2)			(D)	(E)	(F)	
Name and title	Average	I (go not check more than one)			ne	Reportable	Reportable	Estimated			
	hours per	box,	unles	s per	son is	s both	an	compensation	compensation	amount of	
	week		Joi all	u a ui	16010	70 05	.00)	from	from related	other	
	(list any hours for	irecto						the	organizations	compensation	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		yee	mpen		1099-NEC)	1033-1420)	and related	
	below	individual trustee or director	Institutional trustee	10	Key employee	Highest compensated employee	-e	1555 1125/		organizations	
	line)	Indiv	Instit	Officer	Key e	Highe	Former				
(1) JOSEPH HEITZ	40.00										
EXECUTIVE DIRECTOR				X				102,063.	0.	0.	
(2) ALEX NISHIBUN	40.00										
DIRECTOR		X						52,440.	0.	0.	
(3) JEREMEY WONG	40.00										
DIRECTOR		X						49,316.	0.	0.	
(4) BRIAN NEWHOUSE	1.00										
CHAIR		X		X				0.	0.	0.	
(5) THERESA GIENAPP	1.00										
VICE CHAIR		X	_	X			_	0.	0.	0.	
(6) DAVID NILES	1.00	1									
TREASURER		X	_	X	_	_	_	0.	0.	0.	
(7) PAUL WILSON	1.00	-									
DIRECTOR		X	_	_	_	_	_	0.	0.	0.	
(8) FRANK STUBBS	1.00	١								_	
DIRECTOR	1 00	X	-	-	-	-	-	0.	0.	0.	
(9) BARBARA THOMAS	1.00	x							_		
DIRECTOR	1 00	X	\vdash	\vdash	⊢	\vdash	-	0.	0.	0.	
(10) PAVIELLE FRENCH	1.00	x					1	0.			
DIRECTOR	1 50	^	+	\vdash	╁	\vdash	⊢	0.	0.	0.	
(11) NANCY GASCHOTT	1.50	x	1					0.	0.	_	
DIRECTOR	1 00	^	+	+-	+	\vdash	\vdash	0.	0.	0.	
(12) SANDRA DAVIS	1.00	x						0.	0.	0.	
DIRECTOR	1.00	1	+	+	+	╁	╁	0.	0.	0.	
(13) LAURIE MEYERS	1.00	$ _{\mathbf{x}}$					1	0.	0.	0.	
DIRECTOR	1.00	1	+	+	+	+	+	1	0.	U .	
(14) KIM HOLLINGSWORTH TAYLOR	1.00	x						0.	0.	0.	
DIRECTOR		- A	+	+	+	+	+	1	0.	0.	
		1									
		+	+	+	+		†				
		1									
				T	\top		T				
		_									

