

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.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01021605 Return of Organization Exempt From Income Tax

990 Form

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	ending			
В	Check if applicabl	C Name of organization		D Employer identific	ation number	
	Addre chang					
	Name chang	Doing business as		36-3689172		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	1 S. 151 WINFIELD ROAD		(630) 260-815	51	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	48,447,801.	
	Amen return	WHEATON, IL 60189		H(a) Is this a group re	turn	
	Applic tion pendi	F Name and address of principal officer: Thorner 1. Referr		for subordinates?	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No	
		empt status: 🗴 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions	
	Websi			H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation: 1989	State of legal domicile: IL	
P	art I	Summary				
ģ	1	Briefly describe the organization's mission or most significant activities: OPERATI		NTIGNY PARK,		
anc		GOLF, MCCORMICK HOUSE AND FIRST DIVISION MUSEUM (CONTINUED IN				
Governance	2	Check this box if the organization discontinued its operations or dispos		1 1	ets.	
205	3				6	
~	4	Number of independent voting members of the governing body (Part VI, line 1b)	·····	158		
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		130		
Activities &		Total number of volunteers (estimate if necessary)		3,088,120.		
Ac	l la	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)				
Revenue	9	Program service revenue (Part VIII, line 2g)		5,808,938.	5,936,073.	
Ieve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,967,284.	18,951,570.	
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,758,832.	5,389,629.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,347,648.	50,851,823.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,989,190.	12,258,463.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		٥.	0.	
adx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,657,681.	19,271,312.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,646,871.	31,529,775.	
	19	Revenue less expenses. Subtract line 18 from line 12		-3,299,223.	19,322,048.	
s or			Be	ginning of Current Year	End of Year	
Net Assets (<u>स</u> 20	Total assets (Part X, line 16)		482,055,746.	450,019,790.	
3t As	21	Total liabilities (Part X, line 26)		61,485,534.	69,228,252.	
		Net assets or fund balances. Subtract line 21 from line 20		420,570,212.	380,791,538.	
P	art II	Signature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here										
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date	Check	PTIN							
Paid	BRIDGET T. ROCHE Bridget Roche 11/14	4/202 3 self-employe	_d P00666837							
Preparer	Firm's name GRANT THORNTON LLP		6-6055558							
Use Only	Firm's address 171 N. CLARK ST., STE. 200									
	CHICAGO, IL 60601	Phone no.312-	856-0200							
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see in	Taxpayer	identificati	on number	(TIN)			
print	CANTIGNY FOUNDATION		36-36	39172				
File by th due date filing you	for Number, street, and room or suite no. If a P.O. bo	ox, see instruct	tions.	1				
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WHEATON, IL 60189								
Enter t	he Return Code for the return that this application is fo	or (file a separa	te application for each return)				0 1	
Applic	ation	Return	Application			I	Return	
ls For		Code	Is For				Code	
Form 9	990 or Form 990-EZ	01	Form 1041-A				08	
Form 4	720 (individual)	03	Form 4720 (other than individual)				09	
Form §	90-PF	04	Form 5227				10	
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 9	990-T (trust other than above)	06	Form 8870				12	
Form §	990-T (corporation)	07						
• If the box •	e organization does not have an office or place of busi is is for a Group Return, enter the organization's four d . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the X calendar year _2022 or Lax year beginning f the tax year entered in line 1 is for less than 12 month	ligit Group Exe	emption Number (GEN) ach a list with the names and TINs o <u>R 15, 2023</u> , to fil return for: ad ending	If this is fo f all membe	r the whole ers the exte npt organiza	group, che nsion is for	r.	
	Change in accounting period							
	f this application is for Forms 990-PF, 990-T, 4720, or 6	6069, enter the	e tentative tax, less		^		0	
-	any nonrefundable credits. See instructions.			<u>3a</u>	\$		0.	
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$							
c l	Salance due. Subtract line 3b from line 3a. Include you	ur payment wit	h this form, if required, by					
	using EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$		0.	
Cautio instruc	n: If you are going to make an electronic funds withdra tions.	awal (direct del	oit) with this Form 8868, see Form 8	453-TE and	d Form 887	9-TE for pa	yment	
LHA	For Privacy Act and Paperwork Reduction Act Not	ice, see instru	uctions.		Form	8868 (Rev.	. 1-2022)	

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Form	990 (2022) CANTIGNY FOUNDATION	36-3689172	Page 2
Par	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	OPERATION OF CANTIGNY PARK, GOLF, MCCORMICK HOUSE AND FIRST DIVISION		
	MUSEUM IN WHEATON, ILLINOIS. HONOR AND UPHOLD THE LAST WILL AND		
	TESTAMENT OF COL. ROBERT R. MCCORMICK, WHICH PROVIDED THAT HIS FORMER		
	RESIDENCE AND 500 ACRES OF LAND IN WHEATON, (CONTINUED IN SCH O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′ Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$25,878,470. including grants of \$) (Reve	enue \$ 9 , 0 2	4,193.)
	OPERATION OF CANTIGNY PARK. PARK OPERATIONS INCLUDE A MUSEUM, A 27-HOLE		
	GOLF COURSE, GOLF LEARNING CENTER, 9-HOLE YOUTH GOLF COURSE, CLUBHOUSE,		
	EXTENSIVE GARDENS, A GREENHOUSE, HIKING TRAILS, CHILDREN'S PLAYGROUND,		
	VISITOR CENTER, AND RESTAURANTS. IN 2022, OVER 450,000 VISITORS CAME TO		
	ENJOY CANTIGNY PARK, GOLF, AND FIRST DIVISION MUSEUM. THIS INCLUDES		
	OVER 155,000 VISITORS TO THE FIRST DIVISION MUSEUM.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
			/
4d	Other program services (Describe on Schedule O.)		
÷υ		١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 25,878,470.		
-10		Eorm (990 (2022)
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202002	2 12-13-22 2		

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Pa	t 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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	-		
5		5		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
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	<u> </u>
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b	x	
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		444		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	х	
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			
10		16		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>			<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
232003	3 12-13-22	Form	990	(2022)

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Form	990	(2022)

CANTIGNY FOUNDATION

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL				x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
0 4 -	Schedule J	23	л	<u> </u>
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		v	
	Schedule K. If "No," go to line 25a	24a	X	v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
L	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		x
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	· · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t 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
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
02000	(ganbing) withings to prize withers:		990	(2022)
202004	A	1 0111		

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Form	990 (2022) CANTIGNY FOUNDATION 36-36891	72	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 158			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of quantice intellectual property, and the organization interform boost as required i	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
U		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
		9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	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 hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		┣──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	9 90	(2022)

