Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

 $i_{i_{1}},$

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

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

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization		D Employer identific	ation number
	Address				
\vdash	Name change	Doing business as		13_1	339823
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Final	7228 WEIL AVE	1100m/suite	1 '	781-3999
-	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	L	G Gross receipts \$	1,021,504.
Γ	Amende return			H(a) Is this a group re	
	Applica-			for subordinates	
	pending	cluded? Yes No			
ī	Tax-exer		or 527	1	list. (see instructions)
		E ► WWW.CANTERBURYING.ORG		H(c) Group exemption	
		organization; X Corporation Trust Association Other	L Year		State of legal domicile: MO
		Summary			
	. 1 E	Briefly describe the organization's mission or most significant activities: ${ t TO}$ A	CHIEVE	CUSTOMER SA	ATISFACTION
Š		AND PRODUCE THE HIGHEST QUALITY OF WORK			
irne	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
OVE	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	11
ত		lumber of independent voting members of the governing body (Part VI, line 1b)	Water Company	4	11
es		otal number of individuals employed in calendar year 2014 (Part V, line za)		5	117
Activities & Governance		otal number of volunteers (estimate if necessary)		6	30
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b N	let unrelated business taxable income from Form 990 T, line 34	·····		0.
Revenue				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		643,395.	679,964.
		Program service revenue (Part VIII, line 2g)		278,654.	299,379.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,270.	7,957.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,620.	24,933.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		955,939.	1,012,233.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0.</u> 0.	0.
	l	Renefits paid to or for members (Part IX, column (A), line 4)		659,287.	705 497
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.9,287.	705,487.
oen Oen	bar	otal fundraising expenses (Part IX, column (D), line 25)			<u></u>
Ä	17	Otta fundralising expenses (i art IX, column (b), lines 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,968.	267,466.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		912,255.	972,953.
	. 1	Revenue less expenses. Subtract line 18 from line 12		43,684.	39,280.
Pà	{			ginning of Current Year	End of Year
Net Assets or	ž 20 1	Fotal assets (Part X, line 16)		3,153,737.	3,258,665.
Y.	21 1	rotal liabilities (Part X, line 26)		71,984.	66,308.
홢	22 1	Net assets or fund balances. Subtract line 21 from line 20		3,081,753.	3,192,357.
P	art II	Signature Block			
Uni	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ients, and to the best of my	knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich preparer	has any knowledge.	···········
					······
Siç	ցո	Signature of officer		Date	
He	re	CHARLES FISCHER, MANAGER			
	·	Type or print name and title	1 1	Date Check	DTIM
	1	Print/Type preparer's name Preparer's signature	1	if L.	PTIN
Pa		LLOYD W. SCHNIEDERS		10/14/15 self-employe	
			CO., CE	PA Firm's EIN	43-1171178
UŞ	e Only	Firm's address 206 W. ARGONNE, STE 200		Dhana na / 2	111 121 7210
6.4-	ne she are	KIRKWOOD, MO 63122 S discuss this return with the preparer shown above? (see instructions)		Phone no. (3	
	ay the IH		ions	<u> </u>	X Yes No Form 990 (2014)
402	וטיוויטים.				

Form	990 (2014) CANTERBURY ENTERPRISES INC	<u>43-1339823</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		··· <u>L</u>
•	TO ACHIEVE TOTAL CUSTOMER SATISFACTION AND PRODUCE THE	HIGHEST OTAL	тту
			TIT
	OF WORK THROUGH A DEDICATED WORKFORCE PRIMARILY COMPOS	ED OF PEOPLE	
	WITH DISABILITIES.		
		·	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	yas	Y No
•	If "Yes," describe these changes on Schedule O.	^*165	LAN INU
_		.4.1	
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses, a	and
	revenue, if any, for each program service reported.		· · · · · · · · · · · · · · · · · · ·
4a	(Code:) (Expenses \$	/enue \$3 0 4 , '	730.)
	SHELTERED WORKSHOP PROVIDES PRODUCTIVE EMPLOYMENT TO P	HYSICALLY AND	
	DEVELOPMENTALLY DISABLED INDIVIDUALS	***************************************	
		······································	
			
100			
	rapida di Karamatan di Pangaran dan Karamatan di Karamatan di Karamatan di Karamatan di Karamatan di Karamatan		
			-
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
•			
			1 1
	*		-1.
		and a second second	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
	, (40-41)	701100 4	
		-	
		·········	
			