m 990 (2022) CANTUS									41-19	344	24	Page 8
art VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	Hig	hes	t Co	empensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)	T	(F)	
Name and title	Average Position							Reportable	Reportable	- 1	Estima	ted
Name and the	hours per	(do i	not ch unles	neck r	more to	than c	ne n an	compensation	compensation		amoun	t of
	week	offic	er an	d a di	irector	/trus	tee)	from	from related	related		er
	(list any	rlor						the	organizations		compens	
	hours for	que				pa		organization	(W-2/1099-MISC	/	from t	
	related	0 94	nstee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	trus	ral tr		36	d mo		1099-NEC)			and rela	
	below	individual trustee or director	institutional trustee	70	Key employee	Highest compensated employee	Former				organiza	tions
	line)	ig ig	Inst	Officer	Key	FE	For			+		_
	-	-	-	-	\vdash	-	\vdash			+		
		+										
	1	+		\vdash	\vdash					\top		
		1_								+		
		-										
	-	+	+	+	+	+	+			\top		
		1								\dashv		
			Γ									
		+	+	╀	+	+	+			十		
		\dashv										
		+	†	T	T		\top					
		1	\perp	1	\perp	\perp	4			+		
		\dashv										
				_				203,819.		0.		0.
1b Subtotal c Total from continuation sheets to Part	VII. Section A							0.		0.		0.
								203,819.		0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but	t not limited to	thos	e lis	ted a	abov	/e) w	/ho r	eceived more than \$100	,000 of reportable			1
compensation from the organization		7/2									Ye	
							70000		alayee on		304 639	
3 Did the organization list any former offi	cer, director, tru	istee	, key	em/	ploy	ee,	or hi	ghest compensated emp	pidyee on		3	X
										1000	400	
											4	X
4 For any individual listed on line 1a, is the and related organizations greater than \$	150,000? If "Y	es," (com	plete	e Sc	hedu	ule J	for such individual	idual for services		Late Des	
F Did any person listed on line 1a receive	or accrue comp	pensa	HUOI	1 1101	iii ai	iy u		ted organization or mark	idda idi da ida		5	X
rendered to the organization? If "Yes."	complete Sched	dule .	I for	SUC	n pe	1501						
Section B. Independent Contractors 1 Complete this table for your five highes		la da		dont	con	trac	tors	that received more than	\$100,000 of comp	ensati	ion from	
1 Complete this table for your five highes	t compensated	inde	pend	dina	with	n or	with	in the organization's tax	year.			
the organization. Report compensation	for the calenda	r yea	I en	unig	With	101	*****	(B)			(C)	tion.
(A) Name and busin	ness address]	NO	NE				Description of	services		ompensa	tion
					_		_					
			- 22									
											2	
		_	_		_	_	_					
												AND PART OF
Total number of independent contract	ore (including b	ut no	t lim	nited	to t	hose	e list	ed above) who received	more than		S 400 / S	
2 Total number of independent contract \$100,000 of compensation from the or	rganization					0					Form 99	0 (202
\$100,000 of compensation from the												

Form **990** (2022)

Par	t VI	Ш	Statement of Revenue					
		_	Check if Schedule O contains a respons	se or note to any I	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue exclude from tax under
						function revenue	business revenue	sections 512 - 51
			- 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			CONTRACTOR OF THE		(15)
Contributions, Gifts, Grants and Other Similar Amounts	1 :		Federated campaigns 1a 1b					
g g		3533				法国际 100 000		
A, ts	-		Fundraising events 1c 1d		30150			
흝				266,438				
Sig			Government grants (contributions) 1e	200,430				
号 号		T	All other contributions, gifts, grants, and	449,545		STATE OF THE STATE		
들됨			similar amounts not included above If Noncash contributions included in lines 1a-1f 1g \$	447,343				
E B		•			715,983.			的 是是自己的
Oa		n	Total. Add lines 1a-1f	Business Code	CONTRACTOR OF THE PROPERTY OF	BARNES BANKS		Manual Control
	_	_	TOURING FEES	711130	289,417.	289,417.		
iç	2		TICKET SALES	711130	288,839.	288,839.		
Program Service Revenue			MERCHANDISE SALES	711130	23,626.	23,626.		
			MERCHANDIDE DALLD	- /11130	25,0201			
gra Be		d		_				
or o		e	All other program service revenue	-				
_			Total. Add lines 2a-2f		601,882.	SECTION SECTION		
_	3	ч	Investment income (including dividends, inte	erest, and				
	۰		other similar amounts)		2,958.			2,958.
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
	-		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses7b					
Other Revenue		С	Gain or (loss)7c					
- Be		d	Net gain or (loss)	****				
Ē	8	а	Gross income from fundraising events (not			为时间的自然		
₹			including \$ of			L'ORD PRESIDE		
			contributions reported on line 1c). See					
			Part IV, line 18	Ba	2 € 3			
	1	b	Less: direct expenses	Bb				
			Net income or (loss) from fundraising events			S S S S S T T T S S S		
	9	a	Gross income from gaming activities. See					
)a				
)b		Constitution of the second		
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
				0a				
		b Less: cost of goods sold10b			100		Market State of the State of th	
_		C	Net income or (loss) from sales of inventory	I Punta	*			
ş	11		MISCELLANEOUS	Business Code	4 104	4 104		
Miscellaneous Revenue	11	a b	MIDCELLIAMEOUD	711130	4,124.	4,124.		
scellaned Revenue		C		-				
Bess			All other revenue		-			
Σ	1	e	Total. Add lines 11a-11d		4,124.			
	12		Total revenue, See instructions		1,324,947.	606 006		SECTION .
23200				***************************************	- 1 2 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	606,006.	0.	2,958.

