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**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

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

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning JUL 1, 2020and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change CANTERBURY ENTERPRISES INC Name change 43-1339823 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 314-781-3999 7228 WEIL AVE termin-ated 1,224,414. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SHREWSBURY, MO 63119 H(a) Is this a group return Applica-F Name and address of principal officer: CHARLES FISCHER Yes X No for subordinates? pending 7228 WEIL AVE, ST LOUIS, MO 63119 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: WWW.CANTERBURYINC.ORG **H(c)** Group exemption number **K** Form of organization: X Corporation Association Other > L Year of formation: 1983 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EMPLOYMENT AND Activities & Governance SUPPORT TO INDIVIDUALS WITH DISABILITIES IN AN ENVIRONMENT WHICH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>105</u> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 10 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year**  $79\overline{6,873}$ 839,347. Contributions and grants (Part VIII, line 1h) Revenue 328,106. 408,659 Program service revenue (Part VIII, line 2g) 31,931. 42,027. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -3.33,832. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,313,769. 1,167,003. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 941,838. 832,686. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 265,557. 251,950. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,207,395. 1,084,636. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 106,374. 82,367. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,644,188. 3,820,666. 20 Total assets (Part X, line 16) 231,929 53,830. 21 Total liabilities (Part X, line 26) 766,836. 412,259. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHARLES FISCHER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 10/15/21 MARK J HOLLMAN P00986838 Paid GRABEL, SCHNIEDERS, HOLLMAN & CO., Firm's EIN **▲** 43-1171178 Preparer Firm's name Firm's address 206 W. ARGONNE, STE 200 Use Only

KIRKWOOD, MO 63122

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (314) 434-7310

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  TO PROVIDE EMPLOYMENT AND SUPPORT TO INDIVIDUALS WITH DISABILITY	
	AN ENVIRONMENT WHICH PROMOTES DIGNITY, ENCOURAGES INDEPENDENCE	
	EMPOWERS PERSONAL GOAL ATTAINMENT WHILE OFFERING QUALITY SERVIO	
	THE BUISNESS COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes LIL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	348,461.
	SHELTERED WORKSHOP PROVIDES PRODUCTIVE EMPLOYMENT TO PHYSICALLY	: AND
	DEVELOPMENTALLY DISABLED INDIVIDUALS	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	\(\(\text{(1.500.000}\)\)\(\text{(1.500.000}\)\(\text{(1.500.000}\)\)\(\text{(1.500.000}\)\(\text{(1.500.000}\)\)\(\text{(1.500.000}\)\(\text{(1.500.000}\)\(\text{(1.500.000}\)\)\(\text{(1.500.000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.0000}\)\(\text{(1.500.00000}\)\(\text{(1.500.00000}\)\(\text{(1.500.00000}\)\(\text{(1.500.00000}\)\((1.500.000000000000000000000000000000000	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	,
4d	Other program services (Describe on Schedule O.)	
4:	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 872,451.	)
<u>4e</u>	Total program service expenses ▶ 872,451.	Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
<b>L</b>		па	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		122
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

D 11/	Checklist of Required Schedules (continued)
Dart IV	I I TOOCKIICT OF WOOLIIFOO SCHOOLIIOC (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Sahadula I. Dart I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	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			x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<del></del>
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2020)

032004 12-23-20

Form **990** (2020)

