

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		MB No. 1545-0047
For calendar year 2021 or other tax year beginning , and ending		2021
Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open	n to Public Inspection for c)(3) Organizations Only
A Check box if address changed. Name of organization (Check box if name changed and see instructions.)	D Employer i	dentification number
B Exempt under section Print CANTIGNY FOUNDATION	36-	3689172
	Group exer (see instruc	mption number ctions)
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) 529A WHEATON, IL 60189	F X C	heck box if
C Book value of all assets at end of year \ 482,055,746.	ar	n amended return.
G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to ► Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of attached Schedules A (Form 990-T)	1	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.	Y	es X No
L The books are in care of ► TIMOTHY P. KNIGHT Telephone number ► 31	2-445-5	000
Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions STATEMENT 1	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
Part II Tax Computation	11	0.
		0.
Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on	1	
·	9	
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 3 Proxy tax. See instructions	3	
	4	_
Other tax amounts. See instructions Alternative minimum tax (trusts only)	5	_
	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork Reduction Act Notice, see instructions.		orm 990-T (2021)

Part		Tax and Payments				age 2
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
1a b				\dashv		
C		ral business credit. Attach Form 3800 (see instructions) 1b 1c				
d		t for prior year minimum tax (attach Form 8801 or 8827)				
e		credits. Add lines 1a through 1d		1e		
2		act line 1e from Part II, line 7		2		0.
3		amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8697				
		Other (attach statement)		3		
4	Total	tax. Add lines 2 and 3 (see instructions).	nder			
	section	on 1294. Enter tax amount here		4		0.
5	Curre	nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		0.
6a	Paym	ents: A 2020 overpayment credited to 2021				
b	2021	estimated tax payments. Check if section 643(g) election applies 6b				
С		eposited with Form 8868 6c				
d		gn organizations: Tax paid or withheld at source (see instructions)				
е		up withholding (see instructions) 6e				
f		t for small employer health insurance premiums (attach Form 8941)		_		
g	Other	credits, adjustments, and payments: Form 2439				
_	T-4-1	Form 4136 Other Total • 6g		+ _		
7		payments. Add lines 6a through 6g ated tax penalty (see instructions). Check if Form 2220 is attached		7		
8				9		
9 10		lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10		
11			Refunded	11		
Part		Statements Regarding Certain Activities and Other Information (see instruc				
1	At an	y time during the 2021 calendar year, did the organization have an interest in or a signature or ot	her authority	/	Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign				
	here	>				х
2	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	ror to, a			
	foreig	n trust?				Х
	If "Ye	s," see instructions for other forms the organization may have to file.				
3			\$			
4	Enter	available pre-2018 NOL carryovers here \$2,806,100. Do not include any post-	2017 NOL c	arryover		
	show	n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction rep	orted on Pa	rt I, line 4.		
5		2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Do				
	the a	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. Se			_	
		Business Activity Code Available pos	t-2017 NOL			
		720000 \$		612,007.		
	D: 1.11	\$				x
6a		ne organization change its method of accounting? (see instructions)				_
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128	? IT "NO,"			
Part		in in Part V Supplemental Information				
		xplanation required by Part IV, line 6b. Also, provide any other additional information. See instruc	etions			
	TEMEN		iloris.			
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		ledge and belief, it is tru	ıe,	
Sign	co	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		May the IDC -!! "		.:44
Here		CEO AND PRESIDENT		May the IRS discuss th the preparer shown bel		vith
		Signature of officer Date Title		instructions)? X		No
	-	Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
Paid			self- employed			
Prepa	arer	BRIDGET T. ROCHE Bridget Roche 11.14.23		P0066683	7	
Use (Firm's name ▶ GRANT THORNTON LLP	Firm's EIN	> 36-6055	558	
JJ- (_	
	Jy	171 N. CLARK ST., STE. 200				
	Jy	171 N. CLARK ST., STE. 200 Firm's address CHICAGO, IL 60601	Phone no.	312-856-0200 Form 9		

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION INC.		2,806,100.
SCHEDULE A PORTION OF PRE-	2018 NOL SCHEDULE A SHARE	
1	12,801.	
TOTAL SCHEDULE A SHARE OF	PRE-2018 NOL	12,801.
NET OPERATING DEDUCTION		12,801.
BALANCE AFTER PRE-2018 NOL		0.
EXPIRING NET OPERATING LOS	SES	0.
CARRY FORWARD OF NET OPERA	TING LOSS	2,793,299.

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	442,847.	0.	442,847.	442,847.
12/31/10	540,605.	0.	540,605.	540,605.
12/31/11	269,904.	0.	269,904.	269,904.
12/31/12	338,585.	0.	338,585.	338,585.
12/31/13	396,272.	0.	396,272.	396,272.
12/31/14	322,577.	0.	322,577.	322,577.
12/31/15	249,559.	0.	249,559.	249,559.
12/31/16	24,015.	0.	24,015.	24,015.
12/31/17	221,736.	0.	221,736.	221,736.
NOL CARRYO	VER AVAILABLE THIS	YEAR	2,806,100.	2,806,100.

FORM 990-T

PART V - SUPPLEMENTAL INFORMATION

STATEMENT 3

FORM 990-T, BOX F - THE CANTIGNY FOUNDATION'S 2021 FORM 990-T IS BEING AMENDED TO REFLECT ADDITIONAL REVENUE AND EXPENSE SOURCES THAT WERE PREVIOUSLY NOT INCLUDED ON THE ORIGIONAL 990-T. SCHEDULE A, PART I, LINES 1A, 1C, 2, AND 3; SCHEDULE A, PART II, LINES 1, 2, 3, 6, 10, 11, 14, 15, 16, 17, AND 18 WERE AMENDED TO REFLECT THE ADDITIONAL REVENUE AND EXPENSES.

DUE TO THE INCLUSION OF ADDITIONAL REVENUE AND EXPENSES THE CANTIGNY FOUNDATION USED SOME OF IT'S PRE-2018 NET OPERATING LOSS DEDUCTION, STATEMENT 1 PRE-2018 NET OPERATING LOSS DEDUCATION WAS MOVED TO STATEMENT 2. A NEW STATEMENT WAS ADDED AS STATEMENT 1 WHICH OUTLINES THE AMOUNT OF PRE-2018 NET OPERATING LOSS THAT WAS USED AND THE REMAINING PRE-2018 CARRYFORWARD AVALIABLE FOR 2022.

990-T, BOX L, BOOKS IN CARE OF AND 990-T, SIGNATURE BOX WERE UPDATED TO INCLUDE THE CONTACT INFORMATION OF TIMOTHY P. KNIGHT.

01789222

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number Name of the organization CANTIGNY FOUNDATION 36-3689172 720000 D Sequence: C Unrelated business activity code (see instructions) ▶ of

<u>E [</u>	Describe the unrelated trade or business LIMITED-SERVICE RE	STAUR	ANTS		_
Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 2,791,934.				
b	Less returns and allowances c Balance ▶	1c	2,791,934.		
2	Cost of goods sold (Part III, line 8)	2	540,948.		
3	Gross profit. Subtract line 2 from line 1c	3	2,250,986.		2,250,986.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	2,250,986.		2,250,986.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1		45,057.
2	Salaries and wages	I	: [1,195,390.
3	Repairs and maintenance			44,932.
4	Bad debts			
5	Interest (attach statement). See instructions		,	
6	Taxes and licenses		i	3,192.
7		301.		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8k	.	63,301.
9	Depletion	9		
10	Contributions to deferred compensation plans)	31,740.
11	Employee benefit programs		1	232,128.
12	Excess exempt expenses (Part VIII)	I	2	
13	Excess readership costs (Part IX)		3	
14	Other deductions (attach statement) SEE STATEMENT 4	14	4	622,445.
15	Total deductions. Add lines 1 through 14	15	5	2,238,185.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)	16	3	12,801.
17	Deduction for net operating loss. See instructions		7	12,801.
18	Unrelated business taxable income. Subtract line 17 from line 16		3	
ΙЦΛ	For Panarwork Paduation Act Natice see instructions	Scho	dula	A (Form 000 T) 2021

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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a	٦C	,