Form 990 (2022) CANTUS Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1111
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				AND THE PROPERTY OF
5	Compensation of current officers, directors,	220 421	110 022	61,252.	47,236
	trustees, and key employees	228,421.	119,933.	01,232.	17,200
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	442 142	352,102.	62,055.	28,985
7	Other salaries and wages	443,142.	352,102.	02,033.	20,300
8	Pension plan accruals and contributions (include	10 040	11 552	1 049	241
	section 401(k) and 403(b) employer contributions)	12,842.	11,552. 29,028.	1,049. 5,603.	241. 2,956.
9	Other employee benefits	37,587.		8,926.	5,455
10	Payroll taxes	49,588.	35,207.	0,920.	3,433
11	Fees for services (nonemployees):				
а	Management	26		26.	
b	Legal	26.		26,845.	
С	Accounting	26,845.		20,043.	
d	Lobbying			COLUMN TO THE PARTY OF THE PART	
е	Professional fundraising services. See Part IV, line 17		2001年1月1日 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日	WILLIAM STATE OF THE STATE OF T	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	114 240	114 240		
	column (A), amount, list line 11g expenses on Sch O.)	114,349.	114,349. 38,314.	9,713.	5,936
12	Advertising and promotion	53,963.	67,640.	17,148.	10,479
13	Office expenses	95,267.	3,497.	887.	542
14	Information technology	4,926.	3,497.	007.	312
15	Royalties	20 146	10 094	5,066.	3,096
16	Occupancy	28,146.	19,984.	3,000.	3,030
17	Travel	132,859.	132,859.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 071	760.	193.	118
22	Depreciation, depletion, and amortization	1,071.	11,942.	3,028.	1,850
23	Insurance	16,820.	11,942.	3,020.	1,830
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),			A THE TAXA	
	amount, list line 24e expenses on Schedule U.)	30,439.	30,439.		
а	REHEARSAL AND EVENT REN	8,184.	5,811.	1,473.	900
b	GENERAL ARTISTIC	2,027.	1,439.	365.	223
C	MISCELLANEOUS	2,021.	1,100.	505.	223
d					
е	All other expenses	1,286,502.	974,856.	203,629.	108,017
25	Total functional expenses. Add lines 1 through 24e	1,200,302.	5/4,050.	203,023.	200,011
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

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Part .		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1		***************		1		
	2	Savings and temporary cash investments	992,571.	2	1,084,238		
	3	Pledges and grants receivable, net	33,949.	3	37,008		
	4	Accounts receivable, net			8,089.	4	948
	5	Loans and other receivables from any current	t or forme	er officer, director,		Partie	
		trustee, key employee, creator or founder, su			SANTAL SERVICE		
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Dranaid assessed at the state			8,837.	9	1,941
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,085. 24,639.			2015年6月1日 - 100 ·
	b	Less: accumulated depreciation		24,639.	3,517.	10c	2,446
1	11	Investments · publicly traded securities			11		
1	2	Investments - other securities. See Part IV, lin		12	37,167		
1	3	Investments - program-related. See Part IV, lin		13			
1	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11	1,753.	15	0		
1	6	Total assets. Add lines 1 through 15 (must e			1,048,716.	16	1,163,748
1	7	Accounts payable and accrued expenses	43,701.	17	38,511		
11	8	Grants payable		18			
19	9	Deferred revenue			5,000.	19	49,289
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
2	2	Loans and other payables to any current or fo	ormer offi	cer, director,	ALMANDA SER		10.00mm (10.00mm) (10.00mm)
≝		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			a second last second
Liabilities		controlled entity or family member of any of the	hese pers	ons		22	
ے ₂₃	3	Secured mortgages and notes payable to unr	elated th	rd parties	150,000.	23	150,000
24	4	Unsecured notes and loans payable to unrela	ted third	parties		24	
25		Other liabilities (including federal income tax,	24 9				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D				25	37,488
26	_	Total liabilities. Add lines 17 through 25		(T)	198,701.	26	275,288
		Organizations that follow FASB ASC 958, c	heck her	e X			
27		and complete lines 27, 28, 32, and 33.		į.	0.45 0.45		
27	9	Net assets without donor restrictions	845,015.	27	885,460		
28		Net assets with donor restrictions			5,000.	28	3,000
!		Organizations that do not follow FASB ASC	958, ch	eck here			
		and complete lines 29 through 33.	Į.	NEW YORK STREET			
29		Capital stock or trust principal, or current fund				29	
30		Paid-in or capital surplus, or land, building, or				30	
31		Retained earnings, endowment, accumulated				31	
28 29 30 31 32		Total net assets or fund balances			850,015.	32	888,460
33	1	Total liabilities and net assets/fund balances		*************************	1,048,716.	33	1,163,748.