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or nor during the year?  4 A Lany 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 barik account, securities account; or other financial accounts (and the programation of the programation of the programation of the financial accounts)?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes, "did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles?  7 organizations that may receive deductible contribution and any organization receive a payment in excess of \$75 made parity as a contribution of property for which it was required to the Fore 1882?  8 organization receive a payment in excess of \$75 made parity as a contribution of property in the property of the programation receive and property in the gross property for which it was required?  9 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 organization received a contribution of qualified intellectual property, did the organization receive any t				Yes	No
b If at least one is reported on line 2a, did the organization file all required foeder employment tax returns?  3a Did the organization have united to business gross income of \$1,000 or more during the year?  3a Did the organization have united business gross income of \$1,000 or more during the year?  3a Did the organization have united business gross income of \$1,000 or more during the year?  3a A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, and the foreign country.  5a If 1'Yes, 'has the harman of the foreign country.  5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that many receive deductible contributions under section 170(c).  a Did the organization accepts any time, directly or indirectly, to pay premium an aparty for goods and services provided to the payor?  7b Did the organization during the very any permium, directly or indirectly, to pay premium on a personal benefit contract?  7c Did the organization during the year, pay premium, directly or indirectly, to pay premium on a personal benefit contract?  7c Did the organization during the year, pay premium, directly or indirectly, to pay premium on a personal benefit contract?  7d Did the or	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required the -file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a form 8967 for this year? If "No" to line 30, provide an explanation on Schedule 0  3c		filed for the calendar year ending with or within the year covered by this return			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b bif 11*es, *has titled a Form 980 For for this year? 1 1/0 ** to line 3b, your own averagement on a Schedule O.  3b bif 11*es, *has titled a Form 980 For for this year? 1 1/0 ** to line 3b, your own averagement on a Schedule O.  4c 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 accounts (FBAR).  5c If 11*es is one should be a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If 11*es is one should be a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If 11*es is one should be a foreign country (such as a bank account, securities account, or other financial account).  5c If 11*es is one should be a foreign country (such as a bank account, securities account, or other financial account).  5c If 11*es is one should be organization that it was or is a party to a prohibited tax shelter transaction?  5c If 11*es is one should be organization the organization the fore masses of a shelt problem of the same shelt transaction?  5c If 11*es, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible?  5c Obset the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any optimization shelt were not tax deductible?  5c Organization that may receive deductible contributions under section 170(c).  6c Organization that may receive deductible contributions and party organization and party organization services of the section shelt of the organization services of the value of the goods or services provided?  6c If 11*es, 11*es	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
b if Yes, "has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4 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 accounts)  5 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).  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that at was or is a party to a prohibited tax shelter transaction?  5 b Did any taxabile party notify the organization that at was or is a party to a prohibited tax shelter transaction?  5 c Diose the organization have annual gross receipts that at anormally greater than \$100,000, and clid the organization solicit any contributions that were not tax deductible?  7 organizations that many receive deductible as charitable contributions?  8 b If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 b If "Yes," old the organization notify the donor of the value of the goods or services provided to the payor?  8 b If "Yes," include the number of Forms 8282 filed during the year  9 b Did the organization receive a payment muesses sity of indirectly, to pay premium on a personal benefit contract?  9 b Did the organization received a contribution of qualified intellectual property, did the organization for payment and paying the payor approached for the value of the organization received a contribution of qualified intellectual property, did the organization make any taxabiled intellectual property, did the organization make any taxabiled intellectual property, did the organization recei		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary 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 accounts (FBAR), and in a such a such as a bank account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, securities account, securities account, or other financial accounts (FBAR), and it is a such as a bank account, and a such as a bank account as a such	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
francial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b Dd any extable party notify the organization fine it was or is a party to a prohibited tax shelter transaction?  5a	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		
b If "Yes," enter the name of the foreign country    Se instructions for lifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X c If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X organization and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a bid the organization state may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C bid the organization notify the donor of the value of the goods or services provided?  To bid the organization sell, exchange, or otherwise dispose of tangible personal personal benefit contract?  7c X if If Yes, indicate the number of Forms 8282 field during the year  7c If Did the organization received a contribution of qualified intellectual property, did the organization for the year, pay premiums, directly, or pay premiums on a personal benefit contract?  7r If If the organization received a contribution of cars, boats, airplanes, or other-whicles, did the organization file a Form 1088-0?  8 Sponsoring organization make a distributions under section 49667  9 Sponsoring organization make a distribution to a donor, diving the year?  9 Sponsoring organization make a distribution to a donor, diving the year?  9 Sponsoring organization make a first hid in survance issuers.  10	4a				
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					7.7
	16		16		X
		It "Yes," complete Form 4720, Schedule O.	Farr	000	(2000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	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	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finar	ncial	
	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			
	CHARLES FISCHER - 314-781-3999			
	7228 WEIL AVE, SHREWSBURY, MO 63119			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Jer ar	lu a u	recio	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee Ge	ubeu		(VV-2/1099-WIISC)		and related
	below	dual t	tiona	١. ا	nploy	st cor	_			organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o.gaa
(1) COLBY SCHMID	1.00	=	_		×	T 9	-			
TREASURER		х						0.	0.	0.
(2) MIKE CALLAHAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(3) EILEEN O'SULLIVAN	1.00									
CHAIRPERSON		Х						0.	0.	0.
(4) CHRISTA PONSTINGL	1.00									
VICE PRESIDENT		X						0.	0.	0.
(5) MIKE HAYES	1.00	K								
SECRETARY		X						0.	0.	0.
(6) MIKE MEIER	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) JEFF BINDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MIKE VOLMERT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOHN SENDOBRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUSAN MELLO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JARED HOWE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TODD CRAIG	1.00									
PRESIDENT		Х						0.	0.	0.
(13) BEV BARRINGER-RUGGERI	1.00									
BOARD MEMBER		Х						0.	0.	0.
							_			
		}								

