Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

		For cale	ndar year 2015 or other tax year beginning	. 2	015, and ending	. 20		2	2015		
Departm	ent of the Treasury		ormation about Form 990-T and its instruction								
Internal F	Revenue Service	►Doı	not enter SSN numbers on this form as it may be m	nade ş	public if your organiz	ation is a 50°	1(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
A D	heck box if ddress changed		Name of organization (Check box if name change	iged a	nd see instructions.)	D Empl	nployer identification number				
	pt under section	(Empl	(Employees' trust, see instructions.)								
	1(c)(3)		36-3689172								
4 0	_		ated bus	iness activity o	odes						
☐ 40		Туре	1S151 Winfield Road City or town, state or province, country, and ZIP or for	reign (postal code		(See i	instructio	ns.)		
□ 52	9(a)		Wheaton, IL 60189				72	2513			
C Book	value of all assets I of year	F Gr	oup exemption number (See instructions.)	<u> </u>					•		
at o ik	281,162,139	G Ch	neck organization type 🕨 🗸 501(c) corpo	ratio	n 501(c) t	rust [401(a)	trust	☐ Other	trust	
H De	scribe the orga	nizatior	n's primary unrelated business activity.	Bane	guets held at Canti	anv restaur	ants				
			e corporation a subsidiary in an affiliated group					. ▶	☐ Yes 🗸	No	
			and identifying number of the parent corpor			•	•				
			Melinda Rosebraugh			one numbe	r 🕨	6	30-260-8128		
Part			e or Business Income		(A) Income		penses		(C) Net		
1a	Gross receipts	or sale	es 2,161,672	\neg		1-11-11-1		- 34		7365	
b	Less returns and a			1c	2,161,672		1900			10	
2	Cost of goods	sold (S	Schedule A, line 7)	2	470,607					Name of Street	
3			t line 2 from line 1c	3	1.691,065				1,691,065		
4a				4a	1,001,000				1,031,003	_	
b	_			4b						_	
C				4c					-		
5			-	5	-						
6				6				-	-		
7			-	7	_	+	-+			_	
8			_	8		-	\rightarrow	+			
9			- ' '	9			\rightarrow	+	+	_	
10				10		+	\rightarrow	+-			
11				_	-	+		-		_	
12				11						_	
13	Total. Combin			12 13			11	STEEP			
Part			3 through 12		1,691,065	ann \ /Eva			1,691,065		
r art			be directly connected with the unrelated			Ons.) (Exc	ebr ior	CONTIL	outions,		
14			cers, directors, and trustees (Schedule K)				Τ.	14	37,661		
15	Salaries and w							15			
16			ance					16	48,499		
17	Bad debts .	allitelie						17	160,832		
18		· · ·	fule)	• •				18		—	
19								_	00.470		
20	Charitable con	Hibutia tributia	ons (See instructions for limitation rules) .				. F	19 20	26,173	—	
21			Form 4562)					20			
22			imed on Schedule A and elsewhere on retu			50,269 0		2b	50.000		
23			· · · · · · · · · · · · · · · · · · ·					23	50,269		
24	Contributions i	 to defe	rred compensation plans				· H		40.000	—	
25								24	18,926		
			grams					25	12,604		
26			nses (Schedule I)					26			
27	Other deduction	suib co	ests (Schedule J)				· E	27			
28	Coner deduction	ons (att	ach schedule)				· [28	1,585,660		
29			dd lines 14 through 28					29	1,940,624		
30			xable income before net operating loss dedu					30	-249,559		
31			eduction (limited to the amount on line 30)					31			
32			exable income before specific deduction. Su					32	-249,559		
33			senerally \$1,000, but see line 33 instructions					33			
34	enter the small	iness i	taxable income. Subtract line 33 from line	32.	if line 33 is greate	er than line	32,	[
	enter the small	ici UI Ze	ero or line 32			<u> </u>	· [3	34	-249,559		

Form	DOO.T	(201E)

Page 2

Part	III T	ax Computation													
35		zations Taxable as Corp	orations	. See instr	uction	s for	tax computat	tion. C	Controlled aro	UD	16.30			Г	
	membe	ers (sections 1561 and 156	3) check	here ▶ ┌	ີ See	instru	etions and:		3		11-				
а		our share of the \$50,000, \$						kets (in that order):						
	(1) \$	(2)				(3)		Ĭ,	1						
b															
	(2) Additional 3% tax (not more than \$100,000)														
C	Income tax on the amount on line 34														
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on														
	the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)														
37)										37				
38	8 Alternative minimum tax														
39	39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies												0		
•		ax and Payments						,							
40a		tax credit (corporations attac						40a							
þ		redits (see instructions) .						40b			100				
C		I business credit. Attach Fo						40c			1992				
d		or prior year minimum tax						40d			817				
е		redits. Add lines 40a throu									40e		0	_	
41	Subtrac	ct line 40e from line 39 .						• •			41		0		
42 43		kes. Check if from: Form 4							attach schedule).		42			-	
43 44a		ax. Add lines 41 and 42 .									43		0	-	
b	-	nts: A 2014 overpayment castimated tax payments .						44a 44b	-						
C		posited with Form 8868 .						44c							
ď		organizations: Tax paid or						44d	- -	_					
e		withholding (see instruction						44e		_					
f		or small employer health in						44f	-	-					
g		redits and payments:		n 2439			, .								
_	☐ Form		Oth				Total ▶	44g							
45	Total p	ayments. Add lines 44a th	rough 44	g							45		0		
46		ed tax penalty (see instruc									46				
47	Tax du	e. If line 45 is less than the	total of l	ines 43 and	d 46, e	enter a	mount owed				47		0		
48	_	yment. If line 45 is larger t					enter amoun	it over	paid		48		. 0		
49		amount of line 48 you want:							Refunded		49		0		
Part		tatements Regarding C													
1		time during the 2015 calen											Yes	No	
		financial account (bank, se											8		
	here	Form 114, Report of Fore	ign Bani	cand Finar	iciai <i>F</i>	/cconi	its. If YES, er	nter tr	ie name of the	OT 6	eign c	ountry		2000	
2				نه باندواد د			!! !!				A	-40		1	
4		he tax year, did the organizations for other for						n Oi, Ol	uansieror to, a	IOTE	ayn (ru:	stf.	(200	1	
3		ne amount of tax-exempt in						ar 🕨	•					1	
-		-Cost of Goods Sold. E							*				-		
1		ry at beginning of year	1	47,269		6		end n	f year		6		50,427		
2	Purcha		2	473,765	_	7	*		sold. Subtra		200		,,,,441	 	
3		labor	3	4,1 40	 				Enter here ar						
4a	Addition	nal section 263A costs					in Part I, line				7	4	70.607		
	(attach	schedule)	4a			8	Do the rule:	s of s	ection 263A	(witl			Yes	No	
b	Other c	osts (attach schedule)	4b				property pro	duce	d or acquired	for :	resale)	apply	3 3	1567	
5		Add lines 1 through 4b	5	521,034					1?				=8100	1	
Q!	Under	penalties of perjury, I declare that I however, and complete. Declaration of p	ave examin	ed this return, i	ncludin	accom	panying schedules	and sta	atements, and to the	e bes	st of my l	inowledge	and bel	lief, it is	
Sign	l.	www. verification occupied of the	. specier (Utili	texpaye	., 13 005	ST OIL BI		en hisb	arer mas any KNOWIE	aye.		a IRS disc			
Here	1 -	un el ellione				"	Treasurer Title					e preparer tructions)?			
	Signati	ure of officer		Dat			1100	1	Date		<u> </u>	T =			
Paid		Print/Type preparer's name		Preparer's	signati	ure ure			Date		eck 🗆	if	TIN		
Prepa		Ciento somo b		_l						1	elf-employed				
Use (Use Office The Control of the Contro								Firm's EIN ►						

Schedule C—Rent Income (see instructions)	e (From Rea	al Pro	perty an	d Person	al Property	Le	ased With Real Prop	erty)				
1. Description of property												
												
(1)						_						
(2)												
(3)												
(4)	2. Rent receive	d or no	nund			1		· · · · · · · · · · · · · · · · · · ·				
	Z. Neilt receive	rd or act	1060			\dashv						
(a) From personal property (if the pen for personal property is more than more than 50%)		perce	ntage of rent	for personal	property (if the property exceeds profit or income)		3(a) Deductions directly connected with the Income in columns 2(a) and 2(b) (attach schedule)					
(1)												
(2)												
(3)												
(4)	_					\dashv	···					
Total		Total						· · · · · · · · · · · · · · · · · · ·				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6, Schedule E—Unrelated De	column (A) .		•				(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B)					
Schedule E-Unrelated De	ept-Finance	ea inc	ome (see	Instructio	ns)	_	3. Deductions directly conn	social with as allegable to				
1. Description of de	bt-financed prop	erty		allocable	income from or to debt-financed property	-	debt-finance a) Straight line depreciation					
					· -r9	\vdash	(attach schedule)	(attach schedule)				
(1)						L						
(2)				ļ		L						
(3)						L						
(4)				ļ		L		<u></u>				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	bt on or of or allocable to t-financed debt-financed property			6. Column 4 divided by column 5			7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))				
(1)					%							
(2)					%							
(3)				%								
(4)					%							
Totals							nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).				
Total dividends-received deduct	tions included	n colun	nn 8 .									
Schedule F-Interest, Ann	uities, Roya	lties,	and Ren	ts From (Controlled O	rg	anizations (see instruc	tions)				
		·			Organizations							
Name of controlled organization	2. Employ identification n			ated income instructions)	4. Total of speci payments mad		5. Part of column 4 that is included in the controlling organization's gross income	connected with income				
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations											
7. Taxable Income 8. Net unrelated income (loss) (see instructions)				ital of specified yments made		10. Part of column 9 that is included in the controlling organization's gross income	connected with Income in					
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).				
Totals						1	▶l					

Schedule G-Investment Inco	me of a Section	501(c			zation (see insti	ruction:	s)		
1. Description of Income 2. Amount of inc		ome directly connected (attach schedule)			4. Set-asides (attach schedu		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)								-	
(2)									
(3)									
(4)									
Totals	Enter here and on Part I, line 9, colui							re and on page 1, ne 9, column (B).	
Schedule I - Exploited Exemp	Activity Incom	a Oth	er Than	Advertising In	come (coe inch	ruction	-1		
Conedule 1—Exploited Exemp		1			COITE (See IIISII	uctions	>)	1	
Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne produ unr	penses rectly cted with uction of elated ss income	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).					Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising Incom	me (see instruction	ns)							
Part I Income From Perio			Consoli	dated Basis					
	110010 11000			4. Advertising				7. Excess readership	
1. Name of periodical	2. Gross advertising income		Direct sing costs	gain or (loss) (cot. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		costs (column 6 minus column 5, but not more than column 4).	
(1)			96					The second section	
(2)		3717					-		
(3)									
(4)	-								
Totals (carry to Part II, line (5)) Part II Income From Perio 2 through 7 on a line	dicals Reported	on a	Separat	e Basis (For ea	nch periodical li	sted ir	n Part II	fill in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)	_								
(4)							s in the second		
Totals from Part I	<u> </u>								
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	<u> </u>					W. 17			
Schedule K—Compensation of	f Officers, Direc	tors, a	and Tru	stees (see instru					
1. Name			:	2. Title	3. Percent of time devoted to business	4.0		ion attributable to ed business	
(1)					94				
(2)					94	,			
(3)					94	5			
(4)					94	5			
Total. Enter here and on page 1, Part II,	line 14					*			

Form 990 - T

2015

Cantigny Foundation

EIN 36-3689172

Part II, Line 28 Other Deductions Schedule

Expense Type	Expense Amount
Utilities	\$ 37,413
Supplies	69,695
Security	239,470
Insurance	39,214
Advertising	65,440
Administrative	42,155
Management Fees	1,092,273
	\$ 1,585,660

Form 4562

Department of the Treasury Internal Revenue Service Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number 990T Cantigny Foundation 36-3689172 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 0 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 n 9 0 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 0 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) . 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2015 17 49.788 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (a) Depreciation deduction period in service only-see instructions) 19 a 3-year property **b** 5-year property 4.483 5 vrs. HY S/L 449 c 7-year property 10 vrs. HY d 10-year property 32 e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 50,269 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .

Form	4562	(201	51

Cantiony Foundation

36-3689172

Page 2

Part	V Listed F	roperty (In	clude automol	oiles c		ther ve		certair	n aircra	ft cert	ain co		nne e		Page 2
			ent, recreation				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	461 IA11	1 411014		uiii 001	присы	o, and	biobeit	•
			for which you				mileage	e rate c	or dedu	cting lea	ase exi	pense.	comple	te only 2	4a.
		_	ugh (c) of Secti		_		_			_				,,	
			and Other Info								or pass	enger a	automo	biles.)	
24a	Do you have evidence	to support the t	ous ness/investmer	nt use cla	imed?	Yes	No	2	4b If "	res," is t	he evid	ence wri	tten?	Yes	No
	(a)	(b)	(c)	(d}		(9)	\neg	(1)	1	g)		h)	(1	in .
	Type of property	Date placed	Business/ Investment use	1	-r ther basis		r deprecial (ecovery	1	hod/	1 '	ciation	Elected se	-
	(list vehicles first) In service percentage Cost or other basis (business/investment use only) period Convention deduction												C0		
25	Special depreciation	on allowance	for qualified lis	ted pro	perty p	laced in	service	during							
	the tax year and u					use (se	e instru	ctions)	·		25				Car
<u> 26</u>	Property used mor	e than 50% i	in a qualified bu	eseniau	use:							,			
			%	-				\perp							
			%	+						<u> </u>		<u> </u>			
	5		%												
	Property used 50%	oriessina		7	:					00		1			
			% %					_	- · · · · ·	S/L -				-	
	-		9/2					-		S/L -				1	
28	Add amounts in co	lumo (b) line			r here	and on li	ine 21 r	nana 1			28	 	0		
29												<u> </u>	29		0
						ation o					• • •		1		
Comp	olete this section for ve	hicles used by	a sole proprieto	r, partne	r, or othe	er "more	than 5%	owner.	or relat	ed perso	in. If voi	u provide	ed vehic	ies	
to you	ır employees, first ans	wer the questi	ons in Section C	to see if	you me	et an exc	eption to	comple	eting this	section	for thos	se vehici	es.		
				(a)	(b)		(c)	(d)	((e)	(1	r)
30	Total business/inves	lment miles dr	iven during	Vehicle 1		Vehicle 2		Vet	iicle 3	Vehi	icle 4	Veh	icle 5	Vehi	cle 6
	the year (do not incl														
31							<u> </u>								
32															
	miles driven									-					
33	Total miles driven du									į .					
24	lines 30 through 32			¥	No.	V	LNa	14		-		1.		- 14	
34	Was the vehicle avail during off-duty hours			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35									+	1					
-	5% owner or related														
36	Is another vehicle av	•												1	
			Questions for I	- Employ	ers Wi	io Provi	de Veh	icles f	or Use	by The	ir Emp	loyees			
Апѕи	ver these questions	to determine	if you meet an	excepti	ion to c	ompletir	ng Section	on B fo	r vehic	les use	d by en	nployee	s who	are not	
more	than 5% owners or	related pers	ons (see instru	ctions).	_										
37	Do you maintain a w													Yes	No
	your employees? .										6.6	ega			
38				-					_						
20	employees? See the												• •		
39 40	Do you treat all use on Do you provide more											÷	• 99	ļ	
40	use of the vehicles, a														
41															
	Note: If your answer												• •		
Part															
		(a)			(b)		(c)			d)		(0)		(1	<u> </u>
	Descrip	tion of costs		Date a	mortizati	on Arr	nortizable a	mount	1	section		Amortization period or		Amortization	-
					egins							percentag			34
42	Amortization of co	sts that begin	ns during your 2	2015 tax	(year (see inst	ructions) :							
			·	<u> </u>											
	A	-4- 49. 4.5	-1.6	045:					<u> </u>		<u> </u>				
43													43		
44	Total. Add amoun	IS III COIUTIII	iii. Ose ille ille	nrchóu	P LOL MI	iere to f	a poπ .						44		0