,163,748. Form **990** (2022)

	990 (2022) CANTUS	41-19	34424	Pag	e 12
orm	990 (2022) CANTUS t XI Reconciliation of Net Assets				
Pai	Check if Schedule O contains a response or note to any line in this Part XI		,		
	Check it Schedule O contains a response of Hote to any mine we are			•	
	Total revenue (must equal Part VIII, column (A), line 12)	1	1,324		
1	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	1,286		
2		3	38	,44	15.
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	850	,01	L5.
4	Net unrealized gains (losses) on investments	5			
5	Donated services and use of facilities	6			
6	Donated services and use of facilities	7			
7	Investment expenses Prior period adjustments	8			
8	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
9	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	ACCURATE AND ACCUR	10	888	3,4	<u>60.</u>
Pai	column (B)) rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	Check it Schedule of Contains a response of Hotel to any mine			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other				3
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	10 mm		
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	100	X
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		27.57	25	12
	Separate basis Consolidated basis Both consolidated and separate basis		50.70	1500	3000
h	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 separate	basis,			
	consolidated basis, or both:		0.5		
	Separate basis Consolidated basis Both consolidated and separate basis		\$2.50 mg	1000	d. Heade
С	If "Ves" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
٠	review, or compilation of its financial statements and selection of an independent accountant?		2c	1000000	DESIGNATION OF THE PARTY OF THE
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		53/20	100000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1000		.,
	Uniform Guidance 2 C.F.R. Part 200, Subpart F?		3a	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
_			2h	1	1

Form 990 (2022)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-FZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CANTUS 41-1934424 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (ii) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2022 CANTUS 41-1934

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

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

Sec	tion A. Public Support				9,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	467,802.	623,751.	825,119.	1009905.	715,983.	3642560.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	467,802.	623,751.	825,119.	1009905.	715,983.	3642560.
5	The portion of total contributions						
	by each person (other than a				240 00000	5 15 6 6 6 6 6 6	
	governmental unit or publicly		20年 20 0 0 0 0		444	Christian in the	
	supported organization) included			SELECTIFICS.	F 6 1 2 2 2		
	on line 1 that exceeds 2% of the					La street mark	
	amount shown on line 11,		医多种性质		OF THE PROPERTY.	DECEMBER OF THE PARTY OF THE PA	
	column (f)						67,774.
6	Public support. Subtract line 5 from line 4.		12/2/2019			- Continue Continue	3574786.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	467,802.	623,751.	825,119.	1009905.	715,983.	3642560.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,326.	1,324.	2,982.	188.	2,958.	12,778.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	323.					323.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	年 教 《 2 2 4		Marie Same	- Branch Control	建筑的产业工产	3655661.
12	Gross receipts from related activities,	etc. (see instruction	ons) ,		***********		,489,550.
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stor	here				H.3	
	ction C. Computation of Publi						07 70
	Public support percentage for 2022 (I				***************************************	14	97.79 % 95.92 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2022. If the c						x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					vi how the organia	zation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17i	b, check this box a	and see instruction	s L