Form **990** (2020)

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploye	es, a	and I	lighe	est C	Compensated Employe	es (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box, u officer	ot che inless	perso	on re than n is bo ctor/tru	th an	Reportable compensation from the	Reportable compensation from related organizations		am (	timated ount cother	of
	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer Kev emplovee	est compensated	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	oensat om the anizatio I relate nizatio	e on ed
	line)	Indivi	Institu	Officer Kev em	Highe	Form						
		H										
		H										
		brack										
		+										
		$\vdash$										
		$\vdash$										
		$\vdash$										
		$\vdash$										
1h Subtotal		Ш	_	-	$\bot$		0.		0.			0.
1b Subtotal c Total from continuation sheets to Pa							0.		0.			0.
d Total (add lines 1b and 1c)							0.		0.			0.
Total number of individuals (including compensation from the organization		iose II	sted	abo	ve) w	no r	eceived more than \$100	J,000 of reportable	e 		Yes	No.
3 Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			•		•	_	ghest compensated emp	•		3	100	Х
4 For any individual listed on line 1a, is t and related organizations greater than		le con	nper	nsatio	on an	d ot	her compensation from			4		Х
5 Did any person listed on line 1a receiv rendered to the organization? If "Yes,"					-		ed organization or indiv	idual for services		5		X
Section B. Independent Contractors												
1 Complete this table for your five higher the organization. Report compensation									pens	ation fr	om	
(A Name and busi	.)	NOI					(B) Description of s		C	(C Compen	) isation	1
2 Total number of independent contract \$100,000 of compensation from the o		ot limi	ited	to th	ose I 0	stec	a above) who received n	nore than		Form 9	200	
										⊢orm \$	1911 (2	ハンロ

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Pa	rt V	111			as in this Dort VIII			
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4 .	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant			Federated campaigns 1a Membership dues 1b					
ي ۾ ق			Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts				761,748.				
Sis			All other contributions, gifts, grants, and					
her		•	similar amounts not included above	35,125.				
헃		a	Noncash contributions included in lines 1a-1f					
Cor		_	Total. Add lines 1a-1f	<b>•</b>	796,873.			
		<u></u>	Totali / Ida iirico Ta Ti	Business Code				
ø	2 :	а	WORKSHOP SALES	900099	328,106.	328,106.		
کز کزر		b			,			
Program Service Revenue		c						
an eve		d						
ogr R		e						
P	1	f	All other program service revenue					
	(		Total. Add lines 2a-2f	<b></b>	328,106.			
	3	_	Investment income (including dividends, intere					
			other similar amounts)		22,560.			22,560.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6 8	а	Gross rents 6a					
			Less: rental expenses 6b					
	(	С	Rental income or (loss) 6c					
	(	d	Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 65,829.					
	-	b	Less: cost or other basis					
nue			and sales expenses 76 46,362.					
Revenue			Gain or (loss) 7c 19,467.		40 465	10 165		
			Net gain or (loss)	<u></u>	19,467.	19,467.		
Other	8 8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	10 150				
		_	Part IV, line 18	10,158.				
			Less: direct expenses8b	11,049.	-891.			-891.
				<b></b>	-031.			-091.
	9 8	а	Gross income from gaming activities. See					
			Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b>P</b>				
	10 8	a	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		<u> </u>	Hot moone or hoss) nom sales of inventory	Business Code				
snc	11 :	a	MISCELLANEOUS	900099	888.	888.		
nue		a b						
Miscellaneous Revenue		c						
Jisc R			All other revenue					
2			Total. Add lines 11a-11d		888.			
	12		Total revenue. See instructions		1,167,003.	348,461.	0.	21,669.

