



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CHANTILLY INC
Number and street (or P O box, if mail is not delivered to street address): 14901 BRADDOCK ROAD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CENTREVILLE, VA 20120

D Employer identification number: 54-0674309
E Telephone number: (703) 631-9560
F Group Exemption Number:

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(7), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 1, 2,000, 20,521, 22,521, 1,934,314, -1,911,794, 0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|------------|--|------------|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N <input checked="" type="checkbox"/> | Yes | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0 |
| b | Did the organization file Form 1120-POL for this year? | 37b | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations Enter | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | 0 |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | 0 |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 | List the states with which a copy of this return is filed | | |
| 42a | The organization's books are in care of <u>THE ORGANIZATION</u> Telephone no <u>(703) 631-9560</u> Located at <u>14901 BRADDOCK ROAD CENTREVILLE, VA</u> ZIP + 4 <u>20120</u> | | |
| b | 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)? If "Yes," enter the name of the foreign country _____ | 42b | No |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | No |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 Here *****
 Signature of officer
 FRANK GRACE III PRESIDENT
 Type or print name and title
 2016-08-12
 Date

Paid Preparer Use Only
 Print/Type preparer's name: KEVIN F REILLY
 Preparer's signature: _____
 Date: 2016-08-12
 Check if self-employed
 PTIN: P00543034
 Firm's name: PBMARES LLP
 Firm's EIN: 54-0737372
 Firm's address: 12150 MONUMENT DRIVE SUITE 350
 Phone no: (703) 385-8577
 FAIRFAX, VA 22033

May the IRS discuss this return with the preparer shown above? See instructions Yes No

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: CHANTILLY INC

EIN: 54-0674309

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
CHANTILLY INC

Employer identification number
54-0674309

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|---|--|
| | CASH, LAND AND IMPROVEMENTS, OTHER ASSETS NET OF OTHER LIABILITIES TO BE HELD BY CORPORATION WHICH WILL CONTINUE IN EXISTENCE | 09-30-2015 | 1,911,794 | VALUE ON BOOKS | 54-0674309 | CHANTILLY INC 14901 BRADDOCK ROAD CENTERVILLE, VA 20120 | CORPORATION |

| | | Yes | No |
|----------|--|-----|----|
| 2 | Did or will any officer, director, trustee, or key employee of the organization | | |
| a | Become a director or trustee of a successor or transferee organization? | | No |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | | No |
| c | Become a direct or indirect owner of a successor or transferee organization? | | No |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? | | No |
| e | If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶ | | |

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

| | | | | |
|-----------|--|-----------|--|----|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 | | No |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a | | No |
| b | If "Yes," did the organization provide such notice? | 4b | | No |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | 5 | | No |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a | | No |
| b | If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? | 6b | | |
| c | If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" to line 6b, explain in Part III | | | |

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|--|--|
| | | | | | | | |

| | | | | |
|----------|---|-----------|------------|-----------|
| 2 | Did or will any officer, director, trustee, or key employee of the organization | | Yes | No |
| a | Become a director or trustee of a successor or transferee organization? | 2a | | |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | | |
| c | Become a direct or indirect owner of a successor or transferee organization? | 2c | | |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d | | |
| e | If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶ | | | |

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|------------------|---|
| FORM 990 LINE B | THE ORGANIZATION PREVIOUSLY FILED SCHEDULE N FOR DISPOSITION OF CERTAIN ASSETS OF THE CLUB THE ORGANIZATION NO LONGER OPERATES AS A SOCIAL CLUB AND THEREFORE WILL FILE AS A REGULAR C CORPORATION IN FUTURE PERIODS UNTIL LIQUIDATED |

Schedule N (Form 990 or 990-EZ) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CHANTILLY INC

Employer identification number

54-0674309

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 4 - RENTAL INCOME | KIND AND LOCATION OF PROPERTY REAL PROPERTY IMPROVEMENTS AMOUNT 1 |
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION SCANNING PROJECT AMOUNT 19,081 DESCRIPTION EQUIPMENT RENTAL AMOUNT 597 DESCRIPTION BANK CHARGES AMOUNT 733 DESCRIPTION LICENSES AND PERMITS AMOUNT 110 T OTAL TO FORM 990-EZ, LINE 16 20,521 |
| FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS | DESCRIPTION TERMINATION OF EXEMPT OPERATIONS AMOUNT -1,911,794 |
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,165 END OF YEAR AMOUNT 0 |
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 520 END OF YEAR AMOUNT 0 |