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	n N/A		Page Z
1		-)	1	19,077.
2	, , , , , , , , , , , , , , , , , , , ,				0.
3	Purchases Cost of labor				0.
4	Cost of labor Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)		STATEMENT	6 5	540,948.
6	Total. Add lines 1 through 5				560,025.
7				1 _ 1	19,077.
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter h				540,948.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part					
1	Description of property (property street address, city, st				
•	A	ato, zii oodoj. oncok i	a dddi doo. ooc moa	dottorio.	
	В				
	c \square				
	D				
		Α	В	С	
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, li	ne 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street address, c	ity, state, ZIP code). Ch	eck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	>	0.
	·			T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line	10		>	0.

	ule A (Form 990-T) 2021 VI Interest, Annu		ovalties and Re	ents fron	n Control	led Or	ganization	S (see instruc	ctions)		Page 3
ı aıt	TI IIICICSI, AIIII		Januos, and me		ວວກແວເ			lled Organizatio			
	Name of controlled organization		' '		3. Net unrelated 4. Total		al of specified ments made	5. Part of column 4 that is included in the controlling organiza-		6. Deductions directly connected with income in column 5	
(1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			()	0.		0.	tion's gross in	0.		0.
(2)											
(3)											
(4)											
			No	nexempt C	Controlled Or	ganizati	ions				
7	7. Taxable Income	ir	Net unrelated come (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization's income		conn	uctions directly nected with in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10. and on Part I, column (A)	1	er here	ımns 6 and 11. e and on Part I, , column (B)
Totals						>		0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connumber (attach states	ected (attach	t-asides stateme	ent)	Total deductions and set-asides add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
Tatala				_	column 2. here and or line 9, colu	Enter n Part I,				h	column 5. Enter here and on Part I, line 9, column (B)
Totals Part		yemnt A	Activity Income,	Other T	l han Δdve		d Income	(aaa inatrustian	2)		
1	Description of exploite			, Juici I	nan Auve	, uoni	g moonie	(See IIISTIACTIONS) 		
2	Gross unrelated busin	•		ness Enter	r here and o	n Part I	line 10 colum	n (Δ)	2		
3	Expenses directly con						•	. ,			
Ū	line 10, column (B)								3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a o	gain, complete	·······			
	, ,					•	· .		4		
5	Gross income from ac								5		
6	Expenses attributable								6		
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12						7		

Schedule A (Form 990-T) 2021

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Page	, رح

Part	IX Advertising Income					T ago T
1	Name(s) of periodical(s). Check box if reportin	a two or r	more periodicals on a	consolidated basi	S	
•	A	.g	nore periodicale erra	conconductod back	.	
	В					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	correspon آ	_			
	_	-	Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)		>	0.
а		ſ		1	<u> </u>	
3	Direct advertising costs by periodical	-		<u> </u>		
а	Add columns A through D. Enter here and on	Part I, line	e 11, column (B)		>	0.
		r				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	۱				
	line 4 showing a loss or zero, do not complete	9				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
•	deduction. For each column showing a gain o	n l				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	·-	ne line 8a columns to	tal or zero here ar	nd on	
u	Part II, line 13	cator or tr			_	0.
Part		ectors.	and Trustees	ee instructions)	······································	
			,-		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	TI Name		21 1110		to business	unrelated business
(1)	SEE STATEMENT 7				%	difference busifiess
					%	
(2)					%	
(3)					%	
(4)	I				70	
Total	. Enter here and on Part II, line 1					45,057.
Part			· \			45,057.
Fait	Supplemental information (se	e instructi	ions)			

FORM 990-T	(A)	OTHER DEDUCTIONS					
DESCRIPTION	1			AMOUNT			
UTILITIES	-			54,888			
SUPPLIES				118,054			
SECURITY				29,165			
INSURANCE	_			21,844			
ADVERTISING				5,548			
MANAGEMENT TAX PREP FI				385,596, 7,350,			
				,			
TOTAL TO SO	622,445						
990-T SCH 2		17 NET OPERATING	LOGG DEDUCATION	CMA DEMEND 5			
			TOSS DEDUCTION	STATEMENT 5			
TAX YEAR LOSS SUSTAINED		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
12/31/18	267,578.	73,875.	193,703.	193,703.			
12/31/20	418,304.	0.	418,304.	418,304.			
	/ER AVAILABLE THIS	612,007.	612,007.				
NOL CARRYO	EK AVAILABLE IIID			· , · · · ·			
NOL CARRYO	EK AVALUADUE IIIID						

FORM 990-T (A)	COST OF GOOD	S SOLD - OTHE	R COSTS	STATEMENT 6
DESCRIPTION				AMOUNT
FOOD BEVERAGE				401,810. 135,824.
LIQUOR FOOD AND BEVERAGE RE	BATES			3,830. -516.
TOTAL TO FORM 990-T,	SCHEDULE A, LI	NE 5		540,948.