Part IX	Statement of	Functional	Expenses
---------	--------------	------------	----------

D-	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations 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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	660 670	F40 000	106 667	
7	Other salaries and wages	668,670.	542,003.	126,667.	
8	Pension plan accruals and contributions (include	22 272	15 661	6 712	
_	section 401(k) and 403(b) employer contributions)	22,373. 93,135.	15,661. 65,194.	6,712.	
9	Other employee benefits	48,508.	33,956.	14,552.	
10	Payroll taxes	40,500.	33,330.	14,552.	
11	Fees for services (nonemployees):				
a					
b	Legal	7,500.	7,500.		
q	5	7,300.	7,300.		
d e	B ( ) 1( 1 ::				
f	Investment management fees				
g	// / L 100/ (I) 05				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,034.	2,034.		
13	Office expenses	21,397.	3,210.	18,187.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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	01 000	04 000		
22	Depreciation, depletion, and amortization	81,283.	81,283.	2 (14	
23	Insurance	18,070.	14,456.	3,614.	
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) amount, list line 24e expenses on Schedule O.)				
а	WORKSHOP EXPENSE	25,450.	25,450.		
b	REPAIRS AND MAINTENANCE	25,164.	23,906.	1,258.	
С	UTILITIES	22,128.	21,022.	1,106.	
d	SERVICE CONTRACTS	14,259.	13,546.	713.	
е	All other expenses	34,665.	23,230.	11,435.	
25	Total functional expenses. Add lines 1 through 24e	1,084,636.	872,451.	212,185.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

tΧ	Balance Sheet					
	Check if Schedule O contains a response or no	te to ar	y line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	814,361.
2				809,123.	2	977,212.
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net	263,358.	4	68,558.		
5						
	trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
	controlled entity or family member of any of the	se pers	ons		5	
6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
	under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			9,394.	9	10,614.
10a			0 564 545			
	basis. Complete Part VI of Schedule D	10a	2,561,515.			
b				1,460,214.		1,414,775. 415,173.
11				334,638.	11	415,173.
12				12		
13					13	
14			0.40 0.21	14	110 000	
15			_	119,973.		
16					_	3,820,666
		231,929.		53,830.		
			T		21	
22						
					24	
25						
			· · · · · · · · · · · · · · · · · · ·		ا م	
06				231 929		53,830.
20		ock hor	- X	231,323.	20	33,030
		CK HC				
27	-			3.332.047.	27	3,648,015.
					-	118,821.
				,		
		, , , , , ,				
29					29	
			F			
32	Total net assets or fund balances		F	3,412,259.	32	3,766,836.
				3,644,188.		3,820,666.
	1 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or no  1	Check if Schedule O contains a response or note to an an according to the series of th	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(p(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 1,146,740. 1 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   1 Total liabilities. Add lines 17 through 25  Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  20 Capital stock or trust principal, or current funds  31 Retained earnings, endowment, accumulated income, or other funds	Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1 Cash - non-interest-bearing  2 Savings and temporary cash investments  3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)), and persons described in section 4958(r)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  10b 1,146,740 1,460,214 1,146,740 1,460,214 1,146,740 1,460,214 1,146,740	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing   527 , 130 , 1

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  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))  Net unrealized gains (losses) on investments	1 2 3 4 5	3,41	4,6 2,3	36. 67. 59.
6 7 8 9	Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	6 7 8 9	_	4,5 4,8	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,76	6,8	36.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	, , ,		2a		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 43-1339823

CANTERBURY ENTERPRISES INC

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
The	orgar	nization is not a private found	lation because it is: (	(For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule F (Forn	n 990 or 99	90-F <i>Z</i> ).)		
3	$\Box$	A hospital or a cooperative					ii).	
4	Ħ	A medical research organiz						the hospital's name
•		city, and state:	ation operated in 60	njanotion with a noopita	described	a 111 000tio	ii iro(b)( i)(A)(iii)i Entor	the hoopital o hame,
_			ar the benefit of a co	llogo or university evene	d or operat	tod by a a	overnmental unit descri	and in
5	ш	An organization operated for		niege or university owner	u or opera	ted by a g	overnmental unit descri	bed in
_		section 170(b)(1)(A)(iv). (C	· · · · · ·					
6	\	A federal, state, or local go				1		
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	· ·					
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research orç	ganization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the su	oported
		organization(s). You mus			•			
С		☐ Type III functionally inte			in connec	tion with, a	and functionally integrat	ed with,
		its supported organizatio	-					·
d		Type III non-functionally						ization(s)
		that is not functionally int						• •
		requirement (see instruct		•	-		·	
е		Check this box if the orga						
		functionally integrated, or					31 , 31 , 31	
f	Ente	er the number of supported o	• •	, 5	5 5			
q		vide the following information	-	ed organization(s).				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
								<del> </del>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	699,785.	772,266.	890,101.	820,653.	791,748.	3974553.
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	699,785.	772,266.	890,101.	820,653.	791,748.	3974553.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3974553.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019 820,653.	(e) 2020 791,748.	(f) Total 3974553.
7	Amounts from line 4	699,785.	772,266.	890,101.	820,653.	791,748.	3974553.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,521.	18,893.	18,329.	27,858.	37,464.	115,065.
9	Net income from unrelated business		7				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	40,892.	42,737.	48,748.	45,498.	11,046.	188,921.
11	<b>Total support.</b> Add lines 7 through 10						4278539.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,787,640.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor		<u></u>				<u></u> ▶□
	ction C. Computation of Publ					г т	00 00
14	Public support percentage for 2020 (I					14	92.90 %
15	Public support percentage from 2019					15	92.81 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	<b>stop here.</b> The organization qualifies						<b>▶</b> X
b	33 1/3% support test - 2019. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