⁵ 2022.05000 CANTIGNY FOUNDATION

Form	990 (2022) CANTIGNY FOUNDATION			6-368917			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrougł	17b below,	, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	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	<u>1a</u>		6			
	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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisi	on			
					3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		<u>X</u>
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 ap	point	one or				
	more members of the governing body?				7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	re filing the	form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,					
	on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	:			
	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	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a				77
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-	า			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
0	exempt status with respect to such arrangements?		<u></u>		16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	I-T (section	501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest p	policy, and	tinano	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 boo	ks an	a records				
	TIMOTHY P. KNIGHT - 312-445-5000 1 S. 151 WINFIELD ROAD, WHEATON, IL 60189						
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Form 990 (2022)	CANTIGNY FOUNDATION	36-3689172 F	Page /					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Emp	ployees, and Independent Contractors							
Check	k if Schedule O contains a response or note to any line in this Part VII							
Section A. Offic	cers, Directors, Trustees, Key Employees, and Highest Compensated E	mployees						
	table for all persons required to be listed. Report compensation for the cal e organization's current officers, directors, trustees (whether individuals or	, , ,						

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per week Description the sector metaboling builded metaboling builded metaboling to metaboling the sector metaboling to metabo	(A)	(B)	(C)		(D)	(E)	(F)				
hours prove week (list any number of an out of the main and an out of the main an out of the main and an out of the main and an out of th			Pos		Position				Reportable		
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EXECUTIVE DIRECTOR, CANTIGNY PARK 0.00 X 201,767. 0. 66,063. (7) ANDRES TORRES 32.00 X 176,691. 44,173. 36,061. SR. DIRECTOR OF STRATEGY & PLANNING 8,00 X 176,691. 44,173. 36,061. (8) EDWARD HOLZMAN 40.00 X 153,681. 0. 58,795. (9) AKAGSE KACHIKWU 32.00 X 139,853. 34,963. 32,125. (10) SCOT WITTE 40.00 X 145,716. 0. 51,987. (11) JEFFERSON REITER 40.00 X 141,883. 0. 7,291. (12) CARLA BEAL 20.00 X 43,269. 43,269. 0. CHIEF INVESTMENT OFFICER (BEG 10/22) 20.00 X X 28,394. 0. CHAIRMAN OF THE BOARD 2.00 X 28,394. 28,394. 0. 0. CHAIRMAN OF THE BOARD 2.00 X 28,100. 28,100. 0. 0. DIRECTOR (BE0 05/22) 2.00 X 27,						Х			194,754.	48,689.	45,222.
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(8) EDWARD HOLZMAN 40.00 x 153,681. 0. 58,795. (9) AKAOSE KACHIKWU 32.00 x 139,853. 34,963. 32,125. (10) SCOTT WITTE 40.00 x 145,716. 0. 51,987. (11) JEFECTOR OF NATURAL AREAS & GROUNDS 0.00 x 145,716. 0. 51,987. (11) JEFFERSON REITER 40.00 x 141,883. 0. 7,291. (12) CARLA BEAL 20.00 x 43,269. 43,269. 0. (13) DENNIS FITZSIMONS 2.00 x 28,394. 28,394. 0. DIRECTOR (14) SCOTT SMITH 2.00 x 28,100. 28,100. 0. DIRECTOR 2.00 x 28,100. 28,100. 0. 0. (14) SCOTT SMITH 2.00 x 27,500. 27,500. 0. DIRECTOR 2.00 x 27,500. 27,500. 0. 0.											
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(9) AKAOSE KACHIKWU 32.00 X 139,853. 34,963. 32,125. (10) SCOTT WITTE 40.00 X 139,853. 34,963. 32,125. (10) SCOTT WITTE 40.00 X 145,716. 0. 51,987. (11) JEFFERSON REITER 40.00 X 1445,716. 0. 51,987. (11) JEFFERSON REITER 40.00 X 141,883. 0. 7,291. (12) CARLA BEAL 20.00 X 43,269. 43,269. 0. CHIEF INVESTMENT OFFICER (BEG 10/22) 20.00 X 43,269. 0. 0. (13) DENNIS FITZSIMONS 2.00 X 28,394. 28,394. 0. (14) SCOTT SMITH 2.00 X 28,100. 28,100. 0. DIRECTOR 2.00 X 27,500. 27,500. 0. (15) WILLIAM MCCLEAN 2.00 X 27,500. 27,500. 0. DIRECTOR 2.00 X 27,500. 27,500. 0. (16) RUTHELLYN MUSIL 2.00 X 27,500. 27,500. 0.											
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(10) SCOTT WITTE 40.00 x 145,716 x 145,716 DIRECTOR OF NATURAL AREAS & GROUNDS 0.00 x 145,716 0. 51,987. (11) JEFFERSON REITER 40.00 x 141,883 0. 7,291. (12) CARLA BEAL 20.00 x 43,269 43,269. 0. (13) DENNIS FITZSIMONS 2.00 x x 28,394. 28,394. 0. (14) SCOTT SMITH 2.00 x x 28,100. 28,100. 0. DIRECTOR 2.00 x 27,500. 27,500. 0. 0. 0116) RUTHELLYN MUSIL 2.00 x 27,500. 27,500. 0. 0.	· · ·	-									
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(12) CARLA BEAL 20.00 X 43,269. 43,269. 0. (13) DENNIS FITZSIMONS 2.00 X X 43,269. 43,269. 0. (13) DENNIS FITZSIMONS 2.00 X X 28,394. 28,394. 0. (14) SCOTT SMITH 2.00 X X 28,100. 28,100. 0. DIRECTOR 2.00 X X 28,100. 28,100. 0. (15) WILLIAM MCCLEAN 2.00 X X 27,500. 27,500. 0. DIRECTOR 2.00 X X 27,500. 27,500. 0. (16) RUTHELLYN MUSIL 2.00 X X 27,500. 27,500. 0. DIRECTOR 2.00 X X 27,500. 27,500. 0. (17) CELENA ROLDAN 2.00 X X 27,500. 27,500. 0. DIRECTOR 2.00 X X 27,500. 27,500. 0.											
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(15) WILLIAM MCCLEAN 2.00 X 27,500. 27,500. 0. DIRECTOR (BEG 05/22) 2.00 X 27,500. 27,500. 0. (16) RUTHELLYN MUSIL 2.00 X 27,500. 27,500. 0. DIRECTOR 2.00 X 27,500. 27,500. 0. (17) CELENA ROLDAN 2.00 X 27,500. 27,500. 0. DIRECTOR 2.00 X 27,500. 27,500. 0.											
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(16) RUTHELLYN MUSIL 2.00 DIRECTOR 2.00 x 27,500. 27,500. 0. (17) CELENA ROLDAN 2.00 x 27,500. 27,500. 0. DIRECTOR 2.00 x 2.00 x 27,500. 0.											
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(17) CELENA ROLDAN 2.00 X 27,500. 27,500. 0.											
DIRECTOR 2.00 X 27,500. 27,500. 0.			Х						27,500.	27,500.	0.
	DIRECTOR	2.00	Х						27,500.	27,500.	

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232007 12-13-22

Form **990** (2022)

Desition	(F) imated
Desition	
	imated
(do not check more than one Reportable Reportable Est	
officiar and a director (fritance)	ount of other
	ensation
hours for	m the
related relate	nization
organizations $\frac{2}{2}$ $\frac{1}{2}$ $\frac{2}{2}$ $\frac{1}{2}$ \frac	related
	nizations
(18) LEE HENDERSON 2.00	0
DIRECTOR (BEG 05/22) 2.00 X 20,625. 20,625.	0.
(19) JOHN W. MADIGAN 2.00	0
DIRECTOR (THRU 05/22) 2.00 X 13,825. 13,825.	0.
(20) DONALD WYCLIFF 2.00	0
DIRECTOR (THRU 05/22) 2.00 X 13,750. 13,750.	0.
	521 797
	524,787.
	0. 524,787.
	524,707.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	17
compensation from the organization	Yes No
	Tes NO
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	x
line 1a? If "Yes," complete Schedule J for such individual	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	x
and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	A
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	x
rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i>	A
	~
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from	n
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	\
(A) (B) (C) Name and business address Description of services Compen	
BULLEY & ANDREWS	
	865,691.
AIRPORT ELECTRIC COMPANY	
	188,777.
EDWIN ANDERSON CONSTRUCTION	100,777.
	182,181.
J.P. PHILLIPS, INC	
	652,461.
HELM MECHANICAL	,
	638,686.
2 Total number of independent contractors (including but not limited to those listed above) who received more than	,
\$100,000 of compensation from the organization 35	

232008 12-13-22

Form 990 (2022)

ar	t VII	Statement of Rev	ven	ue						
		Check if Schedule O c	conta	ains a respons	se or r	note to any line			(2)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax und sections 512 -
S	1 a	Federated campaigns		1a						
nnt		Membership dues								
e E		Fundraising events								
and Other Similar Amounts		Related organizations			2	0,460,897.				
mile		Government grants (contri								
2		All other contributions, gifts,								
lnei		similar amounts not included				113,654.				
D	g	Noncash contributions included in I	lines [.]	1a-1f 1g \$						
ano	h	Total. Add lines 1a-1f			<u>.</u>		20,574,551.			
					в	usiness Code				
	2 a	GOLF & GOLF ACADEMY	RE	VENUES		713910	4,400,727.	4,400,727.		
Program Service Revenue	b	ADMISSIONS & MEMBER	FE	ES	_ {	812930	972,211.	972,211.		
nue	с	YOUTH LINKS				713910	372,544.	372,544.		
ev.	d	PARK PROGRAMS & EVE				712190	182,740.	182,740.		
Ľ		MUNICIPAL BOND REVE				531190	7,851.	7,851.		
		All other program service								
	g	Total. Add lines 2a-2f					5,936,073.			
	3	Investment income (includ	ling	dividends, inte	erest,	and				
							4,675,021.			4,675,0
	4	Income from investment o	of tax	exempt bond	d proc	ceeds				
	5	Royalties								
	-			(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c		9.		<u> </u>			
		Net rental income or (loss)) <u></u>				696,319.			696,3
	7 a	Gross amount from sales of	_	(i) Securities		(ii) Other				
		assets other than inventory	7a	10,040,070	•.					
	b	Less: cost or other basis		4 226 470	0					
	_	and sales expenses		-4,236,479 14,276,549						
		Gain or (loss)					14,276,549.			14,276,5
		Net gain or (loss)					14,270,349.			14,270,3
	0 a	Gross income from fundraisir including \$								
		contributions reported on								
				,	8a					
	h	Part IV, line 18 Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gamin								
	. u	Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, le	-	- r	<u> </u>					
		and allowances			10a	6,478,857.				
	b	Less: cost of goods sold		·····		1,814,360.				
		Net income or (loss) from					4,664,497.		3,088,120.	1,576,3
T					В	usiness Code				
Hevenue	11 a	MISCELLANEOUS REVEN	UE			900099	28,813.			28,8
Shu(b									
eve	с									
ř	d	All other revenue			. [
		Total. Add lines 11a-11d					28,813.			
							50,851,823.	5,936,073.	3,088,120.	21,253,0

15131120 153424 0178922-00036

2022.05000 CANTIGNY FOUNDATION 01789221

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CANTIGNY FOUNDATION

36-3689172 Page 10

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	-	expenses	general expenses	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 5	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,862,698.	1 208 016	654,682.	
~	trustees, and key employees	1,002,090.	1,208,016.	054,002.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	7,324,589.	4,717,429.	2,607,160.	
7 0	Other salaries and wages	, <u>52</u> ±, 509.	=,/=/,423.	2,007,100.	
8	Pension plan accruals and contributions (include	922,747.	622,807.	299,940.	
9	section 401(k) and 403(b) employer contributions)	1,525,926.	1,202,629.	323,297.	
	Other employee benefits	622,503.	459,619.	162,884.	
0 1	Payroll taxes	522,505.		102,001.	
	Fees for services (nonemployees):	6,089,165.	6,089,165.		
	Management	106,902.	0,005,105.	106,902.	
		152,697.		152,697.	
	Accounting	101,007.		102,007.	
	Lobbying Professional fundraising services. See Part IV, line 17				
-	Investment management fees	138,185.	138,185.		
f	Other. (If line 11g amount exceeds 10% of line 25,	100,100.			
g	column (A), amount, list line 11g expenses on Sch O.)	1,083,192.	921,612.	161,580.	
2	Advertising and promotion	94,053.	5,625.	88,428.	
2 3	Office expenses	269,293.	257,779.	11,514.	
3 4	Information technology	403,093.	3,658.	399,435.	
5	Royalties		,		
6	Occupancy	2,686,278.	2,602,874.	83,404.	
7	Travel	66,795.	48,567.	18,228.	
, 8	Payments of travel or entertainment expenses			, ,	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	123,487.	90,280.	33,207.	
0	Interest	1,458,507.	1,458,507.		
, 1	Payments to affiliates	, , ,	. , .		
2	Depreciation, depletion, and amortization	5,548,587.	5,548,587.		
3	Insurance	502,181.		502,181.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITS AND PROGRAMS	457,190.	457,190.		
b	DUES & SUBSCRIPTIONS	56,186.	30,833.	25,353.	
с					
d					
е	All other expenses	35,521.	15,108.	20,413.	
5	Total functional expenses. Add lines 1 through 24e	31,529,775.	25,878,470.	5,651,305.	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

10 2022.05000 CANTIGNY FOUNDATION Form 990 (2022)

CANTIGNY FOUNDATION

FartA	Check if Schedule O contains a response or not	o to onv li	no in this Dart V				
	Check if Schedule O contains a response or not	e to arry II		(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			19,573.	1	27,089	
2	Savings and temporary cash investments		I	115,210,655.	2	125,280,455	
3	Pledges and grants receivable, net		3				
4	Accounts receivable, net			500,830.	4	389,204	
5	Loans and other receivables from any current or						
	trustee, key employee, creator or founder, subst						
	controlled entity or family member of any of thes				5		
6	Loans and other receivables from other disqualit						
	under section 4958(f)(1)), and persons described				6		
σ 7	Notes and loans receivable, net				7		
Assets	Inventories for sale or use		I	290,939.	8	349,305	
β β	Prepaid expenses and deferred charges	571,355.	9	660,353			
	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	150,491,558.				
	b Less: accumulated depreciation		80,674,554.	62,396,947.	10c	69,817,004	
11	Investments - publicly traded securities	6,254,271.	11	6,267,790			
12	Investments - other securities. See Part IV, line 1			293,353,401.	12	241,560,217	
13	Investments - program-related. See Part IV, line				13		
14	Intangible assets		Г		14		
15	Other assets. See Part IV, line 11		3,457,775.	15	5,668,373		
16	Total assets. Add lines 1 through 15 (must equal			482,055,746.	16	450,019,790	
17	Accounts payable and accrued expenses		10,887,031.	17	10,530,100		
18	Grants payable		18				
19			I		19		
20	Deferred revenue Tax-exempt bond liabilities	50,321,438.	20	57,642,181			
20	Escrow or custodial account liability. Complete I				20	,,	
20	Loans and other payables to any current or form				21		
	trustee, key employee, creator or founder, subst						
					22		
co La		controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties					
23 23	Unsecured notes and loans payable to unrelated		23 24				
24	Other liabilities (including federal income tax, pa				24		
25	parties, and other liabilities not included on lines						
	of Schedule D	5 1 <i>1-</i> 24). O		277,065.	25	1,055,971	
26				61,485,534.	25 26	69,228,252	
	Organizations that follow FASB ASC 958, che		X		20	,	
S	and complete lines 27, 28, 32, and 33.						
ŭ 27				419,731,212.	27	379,952,538	
	Net assets with deper restrictions	839,000.	27	839,000			
80 28 0		Net assets with donor restrictions					
ş	Organizations that do not follow FASB ASC 9						
	and complete lines 29 through 33.				20		
29 29 20 20	Capital stock or trust principal, or current funds				29		
8 30 8 31	Paid-in or capital surplus, or land, building, or ec				30		
Net Assets or Fund Balances 0 82 25 0 65 82 25 1 0 66 82	Retained earnings, endowment, accumulated in			420,570,212.	31	380,791,538	
_	Total net assets or fund balances		I	482,055,746.	32		
33	Total liabilities and net assets/fund balances			402,000,740.	33	450,019,790 Form 990 (202	

Form 990 (2022)

232011 12-13-22

Form	990 (2022) CANTIGNY FOUNDATION	36-3689172	2	Pad	_{ae} 12
	rt XI Reconciliation of Net Assets				9
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,	851,	823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,	529,	775.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,	322,	048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420,	570,	212.
5	Net unrealized gains (losses) on investments	5	-59,	169,	738.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		69,	016.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	380,	791,	538.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	o.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
		1			

Form **990** (2022)

232012 12-13-22

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

		of the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Nan	ne of t	the organizati							Employer	identification numbe
		Ū		NY FOUNDATION						36-3689172
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ				For lines 1 through 12, c					
1	Г.		-		on of churches described	•	-	1)(A)(i).		
2	\square				Attach Schedule E (Forn					
3	\square				anization described in se)(b)(1)(A)(i	ii).		
4	\square				njunction with a hospital)(iii). Enter	the hospital's name,
		city, and stat	-	·	, ,				~ /	· ,
5	\square	•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)	c		, ,			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square		-	-	ntial part of its support fi				ne deneral r	oublic described in
				omplete Part II.)		Ũ			0 1	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
					ulture (see instructions).					
		university:	-				-		_	
10	X	An organizati	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		🗌 Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		_ its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		- ·	•	,	nplete Part IV, Sections	-				
е			•		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supportion	ng organiz	ation.			
		er the number	••	•						
<u> </u>		vide the follow (i) Name of supp	0	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetan	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instruction
					above (see instructions))	Yes	No		,	
Tota										
Tota										

	edule A (Form 990) 2022 CZ rt II Support Schedule for	ANTIGNY FOUNDA		Sections 170(h(1)(A)(iy) and	36-3689: 170/b)(1)(A)(vi	i ugo 🖬
га	(Complete only if you checked	-		-			-
	fails to qualify under the tests			-	in lance to quality		organization
Sec	tion A. Public Support		•	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		(5) = 5 + 5	(0) = 0 = 0			(1) 10 10.
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		(-)	(-)	(,	(-,	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10)				
	Gross receipts from related activities,			fourth or fifth toy y		12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop						
Sec	tion C. Computation of Publi				<u></u>		·····
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Par	: VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a p	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s

Schedule A (Form 990) 2022

232022 12-09-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 388,387 16,508,932 22,369,302 20,574,551 60,653,766. include any "unusual grants.") 812,594 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,975,151 4,671,454 5,828,003. 9,564,674. 5,936,073. 30,975,355. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5,363,538 21,180,386, 28,197,305 10,377,268, 26,510,624 91,629,121. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year c Add lines 7a and 7b 0. 91,629,121. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 5,363,538 21,180,386 28,197,305 10,377,268 26,510,624 91,629,121. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 5,286,820. 5,770,582. 3,487,898 2,249,574, 6,965,814 23,760,688. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses 2,250,986 3,088,120 acquired after June 30, 1975 1,450,776 1,798,286 171 286 8 759 454. 6,737,596, 7,568,868 10,053,934 32,520,142. 3,659,184 4,500,560 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 0 0 0 3,096, 28,813 31,909. assets (Explain in Part VI.) 12,101,134. 28,749,254. 31,856,489. 14,880,924. 36,593,371. 124,181,172. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 73.79 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 77.63 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 26.19 17 % 17 22.37 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 15

^{2022.05000} CANTIGNY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Fa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	-)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Istruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	\square	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

3a

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17 2022.05000 CANTIGNY FOUNDATION

Schedule A (Form 990) 2022 CANTIGNY FOUNDATION

Part IV Supporting Organizations (continued)

chedule A (Form 990) 2022 CANTIGNY FOUNDATION	·····		36-3689172 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Support Check here if the organization satisfied the Integral Part Test as a qualify			
Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instruction
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see
· · · · ·			

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

	dule A (Form 990) 2022 CANTIGNY FOUNDATION				36-3689172	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	'ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

, , , ,		
ISCELLANEOUS REVENUE		
018 AMOUNT: \$ 0.		
)19 AMOUNT: \$ 0.		
)20 AMOUNT: \$ 0.		
021 AMOUNT: \$ 3,096.		
022 AMOUNT: \$ 28,813.		
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2022.05000 CANTIGNY FOUNDATION

01789221

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

36-3689172

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

CANTIGNY FOUNDATION

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
CANTIGNY	FOUNDATION		36-3689172
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$20,460,	897. Person X Rayroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Occurrence (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
223452 11-15		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

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2022.05000 CANTIGNY FOUNDATION 01789221

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
CANTIGNY	FOUNDATION		36-3689172
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	1.
(a) No. from Part I	(b) (c) FMV (or estimate (See instructions)		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		¢	
223453 11-15	5-22	\$	

23 2022.05000 CANTIGNY FOUNDATION 01789221

Schedule B (Form 990) (2022)

Schedule E	3 (Form 990) (2022)		Page 4
Name of or	rganization		Employer identification number
CANTIGNY	FOUNDATION		36-3689172
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line entry. haritable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
()))			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

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SCHEDULE D)
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Supplemental Financial Statements

OMB No. 1545-0047

Name

(Forn	SCHEDULE D Form 990) Henartment of the Treasury						OMB No. 1545-0047 2022 Open to Public				
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99		d the latest inforr	nation.			Inspect			
Name of the organization CANTIGNY FOUNDATION							Employer identification number 36-3689172				
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A											
		on answered "Yes" on Form 990, Part IV, lin									
			(a) Donor adv	vised funds	(b) Fun	ds and	other acco	unts		
1	Total number at e	nd of year									
2		of contributions to (during year)									
3		of grants from (during year)									
4		at end of year									
5		on inform all donors and donor advisors in v	writing that the assets	held in donor adv	/ised fund	s					
	-	on's property, subject to the organization's	-				Γ	Yes	No		
6		on inform all grantees, donors, and donor a									
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for	any other purpos	e conferri	ng					
	impermissible priv	vate benefit?					[Yes	No		
Par	tll Conserv	vation Easements. Complete if the org	ganization answered '	Yes" on Form 990), Part IV,	line 7.					
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	y).							
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation	of a histo	rically	importa	ant land are	а		
	Protection of	of natural habitat		Preservation	of a certif	ied his	storic st	ructure			
	Preservation	n of open space									
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation cont	ribution in the form	n of a cor	iserva	tion eas	ement on t	he last		
	day of the tax yea	r.					Held at	the End of t	he Tax Year		
а	Total number of c	onservation easements				2a					
b						2b					
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)			2c					
d	Number of conser	vation easements included in (c) acquired a	ifter July 25,2006, and	d not on a							
	historic structure I	listed in the National Register				2d					
3	Number of conser	vation easements modified, transferred, rel				zation	during t	he tax			
	year										
4	Number of states	where property subject to conservation eas	ement is located		_						
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, insp	ection, handling c	of		_				
	violations, and ent	forcement of the conservation easements it	holds?				L	Yes	No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations	, and enforcing co	nservatio	n ease	ments c	during the y	/ear		
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conser	vation eas	ement	ts durinç	g the year			
8		vation easement reported on line 2(d) abov				,	Г	Yes	No		
9	and section 170(h)(4)(B)(ii)?										
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the										
		counting for conservation easements.	gamzatio								
Par		ations Maintaining Collections of	Art, Historical T	reasures, or (Other Si	mila	r Asse	ets.			
		f the organization answered "Yes" on Form	•	·							
1 a		elected, as permitted under FASB ASC 95		evenue statemen	t and bala	nce sł	neet wor	rks			
	•	easures, or other similar assets held for pub	· ·								
		Part XIII the text of the footnote to its finar				1					
b		elected, as permitted under FASB ASC 95				sheet	works	of			
~	•	sures, or other similar assets held for public	· ·								

	25	
23205	1 09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	provide the following amounts relating to these items:	

2022.05000 CANTIGNY FOUNDATION

Sche	dule D (Form 990) 2022 CANTIGNY F							36-368		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or (Other S	Similaı	r Assets	contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the f	ollowing that m	nake sigr	nificant u	use of its			
	collection items (check all that apply):										
а	X Public exhibition	d	I 🗌 Loa	an or excl	hange program	n					
b	X Scholarly research	е	e 🗌 Oth	ner							
с	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they	further th	e organization'	s exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arran							, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for con	tributions	s or other asset	ts not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	as been p	orovided on Pa	rt XIII]
Par	t V Endowment Funds. Complete	if the organization an	swered "Ye	es" on Fo	rm 990, Part IV	/, line 10					
		(a) Current year	(b) Prior	r year	(c) Two years	back (c	i) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion that ar	e held an	d administered	for the					
	organization by:	U								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. S	ee Form 990, F	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k value	е
		basis (investr	nent)	basis ((other)	depr	eciation				
1a	Land			1	,323,205.				1	323,	205.
	Buildings			51	,083,194.	3	5,034,	036.	16	049,	158.
	Leasehold improvements				1						
	Equipment			20	,778,247.	1	8,557,	218.	2	221,	029.
	Other				,306,912.		,083			, 223,	
	Add lines 1a through 1e. (Column (d) must e		X column (, 817,	
										,	

Schedule D (Form 990) 2022

232052 09-01-22

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) INTERNATIONAL EQUITY INDEX FUND	75,586,655.	END-OF-YEAR MARKET VALUE
(B) DOMESTIC EQUITY FUND	95,052,813.	END-OF-YEAR MARKET VALUE
(C) HIGH YIELD CREDIT FUND	33,418,402.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	37,502,347.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	241,560,217.	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
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)	CAPITAL LEASE OBLIGATIONS	1,080,573.
(3)	FLEX SPENDING ADVANCE	1,080,573. -24,602.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,055,971.

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

232053 09-01-22

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36-3689172

Sche	dule D (Form 990) 2022 CANTIGNY FOUNDATION		36-3689172	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 1	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
-	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	-	
C A	Recoveries of prior year grants		-	
d e	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- 5	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		-	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		4; Part X, line 2; Parl	t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional mormation.		
PART	III, LINE 1A:			
	· · · ·			
THE	FOUNDATIONS' PERMANENT COLLECTIONS WHICH WERE ACQUIRED THROUGH			
PURC	HASES AND CONTRIBUTIONS FROM BENEFACTORS SINCE THE FOUNDATIONS	1		
INCE	PTION, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEM	ENTS OF		
FINA	NCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS			
DECR	EASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEM	S ARE		
1 0 0 1				
ACQU	IRED. THE FOUNDATIONS' COLLECTIONS ARE MADE UP OF ARTIFACTS OF			
ਸ਼ਸ਼ਫ਼੶੶੶	ORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATION	ND T.		
<u></u>	ORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATION	NAL,		
RESE	ARCH, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED,			
PRES	ERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE	AND		
ASSE	SSING THEIR CONDITIONS ARE PERFORMED CONTINUOUSLY. THE COLLECT	IONS ARE		

SUBJECT TO THE FOUNDATIONS' POLICY THAT ALLOWS PROCEEDS FROM THEIR SALES

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Schedule D (Form 990) 2022

CANTIGNY FOUNDATION

Part XIII Supplemental Information (continued)

OR INSURANCE RECOVERIES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS

OR TO BE RECORDED AS INCREASES IN NET ASSETS.

PART III, LINE 4:

THE ROBERT R. MCCORMICK HOUSE MAINTAINS COLLECTIONS THAT DEPICT THE LIFE

AND TIMES OF ITS BENEFACTOR, COLONEL ROBERT R. MCCORMICK, AND INCLUDE

ITEMS, SUCH AS ART, BOOKS, AND FURNITURE, FROM HIS PERSONAL COLLECTION

THAT HE ENTRUSTED TO THE FOUNDATION. THE COLLECTIONS OF THE FIRST DIVISION

MUSEUM INCLUDE PRIMARILY MEMORABILIA OF THE FIRST INFANTRY DIVISION OF THE

UNITED STATES ARMY. THE LAST WILL AND TESTAMENT OF COLONEL MCCORMICK

PROVIDED THAT HIS FORMER RESIDENCE AND 500 ACRES OF LAND BE HELD IN TRUST

IN PERPETUITY AS A MUSEUM AND PUBLIC PARK. THE DISPLAY OF THESE

COLLECTIONS DIRECTLY RELATES TO THE MISSION OF THE FOUNDATION TO HONOR AND

UPHOLD THE PROVISIONS OF THE COLONEL'S WILL.

PART X, LINE 2:

THE FOUNDATIONS HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE

INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME

TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE OF 1986, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS

INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED

GUIDANCE THAT REQUIRES THE TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE

RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY

THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING

AUTHORITY, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN

POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL

STATEMENTS. A PROVISION FOR UNRELATED BUSINESS INCOME TAXES IS INCLUDED IN

THE CONSOLIDATED FINANCIAL STATEMENTS.

232055 09-01-22

Pa	rt I General Infor	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	′es" on				
	Form 990, Part IV				-					
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,										
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No										
2										
-	United States.									
3		per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) egion (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total								
	(a) Region	offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	 (e) If activity listed in (d) is a program service, 	(f) Total expenditures				
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and				
			contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region				
CENT	TRAL AMERICA AND									
	CARIBBEAN	0	0	INVESTMENTS		33,418,402.				
						, ,				
3 a	Subtotal	0	0			33,418,402.				
b	Total from continuation									
	sheets to Part I	0	0			0.				
с	Totals (add lines 3a									
	and 3b)	0	0			33,418,402.				
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruct	tions for Form 990.	Schedule F (Form 990) 2022				

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

CANTIGNY FOUNDATION

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

232071 10-17-22



Employer identification number

36-3689172

3 Enter total number of other organizations or entities

1

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are r	ecognized as charities by the f	oreign country, i	recognized as a tax	1		1

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2022

(i) Method of

(g) Amount of

(h) Description

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2022

36-3689172

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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	investments vs. expenditures per region); (estimated number of recipients), as appli		
232075 10-17-2	-22	24	Schedule F (Form 990) 202

15131120 153424 0178922-00036

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
	rtment of the Treasury	Attach to Form 990.		Open to Inspe		iC
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			nber
	5	CANTIGNY FOUNDATION	36-36			
Pa	rt I Question	s Regarding Compensation	1			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel X Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments X Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
•						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	'	ation of the CEO/Executive Director, but explain in Part III.				
		ompensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
			Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?		41		x
с		eive payment from an equity-based compensation arrangement?		4c		х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
b		ation?		. 5b		X
_		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n					v
						X X
b		ation?		6b		
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
9		nes 5 and 6? If "Yes," describe in Part III		. 7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the price described in Regulations section 53 (4958 4(a)/3)2 If "Yes," describe in Part III				x
9				8		
3		id the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		9		
		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 900)	2022
			Schedu		. 550)	2022

232111 10-18-22

36-3689172

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIMOTHY KNIGHT	(i)	276,543.	0.	9,330.	20,256.	3,201.	309,330.	0.
CEO & PRESIDENT	(ii)	414,814.	0.	13,995.	30,384.	4,802.	463,995.	0.
(2) LOUIS J. MARSICO, JR	(i)	461,036.	0.	16,925.	50,640.	3,072.	531,673.	0.
SR. VICE PRESIDENT OF OPERATIONS	(ii)	0.	0.	0.	0.	Ο.	0.	0.
(3) DAVID GRANAT	(i)	57,834.	0.	2,221.	8,440.	1,109.	69,604.	0.
CIO	(ii)	289,170.	0.	11,104.	42,200.	5,545.	348,019.	0.
(4) KIMBERELY TYLER	(i)	219,222.	8,000.	11,860.	39,768.	6,307.	285,157.	0.
CFO	(ii)	54,805.	2,000.	2,965.	9,942.	1,577.	71,289.	0.
(5) OSCAR REGALADO	(i)	181,694.	0.	13,060.	31,454.	4,723.	230,931.	0.
SENIOR DIRECTOR OF HUMAN RESOURCES	(ii)	45,424.	0.	3,265.	7,864.	1,181.	57,734.	0.
(6) MATTHEW LAFOND	(i)	186,942.	0.	14,825.	32,259.	33,804.	267,830.	0.
EXECUTIVE DIRECTOR, CANTIGNY PARK	(ii)	0.	0.	0.	0.	Ο.	0.	0.
(7) ANDRES TORRES	(i)	166,031.	0.	10,660.	27,584.	1,265.	205,540.	0.
SR. DIRECTOR OF STRATEGY & PLANNING	(ii)	41,508.	0.	2,665.	6,896.	316.	51,385.	0.
(8) EDWARD HOLZMAN	(i)	153,681.	0.	0.	24,441.	34,354.	212,476.	0.
DIRECTOR OF FACILITIES	(ii)	0.	0.	0.	0.	Ο.	0.	0.
(9) AKAOSE KACHIKWU	(i)	139,853.	0.	0.	22,497.	3,203.	165,553.	0.
DIRECTOR OF IT	(ii)	34,963.	0.	0.	5,624.	801.	41,388.	0.
(10) SCOTT WITTE	(i)	145,716.	0.	0.	23,425.	28,562.	197,703.	0.
DIRECTOR OF NATURAL AREAS & GROUNDS	(ii)	0.	0.	0.	0.	Ο.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J. PART I. LINE 1A:

IN AN EFFORT TO PROMOTE A HEALTHY LIFESTYLE. REIMBURSEMENT OF A

PERCENTAGE OF HEALTH CLUB DUES AND INITIATION FEES (WITHIN CERTAIN

LIMITS) IS A TAXABLE BENEFIT AVAILABLE TO ALL BENEFIT ELIGIBLE

EMPLOYEES OF THE FOUNDATION. IN 2022. THE CEO & PRESIDENT AND SENIOR

ADVISOR TO THE CEO WERE REIMBURSED FOR SOCIAL CLUB DUES AS THEY RELATED

TO FOUNDATION BUSINESS IN ACCORDANCE WITH FOUNDATION POLICY. THE

REIMBURSEMENTS WERE NOT TREATED AS TAXABLE COMPENSATION.

AS PART OF THE 500 ACRE ESTATE'S MAINTENANCE AND SECURITY PLAN. THE

CANTIGNY FOUNDATION PROVIDES HOUSING FOR CERTAIN POSITIONS. BOARD

MANDATED RESIDENCY OF THESE POSITIONS IS AN INTEGRAL PART OF THE

SECURITY PLAN. THE VALUE OF THIS HOUSING FOR 2022 FOR M. LAFOND

EXECUTIVE DIRECTOR CANTIGNY PARK WAS \$26,400, FOR E. HOLZMAN, DIRECTOR

OF FACILITY SERVICES WAS \$27,700. FOR SCOTT WITTE. DIRECTOR OF

HORTICULTURE WAS \$20 600. THE REIMBURSEMENTS WERE NOT TREATED AS

TAXABLE COMPENSATION.

Name of the organization CANTIGNY FOU	NDATION							-	-	identifica 89172	tion nur	nber
Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descript	ion of purpose	(g) De	feased	(h) On bel of issue		Poolec
								Yes	No	Yes N	o Yes	No
					E	BUILDING & I	LAND					
A ILLINOIS FINANCE AUTHORITY	86-1091967	000000000	12/27/17	58,0	00,000.	IMPROVEMENTS	S AT CANTIGNY		x	х	:	х
В												
											+	-
<u>c</u>												
D												
Part II Proceeds							1					
			A			В	С			0)	
1 Amount of bonds retired												
2 Amount of bonds legally defeased												
3 Total proceeds of issue			58	,000,000.								
_4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
				519,218.								
8 Credit enhancement from proceeds												
9 Working capital expenditures from proce												
10 Capital expenditures from proceeds				,480,782.								
11 Other spent proceeds												
12 Other unspent proceeds												
13 Year of substantial completion												
i			Yes	No	Yes	No	Yes	No		Yes	No	,,
14 Were the bonds issued as part of a refur	ding issue of tax-exempt	bonds (or,										
if issued prior to 2018, a current refundir	•			Х								
15 Were the bonds issued as part of a refur												
issued prior to 2018, an advance refundi	-	-		Х								
16 Has the final allocation of proceeds beer				Х								
17 Does the organization maintain adequate									1			
final allocation of proceeds?			х									

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Schedule K (Form 990) 2022

OMB No. 1545-0047

2022

Open to Public Inspection

final allocation of proceeds?

SCHEDULE K

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule K (Form 990) 2022 CANTIGNY FOUNDATION Part III Private Business Use

36-3689172

Page **2**

		4		В	C		C	2
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		x						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	Х							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	Х							
c Are there any research agreements that may result in private business use of								
bond-financed property?		x						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Part IV Arbitrage								
		4		В	C	`	0	כ
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х							
b Exception to rebate?		Х						
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022 CANTIGNY FOUNDATION

36-3689172	36	-36	891	.72	
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Page 3

Part	IV Arbitrage (continued)									
			A	E	B Ç)	D		
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
	hedge with respect to the bond issue?		X							
b	Name of provider									
с	Term of hedge									
	Was the hedge superintegrated?									
	Was the hedge terminated?									
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b	Name of provider									
	Term of GIC									
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		X							
7	Has the organization established written procedures to monitor the									
	requirements of section 148?	х								
Part	V Procedures To Undertake Corrective Action									
			A	E	3	()	D)	
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
	of federal tax requirements are timely identified and corrected through the									
	voluntary closing agreement program if self-remediation isn't available under									
	applicable regulations?	Х								
Part	VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

ΖU

Name of the organization

CANTIGNY FOUNDATION

	CANTIGNY FOUNDATIO	N				36-368	39172	2	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of dete noncash contributi			S
1	Art - Works of art								
2	Art - Historical treasures	X	193	2,944.	COST				
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23 24	Scientific specimens				+				
24 25	Archeological artifacts								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions					
	for which the organization completed Form 828								
						_		Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it			
	must hold for at least 3 years from the date of		,						
	exempt purposes for the entire holding period?	•					30a		Х

b If "Yes," describe the arrangement in Part II. 31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

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

Schedule M (Form 990) 2022

31

32a

232141 09-09-22

х

х

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 2:

THE AMOUNTS REPORTED ON SCHEDULE M, COLUMN B REPRESENT THE NUMBER OF

ITEMS CONTRIBUTED.

Schedule M (Form 990) 2022

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36-3689172

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 36-3689172

CANTIGNY FOUNDATION

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

IN WHEATON, ILLINOIS. HONOR AND UPHOLD THE LAST WILL AND TESTAMENT OF

COL. ROBERT R. MCCORMICK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ILLINOIS BE HELD IN TRUST IN PERPETUITY AS A MUSEUM AND PUBLIC PARK.

FORM 990, PART VI, SECTION A, LINE 1A:

ON DECEMBER 7, 2022 THE BOARD OF DIRECTORS VOTED TO FORM AN AUDIT COMMITTEE

WHO'S PURPOSE IS TO EXERCISE THE POWERS OF THE RESPECTIVE BOARD OF

DIRECTORS WITH RESPECT TO THE PERFORMANCE OF ITS AUDIT AND CONTROL

FUNCTIONS TO THE EXTENT SET FORTH IN THE AUDIT COMMITTEE CHARTER.

FORM 990, PART VI, SECTION A, LINE 3:

CANTIGNY FOUNDATION HAS RETAINED KEMPER SPORTS MANAGEMENT, INC., AN

UNRELATED PROFESSIONAL SERVICE PROVIDER, TO OPERATE AND MANAGE THE CANTIGNY

GOLF AND FOOD AND BEVERAGE OPERATIONS UNDER CANTIGNY FOUNDATION'S

SUPERVISION AND CONTROL. ALL OF KEMPER'S SERVICES MUST BE PERFORMED IN A

MANNER THAT FURTHERS THE FOUNDATION'S CHARITABLE AND TAX-EXEMPT PURPOSES,

AS DETERMINED IN THE SOLE DISCRETION OF THE FOUNDATION, AND THAT PRINCIPLE

SHALL AT ALL TIMES OVERRIDE ANY PROFIT MOTIVE OF KEMPER SPORTS MANAGEMENT,

INC. THE AGREEMENT HAS A SEVEN-YEAR TERM WITH OPTIONS FOR EXTENSION AND

CERTAIN EARLY TERMINATION RIGHTS. THE FACILITIES REMAIN THE ASSETS OF THE

FOUNDATION, AND THE REVENUES AND MOST EXPENSES CONTINUE TO BE THE

FOUNDATION'S; HOWEVER THE EMPLOYEES OF THE GOLF AND FOOD AND BEVERAGE

OPERATIONS ARE KEMPER EMPLOYEES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 4 3 Schedule O (Form 990) 2022

Name of the organization

CANTIGNY FOUNDATION

Page 2 Employer identification number 36-3689172

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF THE DIRECTORS ADOPTED AN AMENDMENT TO THE CANTIGNY

FOUNDATION'S BY-LAWS ON DECEMBER 7, 2022 WHICH ALLOWS THE BOARD OF

DIRECTORS TO VOTE ON AND FORM EXECUTIVE AND OTHER BOARD COMMITTEES. THE

BOARD VOTED TO FORM AN AUDIT COMMITTEE WHO'S PURPOSE IS TO EXERCISE THE

POWERS OF THE RESPECTIVE BOARD OF DIRECTORS WITH RESPECT TO THE PERFORMANCE

OF ITS AUDIT AND CONTROL FUNCTIONS TO THE EXTENT SET FORTH IN THE AUDIT

COMMITTEE CHARTER.

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

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THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, GRANT THORNTON
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LLP, IN CONJUNCTION WITH MANAGEMENT. AFTER THE FORM 990 HAS BEEN COMPLETED,

THE PRESIDENT & CEO REVIEWS THE DOCUMENT. IF THE PRESIDENT & CEO IS

SATISFIED THAT THE RETURN HAS BEEN ACCURATELY COMPLETED IN ACCORDANCE WITH

IRS INSTRUCTIONS, THE RETURN IS REVIEWED FOR IRS COMPLIANCE BY THE

FOUNDATION'S LEGAL COUNSEL. BEFORE FILING THE RETURN, THE SIGNIFICANT 990

COMPONENTS AND FORM CHANGES ARE SUMMARIZED FOR THE AUDIT COMMITTEE OF THE

BOARD OF DIRECTORS, WHICH REVIEWS THE DRAFT RETURN BEFORE IT IS SHARED WITH

THE FULL BOARD OF DIRECTORS. THE PRESIDENT & CEO AND THE TAX PREPARER

DISCUSS AND REVIEW THE 990 TAX RETURN WITH, AND A COPY OF THE RETURN IS

PROVIDED TO THE BOARD OF DIRECTORS DURING THEIR REGULARLY SCHEDULED

MEETING.

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

ANNUALLY, THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND ANNUAL

DISCLOSURE STATEMENTS ARE DISTRIBUTED TO ALL BENEFIT-ELIGIBLE EMPLOYEES AND

BOARD MEMBERS. CONFLICT OF INTEREST DISCLOSURE STATEMENTS MUST BE COMPLETED

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Name of the organization CANTIGNY FOUNDATION	Employer identification numbe 36-3689172
EACH YEAR BY ALL BENEFIT-ELIGIBLE EMPLOYEES AND DIRECTORS AND RETURNED TO	
THE SENIOR DIRECTOR OF HUMAN RESOURCES (COMPLIANCE OFFICER) FOR REVIEW. IF	
THE COMPLIANCE OFFICER DETERMINES THAT THERE IS IN FACT A CONFLICT OF	
INTEREST INVOLVING AN EMPLOYEE, THE MATTER IS DISCLOSED TO THE BOARD OF	
, DIRECTORS. CONFLICTS IDENTIFIED INVOLVING A BOARD MEMBER ARE REFERRED TO	
LEGAL COUNSEL. ADDITIONALLY, THROUGHOUT THE YEAR, ANY THIRD PARTY	
INTERACTIONS THAT MAY GIVE RISE TO THE APPEARANCE OF A CONFLICT OF INTEREST	
MUST BE REPORTED TO THE COMPLIANCE OFFICER WITHIN ONE WEEK OF OCCURRENCE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO MAKES SALARY RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES TO THE	
BOARD OF DIRECTORS BASED ON PERFORMANCE EVALUATIONS, COST OF LIVING	
CHANGES, MARKET COMPARABILITY DATA, AND BUDGET CONSTRAINTS. PROFILES ARE	
PREPARED FOR EACH OFFICER AND KEY EMPLOYEE INCLUDING THE INDIVIDUAL'S	
CURRENT SALARY, PERFORMANCE SUMMARY, MARKET COMPARABILITY DATA, AND	
RECOMMENDED SALARY FOR THE FOLLOWING YEAR. THE BOARD REVIEWS THE PROFILES	
AND APPROVES/DISAPPROVES THE RECOMMENDATIONS.	
HUMAN RESOURCES PREPARES A PROFILE FOR THE CEO POSITION; HOWEVER, NO SALARY	
RECOMMENDATION IS MADE. THE BOARD REVIEWS THE CEO PROFILE, WHICH INCLUDES	
MARKET COMPARABILITY, AND DISCUSSES IT ALONG WITH PERFORMANCE AND BUDGET	
AND AGREES ON AN ANNUAL SALARY FOR THE CEO. THE BOARD COMMUNICATES IN	
WRITING VIA EMAIL TO HUMAN RESOURCES THE SALARY INCREASE FOR THE CEO. THE	
COMPENSATION PROCESS DESCRIBED ABOVE IS DONE ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE	
AVAILABLE TO THE PUBLIC UPON REQUEST. THE FOUNDATION'S FINANCIAL STATEMENTS	
232212 10-28-22 4 5	Schedule O (Form 990) 20

15131120 153424 0178922-00036

Schedule O (Form 990) 2022 Name of the organization	Page Page Page Page Page Page Page Page
CANTIGNY FOUNDATION	36-3689172
RE AVAILABLE UPON REQUEST AND LOCATED ON ITS WEBSITE.	
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46	. ,

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Delated Organizations and Unveloted Dortherebins
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.

Department of the Treasury Internal Revenue Service

Name of the organization

CANTIGNY FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ROBERT R. MCCORMICK FOUNDATION - 36-3689171							
205 N. MICHIGAN AVE., SUITE 4300]						
CHICAGO, IL 60601	GRANTMAKING	ILLINOIS	501(C)(3)	LINE 7	N/A		х
]						
]						

OMB No. 1545-0047

22 Open to Public

Inspection

Employer identification number

36-3689172

Schedule R (Form 990) 2022

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.

organizations treated as a paintership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											1

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613			No

Schedule R (Form 990) 2022 CANTIGNY FOUNDATION

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c	x	
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	х	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	x	
q	Reimbursement paid by related organization(s) for expenses	1q	x	
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		х
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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 CANTIGNY FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

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