

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PLB RESTRICTED RECEIVABLE	265,926.
(2) DEPOSITS	1,496.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 267,422.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements .....	1	1,190,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments .....	2a	-1,668.
b	Donated services and use of facilities .....	2b	
c	Recoveries of prior year grants .....	2c	
d	Other (Describe in Part XIII.) .....	2d	
e	Add lines 2a through 2d .....	2e	-1,668.
3	Subtract line 2e from line 1 .....	3	1,192,385.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	3,820.
b	Other (Describe in Part XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	3,820.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,196,205.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1(a).							
1	Total expenses and losses per audited financial statements .....	1	<b>1,101,829.</b>				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>2a</td></tr> <tr><td>2b</td></tr> <tr><td>2c</td></tr> <tr><td>2d</td></tr> </table>	2a	2b	2c	2d	<b>0.</b>
2a							
2b							
2c							
2d							
a	Donated services and use of facilities .....						
b	Prior year adjustments .....						
c	Other losses .....						
d	Other (Describe in Part XIII.) .....						
e	Add lines 2a through 2d .....	<b>2e</b>					
3	Subtract line 2e from line 1 .....	<b>3</b>	<b>1,101,829.</b>				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>4a</td></tr> <tr><td>4b</td></tr> </table>	4a	4b	<b>0.</b>		
4a							
4b							
a	Investment expenses not included on Form 990, Part VIII, line 7b .....						
b	Other (Describe in Part XIII.) .....						
c	Add lines 4a and 4b .....	<b>4c</b>					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>1,101,829.</b>				

### **Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

- Attach to Form 990 or Form 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

2017

Open to Public  
Inspection

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Name of the organization

CANTERBURY ENTERPRISES INC

Employer identification number  
43-1339823

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TRIVIA NIGHT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....			1	
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				►
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				►

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				►

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in:   |                              |                             |
| a  | The organization's facility .....  | 13a                          | %                           |
| b  | An outside facility .....  | 13b                          | %                           |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                              |                             |

Name ► \_\_\_\_\_

**Address ►** \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- ## **16 Gaming manager information:**

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

- ## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV**

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV** Supplemental Information (continued)

## Supplemental Information to Form 990 or 990-EZ

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CANTERBURY ENTERPRISES INC

Employer identification number  
43-1339823

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTES DIGNITY, ENCOURAGES INDEPENDENCE AND EMPOWERS PERSONAL GOAL

ATTAINMENT WHILE OFFERING QUALITY SERVICES TO THE BUSINESS COMMUNITY.

### FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE BEEN EMPOWERED WITH THE AUTHORITY TO ACT  
ON BEHALF OF THE GOVERNING BODY.

### FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCIAL STATEMENTS ARE SENT OUT IN DRAFT FORM AND THE FORM 990 IS  
APPROVED BY THE BOARD WHEN PRESENTED AT A BOARD MEETING.

### FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS REVIEWED AND WAS REVISED ON 12-1-2014

### FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION IS REVIEWED BY THE BOARD.

### FORM 990, PART VI, SECTION C, LINE 18:

INFORMATION IS AVAILABLE UPON REQUEST.

### FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON A REQUEST TO CANTERBURY.

### FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PLB FUNDING RELEASE

- 950 .

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

CANTERBURY ENTERPRISES INC

Employer identification number

43-1339823

EQUIPMENT AND IMPROVEMENTS FUNDING RELEASE - 54,247.TOTAL TO FORM 990, PART XI, LINE 9 - 55,197.FORM 990, PART XII, LINE 2C:THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR.

## 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  
Institute

Inspection

Identification number

9823

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CANTERBURY ENTERPRISES INC

Name of the organization

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes." on Form 990 Part IV line 33.

## **Part II Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
UNITED CEREBRAL PALSY HEARTLAND (UCP) 8645 OLD BONHOMME ROAD ST LOUIS, MO 63132-3999	PROVIDES STAFF AND BENEFITS UNDER AN AGREEMENT TO BE REIMBURSED	MISSOURI 501C(3)	YES			X

**For Paperwork Reduction Act Notice see the instructions for Form 990**

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if 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** organizations treated as a partnership during the tax year.

**Part IV 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 trust during the tax year

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b Gift, grant, or capital contribution to related organization(s) .....
- c Gift, grant, or capital contribution from related organization(s) .....
- d Loans or loan guarantees to or for related organizations(s) .....
- e Loans or loan guarantees by related organization(s) .....
  
- f Dividends from related organizations(s) .....
- g Sale of assets to related organization(s) .....
- h Purchase of assets from related organization(s) .....
- i Exchange of assets with related organization(s) .....
- j Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k Lease of facilities, equipment, or other assets from related organization(s) .....
- l Performance of services or membership or fundraising solicitations for related organization(s) .....
- m Performance of services or membership or fundraising solicitations by related organization(s) .....
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o Sharing of paid employees with related organization(s) .....
  
- p Reimbursement paid to related organization(s) for expenses .....
- q Reimbursement paid by related organization(s) for expenses .....
  
- r Other transfer of cash or property to related organization(s) .....
- s Other transfer of cash or property from related organization(s) .....

- 2 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.
- | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| <b>0 . AMOUNT REIMBURSED</b>        |                               |                        |  |
| (1) UNITED CEREBRAL PALSY           |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**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.

## **Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

## 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C Line n	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Current Sec 179 Expense	Ending Accumulated Depreciation
	PROGRAM SERVICES													
2	COPY MACHINE	12/07/09	SL	7.00	16	12,850.				12,850.	12,698.	0.	12,698.	
3	OFFICE FURNITURE & FIXTURES	VARIOUS	SL	.000	16	36,836.				36,836.	36,836.	0.	36,836.	
5	BUILDING AND IMPROVEMENTS	VARIOUS	SL	39.00	MM16	1,740,842.				1,740,842.	584,123.	46,944.	631,067.	
6	BUILDING AND IMPROVEMENTS FOR APRIL AND MAY 2005	04/01/05	SL	39.00	MM16	100,740.				100,740.	31,472.	2,583.	34,055.	
7	MACHINERY & EQUIPMENT	08/01/10	SL	7.00	16	1,221.				1,221.	1,191.	30.	1,221.	
8	MACHINERY & EQUIPMENT	06/30/09	SL	7.00	16	11,575.				11,575.	11,574.	0.	11,574.	
9	MACHINERY & EQUIPMENT	04/01/11	SL	7.00	16	1,699.				1,699.	1,497.	202.	1,699.	
10	MACHINERY & EQUIPMENT	03/01/12	SL	7.00	16	2,684.				2,684.	1,343.	1,341.	2,684.	
11	TABLES AND CHAIRS	10/01/12	SL	5.00	16	30,107.				30,107.	30,107.	0.	30,107.	
12	PARKING LOT IMPROVEMENTS	07/01/12	SL	20.00	16	119,151.				119,151.	29,790.	0.	29,790.	
13	DRAINAGE													
13	COMPUTER AND SERVER	05/01/12	SL	3.00	16	4,262.				4,262.	2,651.	0.	2,651.	
14	DRAINAGE IMPROVEMENTS	05/01/14	SL	20.00	16	7,540.				7,540.	1,508.	377.	1,885.	
15	GROUND COMPACTING	06/30/14	SL	20.00	16	70,319.				70,319.	3,516.	3,516.	7,032.	
16	LIFT AND IMPROVEMENTS	05/01/14	SL	7.00	16	26,120.				26,120.	14,924.	3,731.	18,655.	
17	FULLY DEPR MACHINERY AND EQUIP	VARIOUS	SL	.000	16	91,813.				91,813.	91,813.	0.	91,813.	
18	IMPROVEMENTS	10/01/14	SL	39.00	MM16	11,841.				11,841.	912.	303.	1,215.	
19	PARKING LOT IMPROVEMENTS													
19	DRAINAGE	10/01/14	SL	20.00	16	13,376.				13,376.	2,007.	669.	2,676.	

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C Line n	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	BOX TAPER	12/01/14	SL	7.00	16	3,896.				3,896.	1,670.		556.	2,226.
21	HEAT EXCHANGER	02/20/16	SL	39.00	MM16	2,247.				2,247.	58.	58.	116.	
22	COPIER	09/20/16	SL	7.00	16	8,886.				8,886.	952.		1,269.	2,221.
23	AIR COMPRESSOR	10/01/16	SL	7.00	16	2,389.				2,389.	256.		341.	597.
24	LAND IMPROVEMENTS	01/01/18	SL	.000	16	14,100.				14,100.		0.		
25	COMPUTER AND SERVER	06/30/18	SL	5.00	16	23,000.				23,000.		0.		
26	AIR FILTER MACHINE	12/01/17	SL	5.00	16	2,307.				2,307.		461.	461.	
27	WIRELESS BROADBAND	08/01/17	SL	5.00	16	1,396.				1,396.		279.	279.	
28	BAR SEALER	06/30/18	SL	5.00	16	1,507.				1,507.		0.		
29	MAIL MACHINE	11/30/17	SL	7.00	16	12,776.				12,776.		1,825.	1,825.	
30	COMPUTERS	11/30/17	SL	5.00	16	17,283.				17,283.		3,457.	3,457.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					2,372,763.				2,372,763.	860,898.		67,942.	928,840.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,372,763.				2,372,763.	860,898.		67,942.	928,840.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					2,300,394.				0.	2,300,394.	860,898.		922,818.
	ACQUISITIONS					72,369.				0.	72,369.	0.		6,022.
	DISPOSITIONS					0.				0.	0.	0.		0.
	ENDING BALANCE					2,372,763.				0.	2,372,763.	860,898.		928,840.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	C Line n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR												
	ENDING BOOK VALUE												