### 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.)

Sec	ction A. Public Support	elow, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4, 20.0	(5) = 5	(0, 20.0	(4) 2010	(0, 2020	(1,7 1 5 1 2 1 1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus-						
4	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	irst second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	ion
•	check this box and <b>stop here</b>	· ·		, rourin, or marrian			
Sec	ction C. Computation of Publ						<b>,</b>
	Public support percentage for 2020 (I			column (fl)		15	9/
	Public support percentage from 2019					16	9/
	etion D. Computation of Inves					1 10 1	,
	Investment income percentage for 20		<u>-</u> _			17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box a						17 13 HUL
L	33 1/3% support tests - 2019. If the						
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
<b>Z</b> U	Private foundation. If the organization	in did not check a	DOX OH HITE 14, 18	a, or 190, check t	i 1992 dina xou aiii	าธนานผนเบารี	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.
- 5a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	C		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	46:		
_	10b	00 E7	

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.  Stion E. Type III Functionally Integrated Supporting Organizations	3		<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	•		
a b				
C		etructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a			163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		4		
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

032025 01-25-21

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (e <i>xplain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions		1000000	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
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 the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>    i                                </u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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

#### **SCHEDULE 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

CANTERBURY ENTERPRISES INC.

**Employer identification number** 43-1339823

Pai	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a	A A	
	for charitable purposes and not for the benefit of the donor of		
			·
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a h	istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(-	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Pai		f Art, Historical Treasures, 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 revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ance sheet 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		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	,	
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

		JRY ENTERPH				011-	0:		39823	
	t III   Organizations Maintaining C									ied)
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the	following th	at make	significa	nt use of its	3	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	ion's exe	empt pur	pose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	ner simila	ır assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne orga	nization's co	ollection?			<u></u>	Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the	organizatio	n answered	"Yes" or	n Form 9	90, Part IV	line 9, or	
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	ns or other a	ssets no	t include	d		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete if									
	·	(a) Current year		rior year	(c) Two year			e years back	(e) Four \	ears back
1a	Beginning of year balance	,					,			
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
C	·									
	and programs	_								
	Administrative expenses									
g	End of year balance		- (lbs - 1	/-	-\\  -  -  -  -  -  -  -  -  -  -  -  -  -					
2	Provide the estimated percentage of the curre	ent year end balance	e (iirie i	g, column (a	a)) rieid as.					
_	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Term endowment									
_	The percentages on lines 2a, 2b, and 2c should be a second and a second a second and a second a second and a second a second and a second a second and a second a second a second a second and a second and a second a second a se									
За	Are there endowment funds not in the posses	ssion of the organiza	ition tha	at are held a	and administ	ered for	the orga	nization	Г.	
	by:									res No
	(i) Unrelated organizations								3a(i)	_
	(ii) Related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate								.   3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or ot		٠, ,	or other		ccumula	I	(d) Book	value
		basis (investm	nent)	basis	(other)	de	preciation	on		
	Land			1 00	0 747		016	700	1 001	0.40
	Buildings			1,88	88,747.		816,	/ 99 •	1,071	,948.
	Leasehold improvements									
d	Equipment						200			
	Other				2,768.		329,	941.		,827.
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶	1,414	,775.