		·	
			· · · · · · · · · · · · · · · · · · ·
,		the second secon	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)	entropy seems and	
_	(Expenses \$ including grants of \$) (Revenue \$	}	<u> </u>
4e	Total program service expenses ► 788,976.		
		Form Q(90 (2014)
43200		i omi ve	16.0 (4)
11-07	-14'		

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Form 990 (2014) CANTERBURY ENTERPRISES INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	ff "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		**
_	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	١. ا		· vz
_		4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₹.
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v ,
	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,			₹.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7_		<u>X</u>
8				₩.
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8	-	X
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	4 N N N N N N N N N N N N N N N N N N N			х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10		10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part v If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
11	as applicable.			Ċ
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D-224	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

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Pai	t IV Checklist of Medalica Committee)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Z.E.	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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			'
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	l	ļ	١
	complete Schedule L, Part II	26	 -	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ľ		
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	+^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ v
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		X
	If "Yes," complete Schedule N, Part I	31		+^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00	'	X
	Schedule N, Part II	32	+	+*
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	+	12
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	X	
	Part V, line 1	35a		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	30a		+**
ŧ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	İ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	300	†	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
	If "Yes," complete Schedule R, Part V, line 2	30		1 **
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		1
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	NOTE. All COLLI 330 lilets are required to complete conceens o			(201

¢;

FEI	Check if Schedule O contains a response or note to any line in this Part V					
	and the state of t			· · · · · · · · · · · · · · · · · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	ol		143	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
*-	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			
J	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	117	ļ		
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		_2b	ľ	Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o		3b	i	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	_4a		X
b	If "Yes," enter the name of the foreign country: >					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5а		,		_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	,	_5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b	-	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	uioae i	arovided to the never?	7-		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7a _7b		
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			710		
·	to file Form 8282?			7с		х
d	A STATE OF THE STA	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	10			
	sponsoring organization have excess business holdings at any time during the year?		***************************************	88		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		·		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	'		l :
11	Section 501(c)(12) organizations. Enter:	١	I			
а	Gross income from members or shareholders	11a				
b		441				1
	amounts due or received from them.)	11b	2	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	f	12a		ļ
b 42	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
13	the state of the s			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			136		
b	The state of the s					
Ŋ	organization is licensed to issue qualified health plans	13b			· ·	
c	man and the second seco	13c	·	1		
14a	Output year and a majority of a facility of the facility of th		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
				Form	990	(2014)

Form	990 (2014) CANTERBURY ENTERPRISES INC 43-1339	823	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
L	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1 1			
•••	If there are material differences in voting rights among members of the governing body, or if the governing			:
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		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		Х
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 in 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		Х
	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		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	The state of the s	12b	Х	
	ment and the second sec			
•	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by 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		15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,,,,,		\vdash
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
102	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
V	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	Ì.	
Sec	tion C. Disclosure	1 1 1 1 1	·	
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
13	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	•
127	statements available to the public during the tax year.	1941	2.441	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	CHARLES FISCHER - 314-781-3999			
	7228 WEIL AVE, SHREWSBURY, MO 63119			

Form **990** (2014)

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	heck ss pe	rson	than is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)		Individual trustee or director Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organizations	
(1) JOHN SENDOBRY	1.00		-		1						
TREASURER		X	'					0.	0.	0.	
(2) KAREN PRADE	1.00				T						
BOARD MEMBER		x						0.	0.	0.	
(3) TIM GRAHAM	1.00	-	售								
VICE PRESIDENT		X						0.	0.	0.	
(4) SUSAN MELLO	1.00										
SECRETARY		X						0.	0.	0.	
(5) MICHAEL R CALLAHAN	1.00										
CHAIRMAN		X	<u> </u>	ļ.,	1	<u> </u>		0.	0.	0.	
(6) TIMOTHY RODDEN	1.00	1						_	_		
BOARD MEMBER		X	<u> </u>	ļ	ļ	ļ		0.	0.	0.	
(7) DUSTIN MCLINDEN	1.00						İ	_	_		
BOARD MEMBER		X	ļ	ļ			ļ	0.	0.	0.	
(8) DAWN COLE	1.00				1.				_	_	
PRESIDENT	1 00	X	<u> </u>		-			0.	0.	0.	
(9) SHEILA CAPPELLO	1.00						ļ			_	
BOARD MEMBER	4 00	X	-		\vdash		_	0.	0.	0.	
(10) CINDY PENNINGTON	3:1.00							_		•	
BOARD MEMBER	1 00	X	-		-	-	<u> </u>	0.	0.	. 0.	
(11) MATTHEW J PODJESKI	1.00	37	ĺ	ĺ				_		•	
BOARD MEMBER		X			┼			0.	0.	0.	
		1			}					•	
	 	┼	 	 	+-	 			<u> </u>		
		-									
			-		ļ						
		-	+-	1	+-	-	-				
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				L.		<u> </u>			***************************************		
<u> </u>									L	000	

Form **990** (2014)

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	990 (2014) CANTERBU			-	:					43-133	98	23 F	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average Inours per week	(do box offic	not c	Pos check ess pe	C) ition more rson		one h an	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	(F) Estimated amount of		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
	A CONTROL OF THE CONT												
													
				:.									
	:			·									
•													
				1×:									
				21			7		4,000			· · · · · · · · · · · · · · · · · · ·	
	Sub-total								0.				0.
d	Total (add lines 1b and 1c)		······				<u></u>	>	0.	C			0.
2	Total number of individuals (including but r compensation from the organization	iot iimited to tr	iose	usu	eu a	DOV	e) wi	יו טנ	eceived more than \$100	0,000 or reportable		· · · · · · · · · · · · · · · · · · ·	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le c	omp	ens	atior	n and	d ot	her compensation from				
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y uni	elat	ed organization or indiv			4	X
Sec	rendered to the organization? If "Yes," con ction B. Independent Contractors	npietė Schedul	Θ J 1	or s	ucn	pen	son				<u></u>	5	<u> </u>
1	Complete this table for your five highest co the organization. Report compensation for	, '								· ·	nsati	ion from	
	(A) Name and business	address	N	ON	E				(B) Description of s	services	Cor	(C) npensatio	n
	·			·		·							
			•	t.									

2	Total number of independent contractors (\$100,000 of compensation from the organ	· _	not li	imite	ed to		se li O	stec	d above) who received r	nore than	+ .		
	The state of the s	· · · ·									Fc	rm 990 (2014)

		Check if Schedule O conta	ins a response o	or note to any line	e in this Part VIII	(D)	(C)	·····
٠			: '		Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts 1	1 :	a Federated campaigns	1a					
ia d		b Membership dues				1		٠
ا ڳڙي		c Fundraising events						
# #		d Related organizations				** *		
S E		e Government grants (contribution		673,158.				
ë is		f All other contributions, gifts, grants				,		
돌		similar amounts not included abov		6,806.			·	
Ē		Noncash contributions included in lines	.,,,,,				·	
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a 1f			679,964.			•
				Business Code				
g	2 :	a WORKSHOP SALES	1	900099	299,379.	299,379.		
ه ڲ	.1	b						
용교	•	С						
ev		d						
Program Service Revenue		е						
4	1	f All other program service rever	nue					
		g Total. Add lines 2a-2f			299,379.			
		Investment income (including	dividends, intere	st, and				
		other similar amounts)			7,957.			7,957.
	4	Income from investment of tax	exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6	a Gross rents				-		•
	Ì	b Less: rental expenses				*		
		c Rental income or (loss)						
		d Net rental income or (loss)		>				
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				,	•	
	j	b Less: cost or other basis						
		and sales expenses	<u> </u>					
		c Gain or (loss)						
		d Net gain or (loss)						
o	8	a Gross income from fundraising	events (not	\$				
Ž		including \$	of					
Other Revenu		contributions reported on line	1c) See					
<u>ا</u> م		Part IV, line 18	a	28,853.				
흁		b Less: direct expenses	, b	9,271.	4.		i	
0		c Net income or (loss) from fund	raising events	<u></u>	19,582.			19,582.
	9	a Gross income from gaming ac						
		Part IV, line 19	a					
		b Less: direct expenses	b	.,				
		c Net income or (loss) from gam	ing activities	<u>»</u> 🖊	-			
	10	a Gross sales of inventory, less		'	:			
		and allowances						
		b Less: cost of goods sold						
	<u> </u>	c Net income or (loss) from sales						
		Miscellaneous Revenue)	Business Code				
	11	a MISCELLANEOUS	·	900099	5,351.	5,351.		
	ĺ	b	· ·					· · · · · · · · · · · · · · · · · · ·
	Ì	C						
		d All other revenue						
		e Total. Add lines 11a-11d			5,351.			
	12	Total revenue. See instructions.		_	<u>1,012,233.</u>	304,730.	0.	27,539.
43200 11-07)9 '- 14	:						Form 990 (20

	Check if Schedule O contains a respons	lete all columns. All othe e or note to any line in th	nis Part IX	(C)	(D)
o not b, 8b	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				411 -1
2 0	rants and other assistance to domestic	ľ			
ir	idividuals. See Part IV, line 22				
	rants and other assistance to foreign	1			
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
-	Compensation of current officers, directors,				•
	rustees, and key employees				
	compensation not included above, to disqualified				
,	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	579,297.	491,932.	87,365.	
	Other salaries and wages	5/9,49/	431,332.	07,303.	
	Pension plan accruals and contributions (include	20,963.	18,201.	2,762.	
	section 401(k) and 403(b) employer contributions)		53,757.	8,169.	
	Other employee benefits	61,926.	37,607.	5,694.	
	Payroll taxes	43,301.	37,007	3,034.	
	Fees for services (non-employees):	40 051	•	40,951.	
	Vlanagement	40,951.		40,331.	
	_egal	6,900.	6,900.	<u> </u>	
	Accounting	0,900.	0,300.		<u> </u>
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
-	Investment management fees		· · · · · · · · · · · · · · · · · · ·		····
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2 147	3,147.		
	Advertising and promotion	3,147.	1,910.	10,826.	
13	Office expenses	12,736.	1,910.	10,020	
	Information technology	1			
	Royalties		· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································
	Occupancy				
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest		<u></u>	 	
21	Payments to affiliates	60 774	69,774.	 	
22	Depreciation, depletion, and amortization	69,774. 17,368.			
23	Insurance	17,308.	11,030	0,3301	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	30,700.	30,700		
a	WORKSHOP EXPENSE	23,740.			·
b	UTILITIES DEPARTS AND MAINTENANCE	15,867			
C	REPAIRS AND MAINTENANCE	14,025			
d	SERVICE CONTRACTS	32,258			
е	All other expenses	972,953			0
<u>25</u> _	Total functional expenses. Add lines 1 through 24e		,,,,,,,		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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	ι Λ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	123,423.	1_	342,825
	2	Savings and temporary cash investments	687,314.	2	682,296.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	86,691.	4	67,663.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		}	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>g</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	379.	9	715.
1	10a	Land, buildings, and equipment; cost or other			
		basis. Complete Part VI of Schedule D 10a 2,284,171.			
	b	Less: accumulated depreciation 10b 719,318.	1,605,514.	10c	1,564,853.
	11	Investments - publicly traded securities	279,349.		283,545.
	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program related. See Part IV, line 11		13	
	14	Intangible assets		14	
i	15	Other assets. See Part IV, line 11	371,067.	15	316,768.
	-16	Total assets. Add lines 1 through 15 (must equal line 34)	3,153,737.		3,258,665.
Ì	17	Accounts payable and accrued expenses	71,984.	17	66,308.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ရွ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
g		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		. [
		parties, and other liabilities not included on lines 17-24). Complete Part X of	the second second		
		Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	71,984.	26	66,308.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
SE	27	Unrestricted net assets	2,714,833.	27	2,879,736.
Net Assets or Fund Balances	28	Temporarily restricted net assets	366,920.	28	312,621.
ַ	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			:
ة		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
S2	31	Paid in or capital surplus, or land, building, or equipment fund		31	
<u>ਤੂ</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	3,081,753.	33	3,192,357.
	34	Total liabilities and net assets/fund balances	3,153,737.	34	3,258,665.

Form **990** (2014)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A 133?

Form 990 (2014)

За

3b

2c | X

X

SCHEDULE A

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		CANT	<u>ERBURY ENT</u>	ERPRISES INC	1		43-1339823
Pε	irt I	Reason for Public (Charity Status (All organizations must c	omplete this part.) See instructions	
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11,	check only one bo	ox.)	
1	Ш	A church, convention of chi	urches, or association	on of churches describe	d in section 170(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). ((Attach Schedule E.)			
3		A hospital or a cooperative			ection 170(b)(1)(A)(iii).	
4							(iii). Enter the hospital's name,
		city, and state:					•
5		An organization operated for	or the benefit of a co	ollege or university owne	d or operated by	a governmental u	nit described in
		section 170(b)(1)(A)(iv). (C				-	
6		A federal, state, or local gov	ernment or governr	mental unit described in	section 170(b)(1))(A)(v).	
7	X	An organization that normal	lly receives a substa	antial part of its support	rom a governmer	ntal unit or from th	e general public described in
		section 170(b)(1)(A)(vi). (Co		• • • • • • • • • • • • • • • • • • • •	.		a governa parama a decompca in
8		A community trust describe		(1)(A)(vi), (Complete Par	t II.)		
9						outions, membersh	nip fees, and gross receipts from
							ts support from gross investment
							janization after June 30, 1975.
		See section 509(a)(2), (Cor		•			
10		An organization organized a	and operated exclus	ively to test for public sa	ifety. See section	າ 509(a)(4).	
11							rry out the purposes of one or
		more publicly supported org					
		lines 11a through 11d that					
а		Type I. A supporting orga					
		the supported organization					
		organization. You must c		**			
b	·	Type II. A supporting orga	anization supervised	d or controlled in connec	tion with its supp	orted organization	n(s), by having
		control or management of	f the supporting org	anization vested in the s	ame persons tha	t control or manag	ge the supported
		organization(s). You mus	t complete Part IV,	Sections A and C.			
C		Type III functionally inte	grated. A supportin	g organization operated	in connection wit	th, and functionall	y integrated with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Sections	A, D, and E.	
C		☐ Type III non-functionally	integrated. A supp	orting organization ope	ated in connectio	on with its support	ed organization(s)
		that is not functionally int	egrated. The organi	zation generally must sa	lisfy a distribution	requirement and	an attentiveness
		requirement (see instructi					
е		Check this box if the orga	inization received a	written dëtermination fro	m the IRS that it	is a Type I, Type I	l, Type III
		functionally integrated, or		nally integrated support	ing organization.	•	
f	Ente	r the number of supported o	organizations				
ç		ide the following information	about the supporte	ed organization(s).	le Circle		
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	j listed in your	ounnest /	
		organization.		above or IRC section	governing docume	nt? Instruction	
				(see instructions))	Yes No		The state of the s
		•	,				
			 				
				· · · · · · · · · · · · · · · · · · ·			
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		: :					
Γ _O t:	al			·			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	590,517.	657,872.	636,675.	635,025.	643,395.	3163484.
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			,	ļ		
	the organization without charge		(g)				
4	Total. Add lines 1 through 3	590,517.	657,872.	636,675.	635,025.	643,395.	3163484.
5	The portion of total contributions						0200.01.
	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.						3163484.
Se	ction B. Total Support					' 	<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	590,517.	657,872.	636,675.	635,025.	643,395.	3163484.
8	Gross income from interest,						2102404.
	dividends, payments received on						
	securities loans, rents, royalties	·.					
	and income from similar sources	7,362.	10,162.	7,708.	1,240.	10,270.	36,742.
9	Net income from unrelated business						30,1=2.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					ļ	
	assets (Explain in Part VI.)	7,924.	7,924.	7,879.	7,441.	6,195.	37,363.
11	Total support. Add lines 7 through 10		યું			<u> </u>	3237589.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	
	First five years. If the Form 990 is for					n 501(c)(3)	, 411, 374.
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publi	ic Support Pei	rcentage	· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.71 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	97.70 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m		x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶X
þ	33 1/3% support test - 2013. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			▶ □.
17a	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more.
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - 2013. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ie "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	T	· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and		•	·			
membership fees received. (Do not			.			
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513			į			<u> </u>
4 Tax revenues levied for the organ-			 			 -
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				·		·
7a Amounts included on lines 1, 2, and				74-78-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
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		9			-	
amount on line 13 for the year c Add lines 7a and 7b	 				<u> </u>	
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			<u> </u>		<u> </u>	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1-1-1-1			(4) 2010	(0) 2014	(i) Total
10a Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						· · · · · · · · · · · · · · · · · · ·
14 First five years. If the Form 990 is for		first, second, thir	d. fourth, or fifth tax	vear as a sectio	n 501(c)(3) organiz	ration
check this box and stop here		<u>,</u>				
Section C. Computation of Publ	ic Support Per	centage		***************************************	<u> </u>	
15 Public support percentage for 2014 (line 8, column (f) div	ided by line 13, o	olumn (f))		15	9
16 Public support percentage from 2013	Schedule A, Part I	ll, line 15			16	Ģ
Section D. Computation of Inve						
17 Investment income percentage for 20					17	9
18 Investment income percentage from						
19a 33 1/3% support tests - 2014. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a b	ox on line 14, 19	a, or 19b, check thi			
32023 09-17-14			15	Sch	edule A (Form 99	0 or 990-EZ) 20

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		-
3c		
4a		
4b		
4c		
_5a		
_5b		
5c		
6		
7		
8		
9a		
O.) ·	
9b		
9c		
10a		
10b		
990 or 99	0-EZ)	2014

	Supporting Organizations (continued)			
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b	<u> </u>	
Soc	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
360	tion B. Type I Supporting Organizations			т
4	Did the divertory trustees or markership of an arms and a second of the divertory of the di		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_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		İ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2	<u> </u>	L
360	clott of Type it Supporting Organizations			r
4	Ware a majority of the argenization's discourse automates a device the transfer of		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	37.7		
	or management of the supporting organization was vested in the same persons that controlled or managed	;		
Sec	the supported organization(s). tion D. Type III Supporting Organizations	1		L
	Alori D. Type III Oupporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	· .		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	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).	ļ ₋		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's		İ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	.		
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi			
2	Activities Test. Answer (a) and (b) below.	'n		<u> </u>
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	Yes	<u>No</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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	[
	that these activities constituted substantially all of its activities.	00		
b	many and the second sec	_ 2a	- +	
	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. Answer (a) and (b) below.	- 20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Va		***
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tions. All
	other Type III non-functionally integrated supporting organizations must con-	mplete Se	ctions A through E.	
ootion (A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	A - Aujusted Net Income		, y	(optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3	4		
5 De	preciation and depletion	5		
6 Poi	rtion of operating expenses paid or incurred for production or	1 .		•
· col	lection of gross income or for management, conservation, or			
rna	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
_	tructions for short tax year or assets held for part of year):			
	erage monthly value of securities	1a		
	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other			
	etors (explain in detail in Part VI):			<u> </u>
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
	btract line 2 from line 1d	3	·	
	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, Column A)	1		
·	iter 85% of line 1	2		
	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	iter greater of line 2 or line 3	4	14,	
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions)	6		I
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting ora	inization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

Breakdown of line 7:

d Excess from 2013
 e Excess from 2014

Excess distributions carryover to 2015. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2014 CANTERBURY	ENTERPRISES INC	43-1339823 Page 8
Part VI	Supplemental Information. Provide the e	explanations required by Part II, line 10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete this part for any additional informa	tion. (See instructions).	
		And the second s	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

CANTERBURY ENTERPRISES INC

Employer identification number 43-1339823

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		· ·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
5	are the organization's property, subject to the organization's		
_	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		1 1
			Doct IV line 7
Par			Fatt IV, little 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.	•	
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
•	vear >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		- of
3	violations, and enforcement of the conservation easements it		
e	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	
6	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year > \$
7	Does each conservation easement reported on line 2(d) above	a estiefy the requirements of section 1	70(b)(4)(B)(i)
8			
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati	on agreements in its revenue and expen	
9			
	include, if applicable, the text of the footnote to the organization	ion's imancial statements that describe	es the organization staccounting for
-	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
Ра			Other Ommar Addets:
	Complete if the organization answered "Yes" to Form		town at and belongs shoot well-s of out
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statem	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		\$
	(iii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finan	cial gain, provide
-	the following amounts required to be reported under SFAS 1		•
a	m		> \$
h	Assets included in Form 990, Part X		🕨 \$
			Out D /F 000) 0044

Schedule D (Form 990) 2014

Schedu	ule D (Form 990) 2014 C	CANTERBURY	ENTERP	RISES	INC			43-13			<u>ge 2</u>
Part		ntaining Colle	ctions of Ar	<u>t, Histo</u>	rical Tre	easures, or O	her Sim	lar Asset	S (continu	ued)	
3 U	Jsing the organization's acquis	ition, accession, ar	nd other records	s, check a	any of the t	following that are	a significan	t use of its o	ollection	items	i
(0	check all that apply):										
а [Public exhibition		d			nange programs					
b (Scholarly research		į, e	L 0	ther						
С	Preservation for future ge		73								
	Provide a description of the org							pose in Part	XIII.		
	During the year, did the organiz								,		
t	o be sold to raise funds rather								Yes		No
Part				te if the c	organizatio	n answered "Yes"	to Form 99	90, Part IV, li	ne 9, or		
	reported an amount on f										<u></u>
1a	s the organization an agent, tru	ustee, custodian or	other intermed	liary for co	ontribution	s or other assets	not include	d	7 1		1
	on Form 990, Part X?					.,] Yes		No
b l	If "Yes," explain the arrangeme	nt in Part XIII and o	complete the fo	llowing ta	ble:						
				•					Amount		
c E	Beginning balance				,		1c	_	_		
d /	Additions during the year					.,,,,	1d				
e (Distributions during the year		***************************************		.,,						
f	Ending balance					,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 <u>1</u>	<u> </u>	- i	10	
	Did the organization include an							,,,,,,,,	J Yes	<u> </u>	No
b l	lf "Yes," explain the arrangeme	ent in Part XIII. Che	ck here if the ex	kplanation	has been	provided in Part	XIII		**********		
Part	V Endowment Funds	S. Complete if the	organization an	swered "	Yes" to Fo						
		(a)	Current year	(b) Pr	or year	(c) Two years bad	k (d) Thre	e years back	(e) Four	years I	<u>back</u>
1a l	Beginning of year balance			ļ 			<u> </u>				
b	Contributions										
c l	Net investment earnings, gains	s, and losses				<u></u>					
d (Grants or scholarships			 							
е	Other expenditures for facilities	s	Ġ.								
:	and programs		Ęł.			ļ					
f .	Administrative expenses										
g	End of year balance	L	· · · · · · · · · · · · · · · · · · ·	Į					<u> </u>		
	Provide the estimated percent			ce (line 1g	ı, column (a)) held as:					٠.
а	Board designated or quasi end	dowment 🕨		%							
b	Permanent endowment >	· · · · · · · · · · · · · · · · · · ·	_%				•				
	Temporarily restricted endown		%								
	The percentages in lines 2a, 2b	b, and 2c should e	qual 100%.				•				
3a	Are there endowment funds no	ot in the possessio	n of the organiz	zation tha	t are held a	and administered	for the orga	anization	r	r	
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations					.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. <u>3a(ii)</u>		
d	If "Yes" to 3a(ii), are the related	d organizations list	ed as required	on Sched	ule R?				. <u>3</u> b		
	Describe in Part XIII the intend			<u>owment f</u>	unds.				<u>.</u>		····
Par	t VI Land, Buildings, a										
	Complete if the organiz	ation answered "Y				1					
	Description of prope	rty	(a) Cost or				c) Accumu		(d) Boo	k value	e
			basis (invest	ment)	basis	s (other)	depreciat	ION	71		•
1a	Land					- 400	F 0 0	F40	1 00		~~
	Buildings		:		1,8	53,422.	523	540.	1,32	9,8	<u>84.</u>
C	Leasehold improvements									·····	
d	Equipment						405			4 -	
е	Other					30,749.	195	778.		<u>4,9</u>	
		(-1)	1 E 000 D	+ V + - 6	an IDI lina	Trio l				41 X	~ * .

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.	ENTERPRISES			1339823 Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, li (b) Book value	ne 11b. See Form 990, F	ant X, line 12. aluation: Cost or end-c	of-year market value
***************************************	(b) Book value	(c) Method of ve	aldation. Cost of end of	or your triainer value
(1) Financial derivatives				
(2) Closely-held equity interests			4.00.40	· · · · · · · · · · · · · · · · · · ·
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				<u> </u>
(F)		-		
(G)				
(H)			·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	" to Form 990, Part IV, I	ne 11c. See Form 990, f	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of year market value
(1)	· ·			
(2)				
(3)				
(4)				
(5)			<u></u>	
(6)				
(7)				
	Kor resp		·	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets.				
Complete if the organization answered "Yes		ine 11a. See Form 990,	Part X, line 15.	(b) Book value
	a) Description			
(1) PLB RESTRICTED RECEIVABL	<u> </u>			312,621. 4,147.
(2) DEPOSITS		· · · · · · · · · · · · · · · · · · ·		#,14/
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)	-			
(7)	<u> </u>			
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		.	316,768.
Part X Other Liabilities.	10.7			
Complete if the organization answered "Ye	s" to Form 990. Part IV.	line 11e or 11f. See Forn	n 990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)			1	
(3)				
(4)				
(5)	340			
(6)	<u> </u>	7		e e
(7)				
(8)			_	
(9)		·	1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

432053 10-01-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization CANTERBURY ENTERPRISES INC	43-1339823
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATI	ON MISSION:
WORKFORCE OF PEOPLE WITH DISABILITIES	
WORKFORCE OF PEOPLE WITH DIDADILITIES	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES THAT HAVE BEEN EMPOWERED WI	TH THE AUTHORITY TO ACT
ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FINANCIAL STATEMENTS ARE SENT OUT IN DRAFT FORM	1 AND THE FORM 990 IS
APPROVED BY THE BOARD WHEN PRESENTED.	
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED AND WAS REVISED ON 12-16-09	
FORM 990, PART VI, SECTION B, LINE 15:	
REVIEWED BY THE BOARD AND ALSO BY UCP SINCE THEY P.	AY THE STAFF AND GET
REIMBURSED FOR IT.	
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:	
PLB FUNDING	72,876
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14	Schedule O (Form 990 or 990-EZ) (2014

SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

43-1339823

CANTERBURY ENTERPRISES INC Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) Total income T Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Ô Name, address, and EIN (if applicable) of disregarded entity. Part #

						L	İ	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	Public charity	(f) Direct controlling	(g) Section 512(by13) controlled	2(b)(13) lied	4
of related organization		foreign country)		501(c)(3))		Yes	20	
UNITED CEREBRAL PALSY HEARTLAND (UCP)								
8645 OLD BONHOMME ROAD	ADVANCES FUNDS FOR						Þ	
ST LOUIS NO 63132-3999	OPERATING EXPENSES	MISSOURI	5010(3)	MES			4	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

08-14-14 LHA

Schedule R (Form 990) 2014

43-1339823

Page 2

Schedule R (Form 990) 2014 CANTERBURY ENTERPRISES INC

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

General oriPercentage managing ownership Schedule R (Form 990) 2014 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year. Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv 6 Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) হ <u>e</u> Legal domicile (state or foreign country) 28 Û (d)
Direct controlling
entity Primary activity <u>e</u> (c)
Legal
domicite
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

432162 08-14-14

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CANTERBURY ENTERPRISES INC Schedule R (Form 990) 2014

Part V

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

Schedule R (Form 990) 2014 Yes Method of determining amount involved 두 위 5 ပ 무 ā **;** 뒤 두 半 르 ٥ 무 ÷ ä ę = = r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. e Loans or loan guarantees by related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? (c) Amount involved (b) Transaction type (a-s) 29 Performance of services or membership or fundraising solicitations for related organization(s) ${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (j) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 432163 08-14-14 × Ω Ö Ø Ξ 0 3 ₹ 5 9

Page 4

Schedule R (Form 990) 2014 CANTERBURY ENTERPRISES INC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax unc sections 512-514)	(e) Are all Sortings sec. 501(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(h) (i) (i) (j) (k) Disproporation Code V-UB General or Percentage dindications? of Schedule K-1 Partner? Ownership Ves No (Form 1065) Yes No	General or managing partner?	(k) Percentage ownership
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								Schedule	R (Forn	Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014	CANTERBURY	ENTERPRISES	INC	43-1339823 Page 5
Schedule R (Form 990) 2014 Part VII Supplemental In	formation			
Provide additional info	ormation for responses to	questions on Schedule F	(see instructions).	
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2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction			1,836.	0	44,637.	2,583.	174.	1,653.	243.	192	6,021.	5,958.	840.	377.	0	3,731.	0	304	669.	tion Deduction
Current Sec 179								<u></u>						<u> </u>						mercial Revitaliza
Accumulated Depreciation			8,261.	36,836.	452,293.	23,723.	.699	8,268.	768.	576.	12,042.	11,916.	971.	377.		3,731.	89,113.			Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation			12,850.	36,836.	1740841.	100,740.	1,221.	11,575.	1,699.	2,684.	30,107.	119,151.	4,262.	7,540.	70,319.	26,120.	89,113.	11,841.	13,376.	Section 179. Salv
Reduction in Basis			-			. 41										-				* ITC
Bus % Excl	-																			
Unadjusted Cost Or Basis			12,850.	36,836.	1740841.	100,740.	1,221.	11,575.	1,699.	2,684.	30,107.	119,151.	4,262.	7,540.	70,319.	26,120.	89,113.	11,841.	13,376.	Asset disnosed
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Method									SL	SI	SI	SL	SL	ISI	4SL	TS	SI	SI	ISI	
Date Acquired			120709SL	VARIESSL	VARIESSL	AP040105SL	080110SL	TS600890	040111SL	030112SL	100112SL	070112	050112	050114SL	063014	050114SL	VARIES	100114SL	100114	
Description		PROGRAM SERVICES		OFFICE FURNITURE & V	AND	FOR AP		ъ	ત્સ	ধে	D CHAIRS	r rs draina	13COMPUTER AND SERVER050112SL	ENTS	CTING		FULLY DEPR 17MACHINERY AND EQUIPVARIESSL	NTS	PARKING LOT 19TWPROVEMENTS DRAINAL00114SL	4 / Least 4 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
Asset No.			• 1	•		. •	. •		-	, r	٠ ١	 ,-	, , , ,	l (~ l	l (− 1	l (**	1 , v	-		428102

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 $\,^\circ$ AGE $\,10$

Current Year Deduction	556. 69,774. 69,774.				
Current Sec 179					
Accumulated Depreciation	649,544.				
Basis For Depreciation	3,896. 2284171. 2284171.	'n			
Reduction In Basis	0 0				
Eus % Excl					
Unadjusted Cost Or Basis	3,896. 2284171. 2284171.				
Line No.	16		·		
e in the second	7.00				
Method		8 2 · · ·		<u></u>	
Date Acquired	120114SL				
Description	20BOX TAPER * 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR				
Asset	20 02				

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction