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

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information. 2017

Open to Public Inspection

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning 00L 1, 2017 and	a ending	UUN 30, 2010	)			
<b>B</b> c	Check if pplicabl		B	Employer identif	ication number			
	Addre chang							
	Name chang	Doing business as		43-1	.339823			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	te E Telephone numbe					
	Final return			314-781-3999				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,196,205.			
	Amen			H(a) Is this a group i				
	Application	F Name and address of principal officer. CHARLES FISCHER		for subordinate	s? Yes X No			
	pendi	7228 WEIL AVE, ST LOUIS, MO 63119		H(b) Are all subordinates	included? Yes No			
I T	ax-ex	empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1)	or 52	27 If "No," attach a	a list. (see instructions)			
J۷	Vebsi	te: ► WWW.CANTERBURYINC.ORG		H(c) Group exemption	on number 🕨			
K F	orm of	forganization: X Corporation Trust Association Other	L Yea	ar of formation: 1983	M State of legal domicile: MO			
	art I	Summary						
4)	1	Briefly describe the organization's mission or most significant activities: TO	ROVID	E EMPLOYMENT	' AND			
Activities & Governance		SUPPORT TO INDIVIDUALS WITH DISABILITEIS						
rna	2	Check this box  if the organization discontinued its operations or dispose	osed of mo	ore than 25% of its net a	ssets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
SS S		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			102			
/itie		Total number of volunteers (estimate if necessary)			10			
cţì	7.000	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
A	ı	Net unrelated business taxable income from Form 990-T, line 34						
				Prior Year	Current Year			
4.	8	Contributions and grants (Part VIII, line 1h)		737,716.				
nue	ı	Program service revenue (Part VIII, line 2g)		317,626.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,807.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,420.				
	l –	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,090,569.				
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	ļ.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	- Indiana and a second	794,227.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per		Total fundraising expenses (Part IX, column (D), line 25)   11, 7						
Ĕ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		237,469.	256,890.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,031,696.				
	l .	Revenue less expenses. Subtract line 18 from line 12		58,873.				
Ses				Beginning of Current Year	End of Year			
Fund Balances	20	Total assets (Part X, line 16)		3,326,368.				
d Bo	21	Total liabilities (Part X, line 26)		53,510.				
	22	Net assets or fund balances. Subtract line 21 from line 20		3,272,858.				
	ırt II	Signature Block						
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the best of n	ny knowledge and belief, it is			
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of w						
Sigr	1	Signature of officer		Date				
lere		CHARLES FISCHER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
aid		MARK J HOLLMAN		10/12/18 self-emplo	P00986838			
	arer	Firm's name GRABEL, SCHNIEDERS, HOLLMAN & C		PA Firm's EIN	43-1171178			
	Only	Firm's address 206 W. ARGONNE, STE 200	,					
	•	KIRKWOOD, MO 63122		Phone no. (3	14) 434-7310			
Лау	the IF	RS discuss this return with the preparer shown above? (see instructions)		1,	X Yes No			
1	100 to 10	In the second se						

Form 990 (2017) CANTERBURY E
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	
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			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			*7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		v
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	11c		<u>X</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	- 11		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	iLu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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		e diamento contra se o	arane to continue to a
	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,		7	
	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		Ī	
	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		<u>X</u>

Form 990 (2017)

Form 990 (2017) CANTERBURY ENTERPRISES INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
<u> </u>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		2.
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
06	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		21
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		Х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A summed on forman officers discorded to the state of the	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 21
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	23		
50	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	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	31		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
•	Part V, line 1	34	х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-21	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-SUA-		
D	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?	330		
50	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	30		- 47
J,	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?	31		- 22
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
			1	

Part 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								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0							
b	75 MOO!   1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	0							
С	material and the second	ble gaming							
	(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	102							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		<u>X</u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other autho	rity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 Accour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	?	5b		_X_				
С			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org	anization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		<u>X</u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				х				
а									
b	, , , , , , , , , , , , , , , , , , , ,								
С									
	to file Form 8282?								
d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	· · · · · · · · · · · · · · · · · · ·	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	[	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	t e	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	е							
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8						
	Did the sponsoring organization make any taxable distributions under section 4966?		00						
a b			9a 9b						
10	Section 501(c)(7) organizations. Enter:		30						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:	<u> </u>							
а	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	?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				***************************************				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	and the second s		13a						
	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								
С	Enter the amount of reserves on hand13c								
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b						
			Form !	990 (	20171				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		- 22
ra	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		1
D		7b		Х
_	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		Λ
8		0-	v	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a	<u>X</u>	Х
b		8b		^
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Did the appropriation have least about the characters and the characters are the characters and the characters are the characters and the characters are the characte		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
a	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	77	
11a		11a	X	
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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	X	
b	Other officers or key employees of the organization	15b	X	
	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		<u>X</u>
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		***************************************	to a companie and an a
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990-T (Section 6104 if app	vailab	le	
	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, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHARLES FISCHER - 314-781-3999			
	7228 WEIL AVE, SHREWSBURY, MO 63119			

5010\_\_\_1

## 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.

	Average hours per week	box offic	not c , unle	Posi heck i ss per d a di	ition more rson	than is bot	h 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	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
(1) JOHN SENDOBRY	1.00									
TREASURER		X						0.	0.	0.
(2) KAREN PRADE	1.00								•	
BOARD MEMBER	1 00	X						0.	0.	0.
(3) SHEILA CAPPELLO	1.00	7.7							0	0
VICE PRESIDENT	1.00	X						0.	0.	0.
(4) SUSAN MELLO	1.00	х						0.	0.	0
SECRETARY CONTRACTOR OF CONTRA	1.00	Λ						V •	· · · · · · · · · · · · · · · · · · ·	0.
(5) MICHAEL R CALLAHAN	1.00	x						0.	0.	0.
BOARD MEMBER (6) TIMOTHY RODDEN	1.00	21						<u> </u>		<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(7) BOBBY WILLIAMSON	1.00								<u> </u>	
BOARD MEMBER		х						0.	0.	0.
(8) MIKE VOLMERT	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) CINDY PENNINGTON	1.00									
PRESIDENT		X						0.	0.	0.
(10) MATTHEW J PODJESKI	1.00									
BOARD MEMBER		X						0.	0.	0.
						.000	Annahera la sagar		ologia, describina e consensació de delessas emanyos reservos de servicios el resistentes o remainentes estado	

Form **990** (2017)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)		(D)	(E)	• • •							
Name and title	Average hours per	Position (do not check more than one		Reportable	Reportable			imate	_				
	week				s person is both ar a director/trustee			compensation from	compensation from related	1		ount o other	Ν
	(list any	ctor						the	organizations		comp		ion
	hours for related	or dir	25			ated		organization	(W-2/1099-MIS	2)		m the	
	organizations	rustee	trust		8	mpens		(W-2/1099-MISC)		ļ	•	nizati relate	
	below	Individual trustee or director	Institutional trustee	<b>a</b>	(oldm:	Highest compensated employee	ner			ļ		nizatio	
	line)	ig .	Insti	Officer	Key	是 E	Por				·		
													*************
,						-							
·													
										$\dashv$			
										_			
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.	····		0.
Total number of individuals (including but n								<u> </u>					<u> </u>
compensation from the organization									•				0
										г		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su										•••	3		- 43
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or indivi	dual for services				**
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ich į	oers	on .					5		<u>X</u>
Complete this table for your five highest contains the second secon	mpensated ind	lepe	nde	nt co	ontr	acto	rs th	hat received more than S	\$100,000 of comp	ensa	ation fro		
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	ithin	the organization's tax y	ear.				
(A) Name and business	address	NT/C	NE	,				(B) Description of se	ervices	C	(C) ompens		
		TAC	ME	<u>.                                    </u>		···	$\dashv$		-				·····
	nomero en la missiona de la maria de la media de l	*	vindariani, a hii nama			and a sector at the				moreov - delicen		and the state of the second control of	
***************************************					*********	~~~~~	-						
	***************************************		·				_						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received me	ore than			<del></del>	
\$100,000 of compensation from the organiz	_				С								
		_								1	orm 9	90 (2)	117)

43-1339823 Page 9 CANTERBURY ENTERPRISES INC Form 990 (2017) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns ..... Membership dues 1b 36,087. Fundraising events ..... 10 d Related organizations ..... 1d 761,795. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 10,471. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$\_\_ 808,353. h Total. Add lines 1a-1f Business Code 358,489. 900099 358,489 2 a WORKSHOP SALES Program Service f All other program service revenue ..... 358,489. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,713. 22,713. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties ..... 5 (i) Real 6 a Gross rents b Less: rental expenses Rental income or (loss) ..... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 6,650. 6,650. 11 a MISCELLANEOUS 900099 d All other revenue

0.

6,650.

196,205.

Total revenue. See instructions.

e Total. Add lines 11a-11d

365,139.

Form 990 (2017) CANTERBURY ENTERPRISES INC
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All otl	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				/D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				······································
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	676,372.	549,708.	126,664.	***************************************
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,863.	16,004.	6,859.	
9	Other employee benefits	91,059.	66,243.	24,816.	
10	Payroll taxes	54,645.	35,679.	18,966.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,900.	6,900.		
d	, , , , , , , , , , , , , , , , , , , ,				***************************************
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,765.	1,765.		
13	Office expenses	14,788.	2,218.	12,570.	
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	65.040			***************************************
22	Depreciation, depletion, and amortization	67,942.	67,942.		**************************************
23	Insurance	15,149.	9,393.	5,756.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
a proper services	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) UTILITIES	26 002	25 (24	1 240	
		26,983.	25,634.	1,349.	
b		21,832.	21,832.		
C		19,847.	19,847.	4 505	
d	PAYROLL SERVICES	16,409. 65,275.	11,814.	4,595.	11 750
	All other expenses	1,101,829.	44,536. 879,515.	8,981. 210,556.	<u>11,758.</u>
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	1,101,049.	0/3,313.	410,550.	11,758.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F CONTINUE COL 80-2 (NOC 800-120)		- 1		