Schedule D (Form 990) 2020

	ENTERPRISES 1	LNC	43-1339823 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(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.			
	on Form 000 Dort IV line	alla Cas Farm 000 Part V line 10	
Complete if the organization answered "Yes'  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of Valuation. Cost (	or crid or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
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	2 11d See Form 990 Part X line 15	
	Description	7 114. 333 1 3111 333, 1 411 73, 1113 13.	(b) Book value
(1)			
(2)	~//		
(3)			
(4)			
(5)			
(6)	~		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7)			
(6)			
(6) (7) (8)	ne 25.)		

032053 12-01-20

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 CANTERBURY ENTERPRISES INC				1339823 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per R	eturr	٦.
	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	1,411,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	61,875.		
b		2b			
С	Recoveries of prior year grants	2c			
d			176,302.		
е	Add lines 2a through 2d			2e	238,177.
3	Subtract line 2e from line 1			3	1,173,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,563.		
b	Other (Describe in Part XIII.)	4b	-11,049.		
С	Add lines 4a and 4b			4c	-6,486.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		A	5	1,167,003.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,095,685.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a			
	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	11,049.		
	Add lines 2a through 2d			2e	11,049.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,084,636.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	-			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,084,636.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. lines 1b	and 2b: Part V. line	4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			.,	. , =,,
100	Za ana 15, ana 1 are /m, imiso za ana 15.7 166 somplete tine pare to provide any adam		mation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
PPI	P LOAN FORGIVENESS				176,302.
					·
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	•				
FUI	NDRAISING EXPENSES				-11,049.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	, : : : : : : : : : : : : : : : : : : :				
FUI	NDRAISING EXPENSES				11,049.
					, , , , , ,

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CANTERBURY ENTERPRISES INC

**Employer identification number** 43-1339823

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTES DIGNITY, ENCOURAGES INDEPENDENCE AND EMPOWERS PERSONAL GOAL ATTAINMENT WHILE OFFERING QUALITY SERVICES TO THE BUSINESS COMMUNITY. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE BEEN EMPOWERED WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCIAL STATEMENTS ARE SENT OUT IN DRAFT FORM AND THE FORM 990 IS APPROVED BY THE BOARD WHEN PRESENTED AT A BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED AND WAS REVISED ON 12-1-2014FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION IS REVIEWED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 18: INFORMATION IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON A REQUEST TO CANTERBURY. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990 or 990-EZ) 2020

PLB FUNDING

Name of the organization  CANTERBURY ENTERPRISES INC	Employer identification number 43-1339823
PPP LOAN FORGIVENESS	176,302.
TOTAL TO FORM 990, PART XI, LINE 9	214,898.

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
2	COPY MACHINE	12/07/09	SL	7.00		16	12,850.				12,850.	12,698.		0.	12,698.
3	OFFICE FURNITURE & FIXTURES	VARIOUS	SL	.000		16	36,836.				36,836.	36,836.		0.	36,836.
5	BUILDING AND IMPROVEMENTS	VARIOUS	SL	39.00	MM	16	1,740,842.				1,740,842.	726,725.		44,829.	771,554.
6	BUILDING AND IMPROVEMENTS FOR APRIL AND MAY 2005	04/01/05	SL	39.00	MM	16	100,740.				100,740.	39,221.		2,583.	41,804.
7	MACHINERY & EQUIPMENT	08/01/10	SL	7.00	į	16	1,221.				1,221.	1,221.		0.	1,221.
8	MACHINERY & EQUIPMENT	06/30/09	SL	7.00		16	11,575.				11,575.	11,574.		0.	11,574.
9	MACHINERY & EQUIPMENT	04/01/11	SL	7.00	:	16	1,699.				1,699.	1,699.		0.	1,699.
10	MACHINERY & EQUIPMENT	03/01/12	SL	7.00		16	2,684.				2,684.	2,684.		0.	2,684.
11	TABLES AND CHAIRS	10/01/12	SL	5.00		16	30,107.				30,107.	30,107.		0.	30,107.
12	PARKING LOT IMPROVEMENTS DRAINAGE	07/01/12	SL	20.00		16	119,151.				119,151.	41,706.		5,958.	47,664.
13	COMPUTER AND SERVER	05/01/12	SL	3.00	į	16	4,262.				4,262.	4,071.		0.	4,071.
14	DRAINAGE IMPROVEMENTS	05/01/14	SL	20.00		16	7,540.				7,540.	2,639.		377.	3,016.
15	GROUND COMPACTING	06/30/14	SL	.000	į	16	70,319.				70,319.			0.	
16	LIFT AND IMPROVEMENTS	05/01/14	SL	7.00		16	26,120.				26,120.	26,117.		3.	26,120.
17	FULLY DEPR MACHINERY AND EQUIP	VARIOUS	SL	.000		16	72,213.				72,213.	72,213.		0.	72,213.
18	IMPROVEMENTS	10/01/14	SL	39.00	MM	16	11,841.				11,841.	1,821.		303.	2,124.
19	PARKING LOT IMPROVEMENTS DRAINAGE	10/01/14	SL	20.00		16	13,376.				13,376.	4,014.		669.	4,683.