Schedule A (Form 990) 2022 CANTUS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	ciow, piease com	piete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 25.0	(0) 2020	(4) 2021	(6) 2022	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants ")		8.2				
2	Gross receipts from admissions,		1				
_	merchandise sold or services per-		1		1		
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the		24%				
	amount on line 13 for the year						
	Add lines 7a and 7b		Marie Commission of the dis				
	Public support. (Subtract line 7c from line 6.)		24	(A)		是是是一个的。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,	1					
	whether or not the business is						
	regularly carried on					les.	
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, fo	ourth, or fifth tax	year as a section 5	01(c)(3) organization	on.
	check this box and stop here			***************************************		(),(-) = 3	
Sect	tion C. Computation of Public	Support Per	centage				
15	Public support percentage for 2022 (lin	ne 8, column (f), di	ivided by line 13, co	olumn (f))		15	%
16 F	Public support percentage from 2021	Schedule A, Part I	III, line 15		***************************************	16	%
	tion D. Computation of Invest					110	70
_	nvestment income percentage for 20			e 13 column (fl)		42	0/
	nvestment income percentage from 2					17	%
			1111	n line 14 and line		18	%
198	33 1/3% support tests - 2022. If the	Jiganization uid ni	organization availa	n ine 14, and line	is is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and						
b 3	33 1/3% support tests - 2021. If the	organization did no	ot check a box on l	ine 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, a	and
li	ne 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	ization qualifies a	as a publicly suppo	orted organization	
20 F	Private foundation. If the organization	did not check a b	oox on line 14, 19a	or 19b, check th	is box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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	
20,000	103		
1	900		
2	-	13%	l
3a			
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3b	2 / -	A(C)	
3c	50058	SLATE	
4a	NO ROBERT		
		100	
4b			
	1		
4c	A SECTION		
	7		
5a	1	P COLUMN	
5b	-	+	_
5c			
	150		S
200			
6	250		
7	No. of Concession, Name of Street, or other teams, or other te	DE COLUMN	531
	100		
8		NI SER	
9a			
			-
9b	V6 230V		
9c			_
10a	25 2.50	ELL ES	100
100	100	7	33
106			_
		0010	200

	Medie A (10111 330) 2022 CHATOB	11 17011		age o
Par	Part IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11th	b and		
_	11c below, the governing body of a supported organization?	11a		
h	b A family member of a person described on line 11a above?	11b		
	See a production of the control of t			
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	c, provide		
500	detail in Part VI. section B. Type I Supporting Organizations	1110		
360	ection b. Type i Supporting Organizations		1	T
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or mem	nbership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the power to regularly appoint or elect at least a majority of the organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported org		Siek	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more th organization, describe how the powers to appoint and/or remove officers, directors, or trustees were alloc	cated among the	sport to	20000
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operate			
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations	•		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	tors	1000	
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con			
	or management of the supporting organization was vested in the same persons that controlled or manage	1	NAME OF STREET	00000000
Sac	the supported organization(s). ection D. All Type III Supporting Organizations			
-	ection B. Air Type in Supporting Organizations		V	
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	ALTERNATION AND ADDRESS OF THE PARTY OF THE		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	vided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	rted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	VI how	1000	
	the organization maintained a close and continuous working relationship with the supported organization(s			
3	3 By reason of the relationship described on line 2, above, did the organization's supported organizations h	have a	A BREE	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ear (see instructions).		
а	The state of the Addition Test of the Control of th			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The state of the s	mmental entity (see instruction	(2)	
2		(ccc meacoach	Yes	No
а	The state of the s	es of	No.	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identif			
	those supported organizations and explain how these activities directly furthered their exempt purpose			
	how the organization was responsive to those supported organizations, and how the organization determine	19659,3969		
			Charles &	
	that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involver	2a	1000000	
D			1	100
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	in Discount	E BRES	3000
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			AND ST
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1500	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	$\begin{tabular}{ll} \bf b & {\sf Did} \ the \ organization \ exercise \ a \ substantial \ degree \ of \ direction \ over \ the \ policies, \ programs, \ and \ activities \end{tabular}$	of each		1
	of its supported organizations? If #Vos # describe in Part VI about the standard in this supported organization in this support			

j	Distributable Amount. Subtract line 5 from line 4, unless subject to	ı	A THE RESERVE AND A STREET OF THE PARTY OF T
	emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally i	ntegr	rated Type III supporting organization (see
	instructions)		

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2022

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin	arred)	1-1934424 Page 7
Sec	tion D - Distributions	,,,,	Conur	ided)	Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Our ent Tear
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		1	
_	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		2	
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	A
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive			
_	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6		中一大大学///大学大师	1200	
2	Underdistributions, if any, for years prior to 2022 (reason-	12 35 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		35	一块的物质
	able cause required - explain in Part VI). See instructions.				William College
_3	Excess distributions carryover, if any, to 2022		This pay the work	医粉色 色	Mary to State Lead
a	From 2017	国际			
	From 2018		11 11 11 11 11 11	2000 20	
c	From 2019	the state of the state of the state of			Petro at a sale to the receive
<u>d</u>	From 2020	5 (C)	AT ASSESSED.		1 The Investor who
	From 2021	Control of Control of Control	A Charles in the Law	Talent 13	"特色元素的创新的产生企图
	Total of lines 3a through 3e			100	的复数有数分割成 歷史
	Applied to underdistributions of prior years	and the state of t		89	Harrison Polar & B
	Applied to 2022 distributable amount			200	
	Carryover from 2017 not applied (see instructions)		机当时 "A1年"的自然的特	Direction (Sep	
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$		沙阳 型、岭 黄金	P 55 14	CONTRACTOR OF A
	Applied to underdistributions of prior years	Control of the Contro			
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if	THE STREET STREET			EXTORNO GENERAL POP
5	any. Subtract lines 3g and 4a from line 2. For result greater				10 July 10 10 10 10 10 10 10 10 10 10 10 10 10
	than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h	3.6	The same of the same of the	(A)	A PORT OF THE SALES AND A SALES
٠	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				The second second second
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019	THE PARTY OF THE P			
С	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				
				STREET, SQUARE,	

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CANTUS			41-1	934424	Page 8
Part VI	Supplemental I Part IV, Section A, Ii line 1; Part IV, Secti	nformation. Providing 1, 2, 3b, 3c, 4b, 4c on D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 11a rt IV, Section E, lines 1	a, 11b, and 11c; Part IV, \$ c. 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part Section B, lines 1 and 2; Pa t V, line 1; Part V, Section t for any additional informa	t III, line 12; art IV, Section (B, line 1e; Part	C,
	(See instructions.)						

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization 41-1934424 CANTUS Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

_	-	•	-	-	•	
C.	Δ	N		ы		•

41-1934424

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$98,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ 134,923.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

C	Δ	N	4	P	ГT	C

41-1934424

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-2		\$	

Employer identification number

WTUS			41-1934424				
at III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	competing Part.II, enter the 10th of exclusively religious. III	rentative etc., contributions of \$1,000 or in	eds for the year Erner trie-info price (\$				
	Use duplicate copies of Part III if additional s						
Mg.							
arti	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- 1			_				
Ť		(e) Transfer of gift					
- 1		ist margin or Am	•				
- 1							
L	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
- 1							
14.							
Mo.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ati	(b) Farpose or give	1 1000					
L							
- 1	(e) Transfer of gift						
- 1							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
- F	1121223						
s) No.		(c) Use of gift	(d) Description of how gift is held				
art I	(b) Purpose of gift	(5) 036 37 911	10,5000				
-							
T		(e) Transfer of git	ń				
	The state of the s	rd 719 . 4	Relationship of transferor to transferee				
1	Transferes's name, address, a	III LIF YY					
- 1							
- 1							
1860			(A) Demonstration of the months to the day				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
201							
- 1							
1							
_							
1							
1		(e) Transfer of g	*				
- 1		(e) transfer or B	pro.				
			man and the standards to the standards				
	Transferse's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
1							
- 1							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CANTUS

Employer identification number 41-1934424

Pa	rt I Organizations Maintaining Donor Advis				41-1934424
	Organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, I	ed Funds or Other	Similar Funds	or Accou	nts. Complete if the
	Tes on Form 990, Part IV, I				10
1	Total number at and of	(a) Donor adv	ised funds	(b) Fur	nds and other accounts
2	Total number at end of year				
3	Aggregate value of contributions to (during year)				
4	Aggregate value of grants from (during year)				
5	Aggregate value at end of year				
3	Did the organization inform all donors and donor advisors in	n writing that the assets	held in donor advise	d funds	
6	are the organization's property, subject to the organization's	's exclusive legal control	?	***************	Yes No
0	and donor all grantees, donors, and donor	advisors in writing that	grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for	any other purpose co	onferring	
Pa	impermissible private benefit?	Annual Control for the Arthurst Control of			Yes No
1	Complete in the o	organization answered "\	res" on Form 990, Pa	art IV, line 7.	
'	Purpose(s) of conservation easements held by the organization	ation (check all that apply	<u>r).</u>		
	Preservation of land for public use (for example, recre	eation or education)			important land area
	Preservation of open space	L	Preservation of a	certified his	storic structure
2					
_	Complete lines 2a through 2d if the organization held a qual day of the tax year.	alified conservation contr	ibution in the form of	a conservat	tion easement on the last
					Held at the End of the Tax Year
c	Number of conservation essements on a contified historic et	to action lead of the		2b	
	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired	tructure included in (a)		2c	
_					
3	Number of conservation easements modified, transferred, re	alassad authorished a		2d	
	year	eleased, extiliguisilled, or	terminated by the o	rganization (during the tax
4	Number of states where property subject to conservation ea	asement is located			
5	Does the organization have a written policy regarding the pe		ction bandling of		
	violations, and enforcement of the conservation easements i	27 47 274 225			
6	Staff and volunteer hours devoted to monitoring, inspecting,		and enforcing consor	votion cocc	Yes No
	9,	, realizations, c	and emoreing conser	vation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	enforcing conservation	n easement	o during the
	3,		moreing conscivation	ii easement	s during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170/h)/	4)(R)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its reve	enue and expense st	atement and	Yes No
	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	easures, or Othe	er Similar	Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	venue statement and	balance she	eet works
	of art, historical treasures, or other similar assets held for pub				
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenu	e statement and bal	ance sheet v	works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			s	
	### A				
	If the organization received or held works of art, historical trea			ain, provide	
	the following amounts required to be reported under FASB AS			, p. 01.00	
	Personus included on Form 000, Dest VIII, III- 4			\$	
	Assets included in Form 990, Part V		karibaribarib		

Sched	dule D (Form 990) 2022 CANTUS						934424	
Par		ollections of Art	t, Historical Tr	easures, or O	ther Si	imilar Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ke signif	ficant use of its	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change program				
b	Scholarly research	e	Other					
C	Preservation for future generations							
	Provide a description of the organization's co						rt XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	asures, or other sin	milar ass	sets	_	
	to be sold to raise funds rather than to be ma					1773 / 177412	Yes	No_
Par	Escrow and Custodial Arrang		ete if the organizati	on answered "Yes	s" on For	rm 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi						7	No
	on Form 990, Part X?					L	Yes	□ NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				Amount	
						10	741100111	
	Beginning balance					1c		
	Additions during the year					1e		
-	Distributions during the year					1f		
f	Ending balance Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par		if the organization ar	swered "Yes" on F	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba		Three years bad	k (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment%							
C	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered	for the		_	
	organization by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization			?		••••••	3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm Complete if the organization answere		O Part IV line 11a	See Form 990 P	art Y lin	a 10		
							(d) Dec	le control
	Description of property	(a) Cost or o		is (other)		umulated eciation	(d) Boo	k value
	Load		niony bas	io (outor)	Jopie			
	Land			100		AND SHAPE OF THE PARTY OF THE P		
	Buildings			25,035.		22,589.		2,446.
	Leasehold improvements	I .		2,050.		2,050.		0.
	Equipment			2,030.		2,000.		0.
_	Other		V salver (D) C-	1001				2.446.

Schedule D (Form 990) 2022 CANTUS		41-	1934424 Page 3
Schedule D (Form 990) 2022 CANTUS Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990. Part IV, line	11b. See Form 990, Part X, line 12.	
Complete if the organization answered Tes	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(0)	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			CHICAGO CONTRACTOR
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes	" on Form 990 Part IV line	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered Tes	a) Description		(b) Book value
	1) Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	3" on Form 990, Part IV, line	e Tie of Til. See Form 990, Part A, line 25.	(b) Book value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			27 400
(2) LEASE LIABILITY			37,488

(3) (4) (5) (6) (7) (8) 37,488. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,369,947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	45,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			45 000
е	Add lines 2a through 2d			2e	45,000.
3	Subtract line 2e from line 1			3	1,324,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		45.00	
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	1 224 047
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	-4- 14/i4h	Funancia na B	5	1,324,947.
Fel	t XII Reconciliation of Expenses per Audited Financial Statemen	nts with	Expenses per H	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 221 502
1	Total expenses and losses per audited financial statements			1	1,331,502.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	45 000		
- 0	Donated services and use of facilities	2a	45,000.		
b	Prior year adjustments				
- 1	Other losses	1 1			
d					45,000.
	Add lines 2a through 2d			2e	1,286,502.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1000	1,200,302.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	0.00			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,286,502.
	t XIII Supplemental Information.				
STORY OF THE PARTY	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1b a	and 2b: Part V. line 4:	Part X	C. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				,
PAF	T X, LINE 2:				
INC	OME TAXES: CANTUS IS EXEMPT FROM INCOME TAX	KES UN	DER INTERN	AL F	REVENUE
COL	E SECTION 501(C)(3) AND APPLICABLE MINNESON	ra sta	TUTES, EXC	EPT	TO THE
EXT	ENT IT HAS TAXABLE INCOME FROM BUSINESSES	A TAHT	RE NOT REL	ATEI	O TO ITS
VA-12 (174 115)					
EXE	MPT PURPOSE. MANAGEMENT BELIEVES CANTUS DI	TON DI	HAVE ANY	UNRI	ELATED
BUS	INESS INCOME IN 2023 OR 2022. CANTUS BELIEV	JES TH	AT IT HAS	APPI	ROPRIATE
SUE	PORT FOR ANY TAX POSITIONS TAKEN, AND ACCOR	RDINGL	Y, DOES NO	T H	AVE ANY
UNC	ERTAIN TAX POSITIONS THAT ARE MATERIAL TO	THE FI	NANCIAL ST	ATE	MENTS.
	· ·				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CANIDITO

Employer identification number 41-1934424

CANTUS			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
THROUGH SONG AND WORD, SPARKING NEW DEPTHS OF UNDERSTANDING AND			
EMPATHY.			
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:			
THAT APPROACH TO SELECT IN-PERSON PERFORMANCES AS WELL; DURING THE			
2022-23 SEASON, MORE THAN HALF (51 PERCENT) OF ONLINE ATTENDEES AND 7			
PERCENT OF IN-PERSON AUDIENCES PAID A REDUCED TICKET PRICE.			
ADDITIONALLY, CHORUS AMERICA NAMED CANTUS AS THE WINNER OF THE ALICE			
PARKER FUND AWARD FOR THOUGHTFUL PRESENTATION OF CHORAL MUSIC BASED IN			
THE TRADITIONS OF THE BLACK AND LATINX COMMUNITIES.			
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:			
FOR CURATION INTO AN UPCOMING BROADCAST SPECIAL.			
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:			
EDUCATION: A COMMITMENT TO DEEPENING THE MUSIC-EDUCATION EXPERIENCE IN			
THE LIVES OF YOUNG PEOPLE AND FOSTERING A FUTURE FOR ENSEMBLE SINGING			
REMAIN INTEGRAL TO CANTUS' MISSION. IN 2022-23, CANTUS WORKED WITH THE			
CHOIRS OF WHITE BEAR LAKE AND MINNETONKA HIGH SCHOOLS IN ITS			
AWARD-WINNING HIGH SCHOOL RESIDENCY PROGRAM. CANTUS ALSO PARTNERED WITH			
ROCHESTER, MINNESOTA-BASED CHORAL ARTS ENSEMBLE FOR A TWO-DAY WORKSHOP			
WITH HIGH SCHOOL STUDENTS FROM SOUTHEAST MINNESOTA.			
EXPENSES \$ 97,485. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,300.			