FORM 990-T (A)	PART X - COMPENSATION OF OFFICER DIRECTORS AND TRUSTEES	STATEMENT 7		
NAME	TITLE	PERCENT	COMPENSATION	
KNIGHT, TIMOTHY	CEO	2.89%	18,504.	
MARSICO JR, LOUIS	SR. VICE PRESIDENT OF OPERATIONS	2.89%	11,804.	
REGALADO, OSCAR	DIRECTOR OF HUMAN RESOURCES	2.89%	6,024.	
TYLER, KIM TORRES, ANDRES	CFO DIRECTOR OF STRATEGY, PLANNING	2.89%	4,514.	
	AND OPERATIONS	2.89%	4,211.	
TOTAL TO FORM 990-T	, SCHEDULE A, PART X		45,057.	

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

2021Attachment

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

A PG1

Business or activity to which this form relates

1

CANTIGNY FOUNDATION LIMITED-SERVICE RESTAURANTS 36-3689172 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,050,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 2,620,000. 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 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 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 63,301 17 17 MACRS deductions for assets placed in service in tax years beginning before 2021 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Part IV Summary (See instru	ıctions.)
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Class life

12-year

30-year

40-year

b

С

d

- 21 Listed property. Enter amount from line 28
- **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 instr
- 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

 23	

12 yrs

30 yrs

40 yrs

S/L

S/L

S/L

21

22

MM

MM

63,301.

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	24b, columns (:4- f			-		
			on and Other I			$\overline{}$									
248	Do you have evidence to support the business/investme. (a) Type of property (list vehicles first) (b) Date placed in investment service use percentage in the placed in service use percentage in the placed in		ot	(d) Cost or		Yes No (e) Basis for depreciation (business/investment use only)		(f) Recovery period	covery Method/		(h) Depreciation		(i) Elected section 179 cost		
<u></u>	Special depreciation allo		· · ·		placed i	n servic	e during	the ta	x year and	l				00	,51
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more that														
		: :	9	6											
		: :	9	6											
		1 1	9	6											
<u>27</u>	Property used 50% or le	ess in a qualit	ied business ι	ıse:											
_		1 1	9	6						S/L -					
_		1 1	9	6						S/L -					
_		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page 1								29		
			S	Section E	3 - Infor	mation	on Use	of Veh	icles						
to y	your employees, first ans	wer the ques	tions in Section	on C to s	ee if you	meet a	n except	tion to	completin	g this sec	ction fo	r those v	ehicles.		
				1	a) 	l '	b)	l	(c)	(d	-	_	e) 	(f	
30	Total business/investment		•	Vehicle		Vei	Vehicle		Vehicle Vehicle		cie	Vehicle		Vehicle	
	year (don't include commu														
	Total commuting miles														
32	Total other personal (no driven	-	-												
33	Total miles driven during	g the year.													
	Add lines 30 through 32) :													
34	Was the vehicle available	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	, ,													
	than 5% owner or relate														
36	Is another vehicle availa	ble for perso	nal												
	use?														
			- Questions f	•	•				•						
	swer these questions to o			ception	to comp	oleting S	Section E	3 for ve	hicles use	ed by emp	loyees	who ar	en't		
_	re than 5% owners or rela	•												Т.,	Τ
37	Do you maintain a writte employees?													Yes	No
38	Do you maintain a writte														
	employees? See the ins														
39	Do you treat all use of ve														
	Do you provide more tha														
	the use of the vehicles,	and retain th	e information i	received'	?										
41	Do you meet the require														<u> </u>

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization **(b)** Date amortization (c) Amortizable amount (d) Code section (e) Amortization (f) (a) Description of costs Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2021 tax year: 43 **43** Amortization of costs that began before your 2021 tax year 44

44 Total. Add amounts in column (f). See the instructions for where to report

Form **4562** (2021)