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	BOX TAPER	12/01/14	SL	7.00	1	16	3,896.				3,896.	3,338.		556.	3,896.
21	HEAT EXCHANGER	02/20/16	SL	39.00	MM1	16	2,247.				2,247.	231.		57.	288.
22	COPIER	09/20/16	SL	7.00	1	16	8,886.				8,886.	4,759.		1,269.	6,028.
23	AIR COMPRESSOR	10/01/16	SL	7.00	1	16	2,389.				2,389.	1,279.		341.	1,620.
24	LAND IMPROVEMENTS	01/01/18	SL	.000	1	16	14,100.				14,100.			0.	
25	COMPUTER AND SERVER	06/30/18	SL	5.00	1	16	23,000.				23,000.	9,107.		4,600.	13,707.
26	AIR FILTER MACHINE	12/01/17	SL	5.00	1	16	2,307.				2,307.	1,383.		461.	1,844.
27	WIRELESS BROADBAND	08/01/17	SL	5.00	1	16	1,396.				1,396.	837.		279.	1,116.
28	BAR SEALER	06/30/18	SL	5.00	1	16	1,507.				1,507.	602.		301.	903.
29	MAIL MACHINE	11/30/17	SL	7.00	1	16	12,776.				12,776.	5,475.		1,825.	7,300.
30	COMPUTERS	11/30/17	SL	5.00	1	16	17,283.				17,283.	10,371.		3,457.	13,828.
31	FORKLIFT	11/30/18	SL	5.00	1	16	21,650.				21,650.	6,856.		4,330.	11,186.
32	2 40FT CONTAINERS	02/01/19	SL	20.00	1	16	10,600.				10,600.	1,060.		530.	1,590.
33	NEW AC UNIT	10/31/18	SL	20.00	1	16	11,001.				11,001.	1,100.		550.	1,650.
34	ROOFING	01/01/19	SL	39.00	MM1	16	2,450.				2,450.	126.		63.	189.
35	FENCING DOWN PAYMENT	03/31/19	SL	20.00	1	16	2,400.				2,400.	120.		120.	240.
36	LAND IMPROVEMENTS	10/31/18	SL	.000	1	16	54,288.				54,288.			0.	
37	PARKING LOT PAVING	05/01/20	SL	20.00	1	16	36,591.				36,591.	305.		1,830.	2,135.

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	DOORS	04/01/20	SL	39.00	MM1	16	8,505.				8,505.	55.		218.	273.
39	SERVER	04/01/20	SL	5.00	1	16	9,130.				9,130.	457.		1,826.	2,283.
40	CAMERA SECURITY SYSTEM	09/01/19	SL	5.00	1	16	15,892.				15,892.	2,649.		3,178.	5,827.
41	UPDATE UPSTAIRS OFFICE	10/01/20	SL	39.00	1	16	12,836.				12,836.			329.	329.
42	LED LIGHTING	10/01/20	SL	39.00	1	16	9,286.				9,286.			238.	238.
43	LIFT AND IMPROVEMENTS	06/01/21	SL	7.00	1	16	5,223.				5,223.			62.	62.
44	2010 CHEVY SILVERADO	04/01/21	SL	5.00	1	16	8,500.				8,500.			142.	142.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						2,561,515.				2,561,515.	1,065,456.		81,284.	1,146,742.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,561,515.				2,561,515.	1,065,456.		81,284.	1,146,742.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,525,670.			0.	2,525,670.	1,065,456.			1,145,971.
	ACQUISITIONS						35,845.			0.	35,845.	0.			771.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,561,515.			0.	2,561,515.	1,065,456.			1,146,742.
	ENDING ACCUM DEPR											1,146,742.			
	ENDING BOOK VALUE											1,414,773.			

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone