



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

| | |
|---|---|
| Prepared by | Grant Thornton LLP |
| Special Instructions | <p>The return should be signed and dated by the appropriate officer(s).</p> <p>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.</p> |
| Application for Recognition of Exemption | <p>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.</p> <p>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.</p> |
| 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. |

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

| | | | |
|--|--|---|---|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization NAVY PIER, INC. | | D Employer identification number 27-4813461 |
| | Doing business as | | E Telephone number (312) 595-7437 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 600 EAST GRAND AVENUE | | G Gross receipts \$ 70,810,330. |
| City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60611-3419 | | | |
| F Name and address of principal officer: MARILYNN GARDNER SAME AS C ABOVE | | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | H(b) Are all subordinates included? Yes No | |
| J Website: WWW.NAVYPIER.ORG | | If "No," attach a list. See instructions | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other | | L Year of formation: 2011 | M State of legal domicile: IL |
| | | H(c) Group exemption number | |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: NAVY PIER, CHICAGO'S ICONIC LAKEFRONT DESTINATION AND CULTURAL INSTITUTION, IS (SEE SCHEDULE O) | | |
| | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 568 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 22,904,723. | 14,353,875. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 36,686,123. | 52,139,991. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 8,681. | 67,010. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,594,565. | 3,809,890. |
| | | 62,194,092. | 70,370,766. |
| Expenses | 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. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,394,403. | 12,370,679. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 402,000. | 32,500. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 1,348,052. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 41,873,628. | 58,764,932. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 49,670,031. | 71,168,111. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 12,524,061. | -797,345. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 199,546,550. | 198,751,682. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 80,990,133. | 80,114,129. |
| | 118,556,417. | 118,637,553. | |

Part 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 Here | Signature of officer | Date | | | |
| | MARILYNN GARDNER, PRESIDENT/CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| | BRIDGET ROCHE | <i>Bridget Roche</i> | 09/30/2023 | <input type="checkbox"/> | P0066837 |
| Preparer Use Only | Firm's name | Firm's EIN | | Phone no. | |
| | GRANT THORNTON LLP 171 N. CLARK ST., STE. 200 CHICAGO, IL 60601 | 36-605558 | | (312) 856-0200 | |

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

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.

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. NAVY PIER, INC. | Taxpayer identification number (TIN) 27-4813461 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 600 EAST GRAND AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60611-3419 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

JEFFREY BROWN

- The books are in the care of ▶ 600 EAST GRAND AVENUE - CHICAGO, IL 60611-3419

Telephone No. ▶ 312-595-5205 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If 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 | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
NAVY PIER IS THE "PEOPLE'S PIER" FULFILLING VISIONARY DANIEL BURNHAM'S
EDICT THAT CHICAGO'S MAGNIFICENT LAKEFRONT REMAIN OPEN AND AVAILABLE
TO THE PEOPLE OF CHICAGO. THROUGH 50 ACRES OF PARKS AND UNMATCHED
VIEWS OF THE CELEBRATED SKYLINE TOUCHING THE ENDLESS (SEE SCHEDULE 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 [X] No
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 [X] No
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 measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 64,091,234. including grants of \$ 0.) (Revenue \$ 52,139,991.)
AS AN ICON OF THE CITY, NAVY PIER IS FIRMLY ROOTED IN CHICAGO'S VIBRANT
CULTURE, UNIQUE SKYLINE, AND CONNECTED COMMUNITIES. THE LONGEST PIER IN
THE WORLD, NAVY PIER IS A VITAL ECONOMIC ENGINE AND PROUD FIRST
EMPLOYER, PROVIDING SPACE AND EXPOSURE FOR SMALL AND LOCALLY-OWNED
BUSINESSES AND CREATING EMPLOYMENT OPPORTUNITIES FOR 3,000 PEOPLE,
OFTEN WITH UNIQUE JOB-SKILLS TRAINING AND CAREER DEVELOPMENT. NAVY PIER
PROVIDES A YEAR-ROUND WORLD-CLASS PLATFORM FOR CHICAGO'S CULTURAL
COMMUNITY, PARTNERING WITH MORE THAN 1,000 INDIVIDUAL ARTISTS AND
HUNDREDS OF PERFORMING ORGANIZATIONS THAT REFLECT THE RICH DIVERSITY OF
CHICAGO AND ITS NEIGHBORHOODS. NAVY PIER IS HOME TO TENANT NONPROFIT
PARTNERS CHICAGO SHAKESPEARE THEATER, CHICAGO CHILDREN'S MUSEUM, AND
CHICAGO PUBLIC MEDIA AND PRODUCES ARTS, CULTURE, AND (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 64,091,234.

Part 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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included on line 1a, above, who are independent (27); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records
JEFFREY BROWN - 312-595-5205
600 EAST GRAND AVENUE, CHICAGO, IL 60611-3419

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARILYNN GARDNER PRESIDENT & CEO | 37.50 0.00 | X | | X | | | | 597,678. | 0. | 61,439. |
| (2) BRIAN MURPHY CHIEF OPERATING OFFICER | 37.50 0.00 | | | | X | | | 387,314. | 0. | 60,440. |
| (3) JEFFREY BROWN CFO & ASST. TREASURER | 37.50 0.00 | | | X | | | | 299,024. | 0. | 24,722. |
| (4) ARNALDO RIVERA CHIEF ADMIN. & EQUITY OFF. | 37.50 0.00 | | | | X | | | 258,317. | 0. | 17,069. |
| (5) SETH KAGY GENERAL MANAGER | 37.50 0.00 | | | | | X | | 205,740. | 0. | 54,732. |
| (6) DAN MITCHELL VP OF CONTRUCTION | 37.50 0.00 | | | | | X | | 192,856. | 0. | 57,228. |
| (7) MICHAEL DEGNAN SVP OF OPERATIONS | 37.50 0.00 | | | | | X | | 193,946. | 0. | 55,350. |
| (8) AMANDA WILLARD VP OF MARKETING & COMMUNICATIONS | 37.50 0.00 | | | | | X | | 205,028. | 0. | 25,358. |
| (9) ERIKA TAYLOR VP OF ARTS, CULTURE & ENGAGEMENT | 37.50 0.00 | | | | | X | | 173,273. | 0. | 48,235. |
| (10) CHONA MAGLAYA VP AND ASST SEC'Y | 37.50 0.00 | | | X | | | | 180,124. | 0. | 11,837. |
| (11) WILLIAM J. BRODSKY CHAIRPERSON | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (12) NORMAN R. BOBINS VICE CHAIRPERSON (THRU 01/2022) | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) JENNIFER STEANS VICE CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) MICHELLE L. COLLINS SECRETARY | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) JILL GRIEBENOW TREASURER AS OF 01/2022 | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (16) LISA KONIK ARONIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) JEFF BETHKE EX-OFFICIO | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JAMES BLAIR DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) DOUGLAS R. BROWN DIRECTOR (THRU 01/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) JOHN BUCKSBAUM DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) GISSELLE CASTILLO-VERMIS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) GERY J. CHICO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) LARITA CLARK EX-OFFICIO | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) RICARDO ESTRADA DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) SCOTT GOODMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) SANDRA P. GUTHMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,693,300. | 0. | 416,410. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,693,300. | 0. | 416,410. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 29

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| LEVY RESTAURANTS, 980 NORTH MICHIGAN AVENUE, CHICAGO, IL 60611 | CATERING | 7,509,941. |
| ABM PARKING SERVICES, 180 NORTH LASALLE STREET, SUITE 1700, CHICAGO, IL 60601 | CONTRACTED SERVICES | 4,625,276. |
| ARAMARK GLOBETROTTERS, LLC 2301 S LAKE SHORE DRIVE, CHICAGO, IL 60616 | HOUSEKEEPING | 4,488,462. |
| A-1 ROOFING, 1425 CHASE AVENUE, ELK GROVE VILLAGE, IL 60007 | CONSTRUCTION | 4,460,503. |
| ALLIED UNIVERSAL SECURITY, 55 EAST JACKSON BOULEVARD, CHICAGO, IL 60604 | SECURITY | 2,821,028. |

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 51

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) DEAN M. HARRISON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) ADAM L. HOEFLICH DIRECTOR (THRU 12/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) JOHN O. HUDSON III DIRECTOR (THRU 12/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) STEVE KOCH DIRECTOR | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) CONNIE LINDSEY DIRECTOR (THRU 12/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) LAURA KEIDAN MARTIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) RODGER KILEY EX-OFFICIO (THRU 06/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) CHARLES R. MATTHEWS DIRECTOR (THRU 12/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) RICHARD S. PRICE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) JORGE RAMIREZ DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) BRIDGET REIDY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) SANDRA REYNOLDS DIRECTOR (THRU 02/2022) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) SMITA SHAH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) JOHN H. SIMPSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) ERIC SMITH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) EMILY HEISLEY STOECKEL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) ROBIN LOEWENBERG TEBBE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) MICHAEL A. TOOLIS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) KELLY R. WELSH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII X

| | | | (A) | (B) | (C) | (D) | |
|--|---|-----------------------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 1,106,252. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 8,422,132. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,825,491. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 31,470. | | | | |
| | h Total. Add lines 1a-1f | | | 14,353,875. | | | |
| Program Service Revenue | 2 a USE OF EXHIBIT FACILITIES | Business Code | 532000 | 13,962,684. | 13,962,684. | | |
| | b RETAIL | | 459420 | 12,458,758. | 12,458,758. | | |
| | c PIER PARK AMUSEMENTS | | 713110 | 12,061,298. | 12,061,298. | | |
| | d PUBLIC PARKING | | 480000 | 11,680,545. | 11,680,545. | | |
| | e PROGRAM EVENTS | | 900099 | 1,976,706. | 1,976,706. | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 52,139,991. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 52,129. | | 52,129. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 100,000. | 4,500. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 89,619. | 0. | | | |
| c Gain or (loss) | 7c | 10,381. | 4,500. | | | | |
| d Net gain or (loss) | | | 14,881. | | 14,881. | | |
| 8 a Gross income from fundraising events (not including \$ 1,106,252. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 91,969. | | | | |
| | | b Less: direct expenses | 8b | 349,945. | | | |
| c Net income or (loss) from fundraising events | | | -257,976. | | -257,976. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a SPONSORSHIPS | Business Code | 532000 | 2,736,969. | | 2,736,969. | |
| | b FACILITY FEES | | 532000 | 1,172,923. | | 1,172,923. | |
| | c SUSTAINABILITY REBATE | | 900099 | 42,054. | | 42,054. | |
| | d All other revenue | | 900099 | 115,920. | | 115,920. | |
| | e Total. Add lines 11a-11d | | | 4,067,866. | | | |
| 12 Total revenue. See instructions | | | 70,370,766. | 52,139,991. | 0. | 3,876,900. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising 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 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,722,457. | 490,641. | 1,000,028. | 231,788. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,172,685. | 5,288,864. | 1,651,085. | 232,736. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,022,781. | 886,938. | 112,511. | 23,332. |
| 9 Other employee benefits | 1,554,495. | 1,329,320. | 179,206. | 45,969. |
| 10 Payroll taxes | 898,261. | 736,636. | 126,869. | 34,756. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 19,184,499. | 19,064,341. | 14,174. | 105,984. |
| b Legal | 414,804. | | 414,804. | |
| c Accounting | 138,860. | | 138,860. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 32,500. | | | 32,500. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 11,527,321. | 10,338,358. | 764,107. | 424,856. |
| 12 Advertising and promotion | 2,940,519. | 2,827,434. | 67,229. | 45,856. |
| 13 Office expenses | 1,013,293. | 902,585. | 108,725. | 1,983. |
| 14 Information technology | 1,066,832. | 669,735. | 373,558. | 23,539. |
| 15 Royalties | | | | |
| 16 Occupancy | 7,585,485. | 7,140,611. | 392,044. | 52,830. |
| 17 Travel | 133,683. | 71,157. | 46,849. | 15,677. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 2,241,851. | 2,208,683. | 22,112. | 11,056. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 10,511,785. | 10,354,110. | 105,117. | 52,558. |
| 23 Insurance | 1,615,379. | 1,498,425. | 109,618. | 7,336. |
| 24 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 O.) | | | | |
| a DUES & SUBSCRIPTIONS | 65,465. | 26,275. | 37,225. | 1,965. |
| b TRAINING | 37,170. | 25,414. | 9,631. | 2,125. |
| c | | | | |
| d | | | | |
| e All other expenses | 287,986. | 231,707. | 55,073. | 1,206. |
| 25 Total functional expenses. Add lines 1 through 24e | 71,168,111. | 64,091,234. | 5,728,825. | 1,348,052. |
| 26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|---|--|-------------------------|--------------|-------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 21,026,093. | 1 | 9,679,768. |
| | 2 Savings and temporary cash investments | 282,931. | 2 | 1,562,725. |
| | 3 Pledges and grants receivable, net | 6,073,336. | 3 | 5,833,843. |
| | 4 Accounts receivable, net | 4,503,509. | 4 | 2,111,991. |
| | 5 Loans and other receivables from 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 774,378. | 9 | 932,876. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 231,385,125. | | |
| | b Less: accumulated depreciation | 10b 67,267,329. | 166,003,283. | 10c 164,117,796. |
| | 11 Investments - publicly traded securities | 883,020. | 11 | 14,512,683. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 199,546,550. | 16 | 198,751,682. | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,695,473. | 17 | 8,113,912. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 7,439,592. | 19 | 6,668,075. |
| | 20 Tax-exempt bond liabilities | 40,863,001. | 20 | 40,913,249. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 25,092,264. | 23 | 22,864,451. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,899,803. | 25 | 1,554,442. |
| | 26 Total liabilities. Add lines 17 through 25 | 80,990,133. | 26 | 80,114,129. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 111,800,107. | 27 | 110,264,261. |
| | 28 Net assets with donor restrictions | 6,756,310. | 28 | 8,373,292. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 118,556,417. | 32 | 118,637,553. |
| 33 Total liabilities and net assets/fund balances | 199,546,550. | 33 | 198,751,682. | |

Part XI Reconciliation of Net Assets

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 | 70,370,766. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 71,168,111. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -797,345. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 118,556,417. |
| 5 | Net unrealized gains (losses) on investments | 5 | 82,922. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 795,559. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 118,637,553. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 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? _____ | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | X | |

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|--|---|
| Name of the organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|--|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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 include any "unusual grants.") | 2,065,425. | 2,402,511. | 4,544,012. | 22,904,723. | 14,353,875. | 46,270,546. |
| 2 Tax revenues levied for the organization'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 | | | | | | |
| 4 Total. Add lines 1 through 3 | 2,065,425. | 2,402,511. | 4,544,012. | 22,904,723. | 14,353,875. | 46,270,546. |
| 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) | | | | | | 8,560,512. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 37,710,034. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|------------|------------|------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 2,065,425. | 2,402,511. | 4,544,012. | 22,904,723. | 14,353,875. | 46,270,546. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 443,764. | 291,107. | 121,350. | 8,681. | 52,128. | 917,030. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 0. | 19,850. | 0. | 19,850. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 636,482. | 186,756. | 2,594,565. | 4,159,835. | 7,577,638. |
| 11 Total support. Add lines 7 through 10 | | | | | | 54,785,064. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 221,592,157. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 68.83 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 77.32 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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 include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 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 amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 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 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 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 assets (Explain in Part VI.) | | | | | | |
| 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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 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 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

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current 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 (<i>explain in detail in Part VI</i>): | | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide 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 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 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable 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: \$ | | |
| a | 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 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | 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 II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 153,636.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 91,969.

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 482,846.

2020 AMOUNT: \$ 186,756.

2021 AMOUNT: \$ 411,968.

2022 AMOUNT: \$ 115,920.

SUSTAINABILITY REBATE

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 71,541.

2022 AMOUNT: \$ 42,054.

SPONSORSHIPS & FACILITY FEES

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 1,748,556.

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.)

2022 AMOUNT: \$ 3,909,892.

INSURANCE RECOVERY

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 362,500.

2022 AMOUNT: \$ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NAVY PIER, INC.

Employer identification number

27-4813461

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 \$ _____

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).

| | |
|---|--|
| Name of organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 8,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 4,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 412,363. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|--|
| Name of organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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 | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: NAVY PIER, INC. Employer identification number: 27-4813461

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 187,807,072. | 52,672,330. | 135,134,742. |
| d Equipment | | 32,208,014. | 12,683,114. | 19,524,900. |
| e Other | | 11,370,039. | 1,911,885. | 9,458,154. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 164,117,796. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (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) ADVANCED DEPOSITS | 1,554,442. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,554,442. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 71,662,882. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 82,922. |
| b | Donated services and use of facilities | 2b | 63,691. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 795,559. |
| e | Add lines 2a through 2d | 2e | 942,172. |
| 3 | Subtract line 2e from line 1 | 3 | 70,720,710. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -349,945. |
| c | Add lines 4a and 4b | 4c | -349,945. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 70,370,765. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 71,581,746. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 63,691. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 349,945. |
| e | Add lines 2a through 2d | 2e | 413,636. |
| 3 | Subtract line 2e from line 1 | 3 | 71,168,110. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 71,168,110. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

NPI HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FROM INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED GUIDANCE THAT REQUIRES 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 THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT

Part XIII Supplemental Information (continued)

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THERE ARE NO INTEREST OR

PENALTIES RECOGNIZED IN THE FINANCIAL STATEMENTS FOR THE YEARS ENDED

DECEMBER 31, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST RATE SWAP 795,559.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -349,945.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 349,945.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: NAVY PIER, INC. Employer identification number: 27-4813461

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for PJH & ASSOCIATES and COMMUNITY COUNSELLING SERVICE.

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

IL

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|------------------------------------|---------------------|--|------------|
| | | GALA 2022: A NEW EXPERIENCE (event type) | AB WHISKEY TASTING (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 1,168,254. | 8,281. | 21,686. | 1,198,221. |
| | 2 | Less: Contributions | 1,087,254. | 4,143. | 14,855. | 1,106,252. |
| | 3 | Gross income (line 1 minus line 2) | 81,000. | 4,138. | 6,831. | 91,969. |
| Direct Expenses | 4 | Cash prizes | 0. | 0. | 0. | |
| | 5 | Noncash prizes | 0. | 0. | 0. | |
| | 6 | Rent/facility costs | 29,800. | 0. | 0. | 29,800. |
| | 7 | Food and beverages | 118,542. | 4,100. | 14,127. | 136,769. |
| | 8 | Entertainment | 5,000. | 0. | 1,200. | 6,200. |
| | 9 | Other direct expenses | 174,120. | 13. | 3,043. | 177,176. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 349,945. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -257,976. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PJH & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 205 WEST WACKER DRIVE, CHICAGO, IL 60606

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO LLC

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE 5TH FLOOR, NEW YORK, NY 10022

Part IV Supplemental Information (continued)

PART I, LINE 2B(I):

FUNDRAISING SERVICES

PATRICIA HURLEY AND ASSOCIATES IS AN ESTABLISHED FUNDRAISING CONSULTING FIRM THAT WAS HIRED TO SUPPORT NAVY PIER'S ANNUAL GALA HELD ON SEPTEMBER 28, 2022. THEIR SERVICES INCLUDED SPECIAL EVENT SUPPORT, VENDOR RELATIONS, CONTRACT REVIEW, FUNDRAISING GUIDANCE, AND COMMUNICATION DEPLOYMENT.

COMMUNITY COUNSELLING SERVICE CO. LLC (CCS) WAS HIRED AS A FUNDRAISING CONSULTANT FOR A FUNDRAISING CAMPAIGN THAT STARTED IN DECEMBER 2020 AND LASTED THROUGH JANUARY 2022. FEES PAID IN 2022 REFLECT THE FINAL PAYMENTS FOR SERVICES TO CONCLUDE THE FUNDRAISING CAMPAIGN STARTED IN 2020.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NAVY PIER, INC.

Employer identification number

27-4813461

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARILYNN GARDNER PRESIDENT & CEO | (i) | 445,064. | 151,200. | 1,414. | 18,300. | 43,139. | 659,117. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) BRIAN MURPHY CHIEF OPERATING OFFICER | (i) | 309,776. | 77,000. | 538. | 18,300. | 42,140. | 447,754. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JEFFREY BROWN CFO & ASST. TREASURER | (i) | 243,880. | 55,000. | 144. | 18,242. | 6,480. | 323,746. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ARNALDO RIVERA CHIEF ADMIN. & EQUITY OFF. | (i) | 235,817. | 22,500. | 0. | 15,499. | 1,570. | 275,386. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SETH KAGY GENERAL MANAGER | (i) | 205,626. | 0. | 114. | 12,742. | 41,990. | 260,472. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DAN MITCHELL VP OF CONTRUCTION | (i) | 191,984. | 0. | 872. | 12,346. | 44,882. | 250,084. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MICHAEL DEGNAN SVP OF OPERATIONS | (i) | 193,378. | 0. | 568. | 12,319. | 43,031. | 249,296. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) AMANDA WILLARD VP OF MARKETING & COMMUNICATIONS | (i) | 205,028. | 0. | 0. | 12,600. | 12,758. | 230,386. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) ERIKA TAYLOR VP OF ARTS, CULTURE & ENGAGEMENT | (i) | 173,218. | 0. | 55. | 10,731. | 37,504. | 221,508. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) CHONA MAGLAYA VP AND ASST SEC'Y | (i) | 180,000. | 0. | 124. | 10,800. | 1,037. | 191,961. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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.

PART I, LINE 7:

NON-FIXED PAYMENTS

INCENTIVE PAYMENTS WERE BASED ON PRE-ESTABLISHED METRICS AND SUBJECT TO

REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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.

Name of the organization **NAVY PIER, INC.** Employer identification number **27-4813461**

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|-------------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A IL FINANCE AUTHORITY REV BONDS | 86-1091967 | NONE | 12/16/14 | 26,500,000. | EQUIPMENT/CAPITAL PROJECTS/WHEEL | | X | | X | | X |
| B IL FINANCE AUTHORITY REV BONDS | 86-1091967 | NONE | 10/12/17 | 19,250,000. | REFUND PRIOR ISSUE FROM 12/16/14 | | X | | X | | X |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|-----------|-------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | 2,749,710. | | 2,188,580. | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 26,695,389. | | 19,257,223. | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 26,695,389. | | 1,005,453. | | | | | | | |
| 11 Other spent proceeds | | | 18,251,770. | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2017 | | 2017 | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | X | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | X | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | | | |

| Part III Private Business Use | | | | | | | | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| 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? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | 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? | | X | | X | | | | |
| 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 | | 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? | X | | X | | | | | |

| Part IV Arbitrage | | | | | | | | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | | | | |
| b Exception to rebate? | | X | | X | | | | |
| c No rebate due? | | X | | X | | | | |
| 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? | | X | X | | | | | |

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d 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 | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, COLUMN F:

COLUMN A: \$26,684,702 OF THE PROCEEDS WERE USED TO MANUFACTURE AND INSTALL A NEW OBSERVATION WHEEL AND COMPLETE NECESSARY STRUCTURAL IMPROVEMENTS.

COLUMN B: \$18,251,770 OF THE LOAN WAS USED TO REFUND A PRIOR ISSUE AND \$1,003,057 WAS USED TO COMPLETE CAPITAL PROJECTS INCLUDING CONSTRUCTION OF A LIVE PERFORMANCE THEATRE. THIS BOND WAS ISSUED ON 10/12/2017 AS A REFUND FOR A PRIOR ISSUE.

PROCEEDS: THE VARIANCE BETWEEN PROCEEDS IN PART I AND PROCEEDS IN PART II LINE 3, IS INTEREST EARNINGS ON THE PROCEEDS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| PATRICK GARDNER | SPOUSE OF PRESIDENT | 39,915. | EMPLOYEE OF | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PATRICK GARDNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PRESIDENT & CEO

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF NAVY PIER, INC.

SCHEDULE L, PART IV, LINE 1:

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PATRICK GARDNER IS A PART-TIME STAGEHAND EMPLOYEE OF NAVY PIER, INC.

AND IS THE HUSBAND OF MARILYNN GARDNER, WHO CURRENTLY SERVES AS NAVY

PIER, INC'S. PRESIDENT AND CEO. MRS. GARDNER HAS NO DIRECT INVOLVEMENT

IN THE DETERMINATION OF MR. GARDNER'S COMPENSATION OR SCHEDULING. HIS

RATE OF PAY IS DETERMINED BY A COLLECTIVE BARGAINING AGREEMENT, AND

SCHEDULE IS DETERMINED BASED ON LABOR REQUIREMENTS OF OUTSIDE SHOWS AND

EVENTS USING THE PIER'S FACILITY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NAVY PIER, INC.** Employer identification number: **27-4813461**

| Part 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 determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 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 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other (<u>EQUIPMENT</u>) | X | 0 | 31,470. | FMV |
| 26 | Other (_____) | | | | |
| 27 | Other (_____) | | | | |
| 28 | Other (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| 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? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| 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. | | |

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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

SCHEDULE M, PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NAVY PIER, INC.

Employer identification number

27-4813461

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

AN ALL-WELCOMING, YEAR-ROUND CIVIC AND CULTURAL DESTINATION WHICH IS
FREE TO THE PUBLIC, OFFERING UNIQUE DINING, RETAIL, ENTERTAINMENT AND
FREE PROGRAMMING TO NEARLY 9 MILLION GUESTS ANNUALLY, WHILE RELIEVING
THE BURDEN OF THE GOVERNMENT TO MAINTAIN AND OPERATE THE HISTORIC
DESTINATION.

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

SHORELINE, NAVY PIER ENGAGES LOCALS AND VISTORS ALIKE WITH DYNAMIC AND
ECLECTIC EXPERIENCES THROUGH PARTNERSHIPS AND PROGRAMS THAT INSPIRE
DISCOVERY AND WONDER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENGAGEMENT (ACE) PROGRAMMING TO INSPIRE, EDUCATE, AND CONNECT ARTISTS
TO AUDIENCES. NAVY PIER OFFERS SAFE AND ENGAGING EXPERIENCES TO ITS
GUESTS, INCLUDING THE LAUNCH OF DARING NEW INITIATIVES SUCH THE CHICAGO
LIVE PERFORMANCE FESTIVAL.

HIGHLIGHTS INCLUDE:

- NAVY PIER'S MOST POPULAR FREE PROGRAMS, SUCH AS LIVE ON THE LAKE!
(LIVE MUSIC SERIES); WAVE WALL WAX (DJ SERIES); SUMMER FITNESS
(EXERCISE AND YOGA SERIES); WATER FLICKS (OUTDOOR FILM SERIES); NAVY
PIER PRIDE (ANNUAL LGBTQ+ PRIDE CELEBRATION); WATER COLORS (LIVE JAZZ
MUSIC SERIES); AND MORE.

- LATINXT: A TWO-DAY LATIN MUSIC FESTIVAL FEATURING NEXT-GENERATION,
TRADITION-BENDING MUSIC FROM LOCAL AND INTERNATIONAL LATINX ARTISTS.

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

Schedule O (Form 990) 2022

| | |
|---|--|
| Name of the organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

- FRESH FEST! A SHOWCASE FEATURING TALENTED LOCAL YOUTH.

- CHI-SOUL FEST: A TWO-DAY MUSIC FESTIVAL FEATURING AND CELEBRATING

CHICAGO'S NEWEST AND LEGENDARY SOUL ARTISTS.

- CHICAGO LIVE: A FREE EVENT FEATURING OVER 60 OF CHICAGO'S

WORLD-RENOWNED PERFORMANCE ORGANIZATIONS.

- SAILGP: A HIGH-SPEED ADRENALINE-CHARGED RACE FEATURING INTERNATIONAL

SAILING TEAMS. SAILGP IS HELD ON LAKE MICHIGAN AND NAVY PIER PROVIDES

THE BEST VIEW TO SEE THE RACE.

NAVY PIER IS GOVERNED BY A 28-MEMBER VOLUNTEER BOARD OF DIRECTORS

CONSISTING OF BUSINESS AND CIVIC LEADERS, CONTINUES TO OPERATE

DILIGENTLY UNDER THE CORE VALUES OF EXCELLENCE, INCLUSION, STEWARDSHIP,

AND INTEGRITY.

FORM 990, PART VI, SECTION A, LINE 2:

PATRICK GARDNER IS A PART-TIME STAGEHAND EMPLOYEE OF NAVY PIER, INC. AND IS

THE HUSBAND OF MARILYNN GARDNER, WHO CURRENTLY SERVES AS NAVY PIER, INC'S.

PRESIDENT AND CEO. MRS. GARDNER HAS NO DIRECT INVOLVEMENT IN THE

DETERMINATION OF MR. GARDNER'S COMPENSATION OR SCHEDULING. HIS RATE OF PAY

IS DETERMINED BY A COLLECTIVE BARGAINING AGREEMENT, AND SCHEDULE IS

DETERMINED BASED ON LABOR REQUIREMENTS OF OUTSIDE SHOWS AND EVENTS USING

THE PIER'S FACILITY.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STAKEHOLDERS WHO MAY ELECT

UNDER THE LEASE AGREEMENT BETWEEN NAVY PIER, INC. AND THE METROPOLITAN PIER

AND EXPOSITION AUTHORITY (MPEA), THE CHAIR OF THE BOARD, THE

SECRETARY-TREASURER AND THE CHIEF EXECUTIVE OFFICER OF MPEA ARE REQUIRED TO

| | |
|---|--|
| Name of the organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

BE VOTING MEMBERS OF NAVY PIER, INC.'S BOARD OF DIRECTORS.

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

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY NAVY PIER, INC.'S VICE PRESIDENT OF FINANCE AND

ASSISTANT CONTROLLER AND AN OUTSIDE CPA FIRM. THE FORM 990 IS REVIEWED BY

NPI'S CFO, PRESIDENT AND CEO, AND FINANCE COMMITTEE PRIOR TO FINAL APPROVAL

OF THE BOARD OF DIRECTORS PRIOR TO FILING.

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

CONFLICT OF INTEREST POLICY

NAVY PIER MAINTAINS A CONFLICT-OF-INTEREST POLICY COVERING DIRECTOR,

OFFICER, MEMBER OF A COMMITTEE OF THE BOARD OF DIRECTORS OF NAVY PIER,

INC., OR KEY EMPLOYEE (AS DEFINED BY THE IRS IN INSTRUCTIONS FOR FROM 990)

WHICH REQUIRES DISCLOSURE OF FINANCIAL INTERESTS THAT PRESENT A POTENTIAL

CONFLICT OF INTEREST AS DEFINED IN THE POLICY. ANNUAL ATTESTATIONS ARE

REQUIRED AS WELL AS IMMEDIATE DISCLOSURE IF A POTENTIAL CONFLICT ARISES.

THE BOARD OF DIRECTORS ADJUDICATES IF A CONFLICT EXISTS AND IF THE

TRANSACTION SHOULD PROCEED BASED UPON THE BEST INTEREST OF THE COMPANY.

NAVY PIER, INC. ALSO MAINTAINS A WHISTLEBLOWER POLICY THAT INCLUDES THE

ABILITY TO PROVIDE ANONYMOUS INFORMATION VIA A HOTLINE. SUCH INFORMATION IS

REPORTED TO THE HEAD OF PEOPLE AND CULTURE. THIS PERSON MAKES A RECORD OF

THE COMPLAINT, CONDUCTS AN INVESTIGATION, MAKES FINDINGS AND RECOMMENDS OR

IMPLEMENTS CORRECTIVE ACTION IF APPROPRIATE.

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

PROCESS OF DETERMINING COMPENSATION

| | |
|---|--|
| Name of the organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

THE EXECUTIVE COMMITTEE REVIEWS THE GOALS AND PERFORMANCE OF THE PRESIDENT

AND CEO AND SENIOR MANAGEMENT. THE COMMITTEE ALSO RETAINS AN INDEPENDENT

CONSULTANT WHO CONDUCTS AN INDEPENDENT EVALUATION USING COMPENSATION DATA

OF THE COMPARABLE KEY EMPLOYEES AT LOCAL AND NATIONAL PEER INSTITUTIONS.

THE MOST RECENT COMPENSTAIION SURVEY WAS CONDUCTED IN 2022.

THE EXECUTIVE COMMITTEE REVIEWS THE INFORMATION PROVIDED BY THE INDEPENDENT

CONSULTANT AND APPROVES RECOMMENDATIONS FROM THE PRESIDENT AND CEO FOR

COMPENSATION OF KEY EMPLOYEES. THE EVALUATIONS, REVIEWS, COMMENTS AND

DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE. THE

PRESIDENT AND CEO REVIEWS THE GOALS AND PERFORMANCE OF SENIOR STAFF AND

REVIEWS THE COMPENSATION DATA OF THE COMPARABLE KEY EMPLOYEES OF WHICH

RECOMMENDATIONS ARE REVIEWED, MODIFIED AND APPROVED BY THE EXECUTIVE

COMMITTEE.

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII, LINE 1E:

GOVERNMENT GRANTS OF \$8,422,132 CONSIST OF CITY, STATE AND FEDERAL

AGENCY FUNDING. NPI RECEIVES NO ON-GOING FINANCIAL SUPPORT FROM ANY

CITY, STATE OR FEDERAL AGENCY TO SUPPORT ITS GENERAL OPERATIONS. IN

2021, THE ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

AWARDED NPI A GRANT UNDER THE CORONAVIRUS STATE AND LOCAL FISCAL

RECOVERY FUNDS PROGRAM FUNDED BY THE UNITED STATES DEPARTMENT OF THE

TREASURY THROUGH THE AMERICAN RESCUE PLAN ACT IN THE AMOUNT OF

| | |
|---|--|
| Name of the organization NAVY PIER, INC. | Employer identification number 27-4813461 |
|---|--|

\$8,000,000. THE GRANT FUNDED ELIGIBLE EXPENSES AND IS INCLUDED IN

GOVERNMENT GRANTS IN THE 2022 FORM 990. THE FEDERAL EMERGENCY

MANAGEMENT AGENCY ("FEMA") AWARDED SEVERAL GRANTS UNDER THE SAME PORT

SECURITY GRANT PROGRAM TO NPI TO SUPPORT SAFETY UPGRADES TO NAVY PIER,

OF WHICH \$412,363 IS INCLUDED IN GOVERNMENT GRANTS IN THE 2022 FORM

990. THE FEMA GRANTS REQUIRED NPI TO CONTRIBUTE A MATCH IN ORDER TO

RECEIVE THE FUNDS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SECURITY:

PROGRAM SERVICE EXPENSES 3,758,615.

TOTAL EXPENSES 3,758,615.

HOUSEKEEPING:

PROGRAM SERVICE EXPENSES 3,418,465.

TOTAL EXPENSES 3,418,465.

OTHER FEES:

PROGRAM SERVICE EXPENSES 3,161,278.

MANAGEMENT AND GENERAL EXPENSES 764,107.

FUNDRAISING EXPENSES 424,856.

TOTAL EXPENSES 4,350,241.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 11,527,321.

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

CHANGE IN VALUE OF INTEREST RATE SWAP 795,559.