

NAVY PIER, INC.

Form 990 for the
Year Ended December 31, 2021

Public Disclosure Copy

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NAVY PIER, INC.</td> <td rowspan="2">D Employer identification number 27-4813461</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td rowspan="2">E Telephone number (312) 595-7437</td> </tr> <tr> <td colspan="2">600 EAST GRAND AVENUE</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td rowspan="2">G Gross receipts \$ 62,194,092.</td> </tr> <tr> <td colspan="2">CHICAGO, IL 60611-3419</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MARILYNN GARDNER SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">J Website: WWW.NAVYPIER.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 2011</td> <td>M State of legal domicile: IL</td> </tr> </table>	C Name of organization NAVY PIER, INC.		D Employer identification number 27-4813461	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (312) 595-7437	600 EAST GRAND AVENUE		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 62,194,092.	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 ▶		H(c) Group exemption number ▶	L Year of formation: 2011		M State of legal domicile: IL
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Part I Summary	
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 <input type="checkbox"/> 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 35
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 34
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 434
6	Total number of volunteers (estimate if necessary) 6 100
7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 79,500.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 18,850.
8	Contributions and grants (Part VIII, line 1h) 8 4,544,012.
9	Program service revenue (Part VIII, line 2g) 9 14,642,574.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 121,408.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 158,249.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 19,466,243.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0.
14	Benefits paid to or for members (Part IX, column (A), line 4) 14 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 10,403,942.
16a	Professional fundraising fees (Part IX, column (A), line 11e) 16a 62,512.
16b	Total fundraising expenses (Part IX, column (D), line 25) 16b 1,001,932.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 30,462,636.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 40,929,090.
19	Revenue less expenses. Subtract line 18 from line 12 19 -21,462,847.
20	Total assets (Part X, line 16) 20 187,052,693.
21	Total liabilities (Part X, line 26) 21 81,887,775.
22	Net assets or fund balances. Subtract line 21 from line 20 22 105,164,918.

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Signature of officer</td> <td>Date</td> </tr> <tr> <td>MARILYNN GARDNER, PRESIDENT/CEO</td> <td></td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>	Signature of officer	Date	MARILYNN GARDNER, PRESIDENT/CEO		Type or print name and title										
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Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name BRIDGET ROCHE</td> <td>Preparer's signature <i>Bridget T. Roche</i></td> <td>Date 10/5/2022</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00666837</td> </tr> <tr> <td>Firm's name GRANT THORNTON LLP</td> <td colspan="2">Firm's EIN 36-6055558</td> <td colspan="2">Phone no. (312) 856-0200</td> </tr> <tr> <td colspan="2">Firm's address 171 N. CLARK ST., STE. 200 CHICAGO, IL 60601</td> <td colspan="3"></td> </tr> </table>	Print/Type preparer's name BRIDGET ROCHE	Preparer's signature <i>Bridget T. Roche</i>	Date 10/5/2022	Check if self-employed <input type="checkbox"/>	PTIN P00666837	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558		Phone no. (312) 856-0200		Firm's address 171 N. CLARK ST., STE. 200 CHICAGO, IL 60601				
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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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 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. WITH 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 \$ 43,582,096. including grants of \$ 0.) (Revenue \$ 36,686,123.)
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, IT'S MORE THAN A LIVING POSTCARD, IT'S AN ECONOMIC
ENGINE, PROVIDING SPACE AND EXPOSURE FOR SMALL AND FAMILY-OWNED
BUSINESSES AND OFFERING EMPLOYMENT OPPORTUNITIES FOR MORE THAN 3,000
PEOPLE, OFTEN WITH UNIQUE JOB-SKILLS TRAINING, AND OFTEN TO NEW-ENTRIES
TO THE WORKFORCE. NAVY PIER PROVIDES A YEAR-ROUND WORLD-CLASS STAGE FOR
EMERGING INDEPENDENT ARTISTS AND ESTABLISHED CULTURAL INSTITUTIONS
ALIKE, PARTNERING WITH MORE THAN 1,000 ARTISTS AND 60 ORGANIZATIONS TO
REFLECT THE BEST OF CHICAGO AND ITS NEIGHBORHOODS, INCLUDING TENANT
NONPROFITS SUCH AS CHICAGO SHAKESPEARE THEATER AND CHICAGO CHILDREN'S
MUSEUM. NAVY PIER DESIGNS ITS OWN ARTS, CULTURE, (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 43,582,096.

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)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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, business income, foreign accounts, and various IRS forms.

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 (35); 1b Enter the number of voting members included on line 1a, above, who are independent (34); 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, 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				527,827.	0.	56,561.
(2) BRIAN MURPHY CHIEF OPERATING OFFICER	37.50 0.00				X			346,931.	0.	52,839.
(3) JEFFREY BROWN CFO & ASST. TREASURER	37.50 0.00			X				227,147.	0.	41,788.
(4) MICHAEL DEGNAN SVP OF OPERATIONS	37.50 0.00					X		186,881.	0.	47,597.
(5) DAN MITCHELL VP OF CONSTRUCTION	37.50 0.00					X		195,675.	0.	31,517.
(6) SETH KAGY GENERAL MANAGER	37.50 0.00					X		169,877.	0.	44,586.
(7) JOHN GRAEBER DIRECTOR OF SAFETY & SECURITY	37.50 0.00					X		156,705.	0.	37,856.
(8) MARK THOMPSON VP OF DATA ANALYTICS	37.50 0.00					X		161,844.	0.	14,062.
(9) CHONA MAGLAYA VP OF INSTITUTIONAL RELATIONS	37.50 0.00			X				159,952.	0.	6,239.
(10) ARNALDO RIVERA (AS OF 05/2021) CHIEF ADMIN. & EQUITY OFF.	37.50 0.00				X			129,808.	0.	5,911.
(11) MICHELLE BOONE (THRU 05/2021) CHIEF PROGRAM & CIVIC OFF.	37.50 0.00				X			91,992.	0.	10,272.
(12) WILLIAM J. BRODSKY CHAIRPERSON	5.00 0.00	X		X				0.	0.	0.
(13) NORMAN R. BOBINS VICE CHAIRPERSON	5.00 0.00	X		X				0.	0.	0.
(14) JENNIFER STEANS TREASURER	5.00 0.00	X		X				0.	0.	0.
(15) MICHELLE COLLINS SECRETARY	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 (AS OF 02/2021)	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 (AS OF 09/2021)	1.00 0.00	X						0.	0.	0.
(19) DOUGLAS R. BROWN DIRECTOR	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 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) JILL GRIEBENOW DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,354,639.	0.	349,228.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,354,639.	0.	349,228.

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 17

	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
ABM PARKING SERVICES 180 NORTH LASALLE STREET, CHICAGO, IL 60601	PARKING	4,382,706.
ARAMARK GLOBETROTTERS, LLC, 2301 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HOUSEKEEPING	2,515,301.
ALLIED UNIVERSAL SECURITY, 55 EAST JACKSON BOULEVARD, CHICAGO, IL 60604	SECURITY	1,879,491.
LEVY RESTAURANTS, 980 NORTH MICHIGAN AVENUE, CHICAGO, IL 60611	CATERING	1,693,595.
SPURRIER GROUP, LLC 101 SOUTH 15TH STREET, RICHMOND, VA 23219	ADVERTISING	1,199,847.

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 38

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) SANDRA P. GUTHMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) DEAN HARRISON DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) BRETT HART EX-OFFICIO (THRU 02/2021)	1.00 0.00	X						0.	0.	0.
(30) EMILY HEISLEY STOECKEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) ADAM L. HOEFLICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) JOHN O. HUDSON, III DIRECTOR (AS OF 09/2021)	1.00 0.00	X						0.	0.	0.
(33) RODGER KILEY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(34) STEVE KOCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) CONNIE LINDSEY DIRECTOR (AS OF 02/2021)	1.00 0.00	X						0.	0.	0.
(36) LAURA MARTIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) CHARLES R. MATTHEWS DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) RICHARD PRICE DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) JORGE RAMIREZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) BRIDGET REIDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) SANDRA REYNOLDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) SMITA SHAH DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) JOHN SIMPSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) ERIC SMITH DIRECTOR (AS OF 02/2021)	1.00 0.00	X						0.	0.	0.
(45) ROBIN LOEWENBERG TEBBE DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) MICHAEL A. TOOLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) KELLY 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

			(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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,489,500.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,415,223.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		22,904,723.			
Program Service Revenue	2 a	PIER PARK AMUSEMENTS	Business Code 713110	12,017,224.	12,017,224.		
	b	PUBLIC PARKING	480000	9,634,769.	9,634,769.		
	c	RETAIL	453220	8,473,725.	8,473,725.		
	d	USE OF EXHIBIT FACILITIES	532000	4,134,269.	4,134,269.		
	e	PROGRAM EVENTS	900099	2,426,136.	2,426,136.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		36,686,123.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,681.		8,681.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(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	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SPONSORSHIP REVENUE	Business Code 532000	1,748,556.	79,500.	1,669,056.	
	b	INSURANCE RECOVERY	900099	362,500.		362,500.	
	c	SUSTAINABILITY REBATE	900099	71,541.		71,541.	
	d	All other revenue	900099	411,968.		411,968.	
	e	Total. Add lines 11a-11d		2,594,565.			
12	Total revenue. See instructions		62,194,092.	36,686,123.	79,500.	2,523,746.	

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	1,490,190.	514,904.	975,286.	
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	3,492,008.	1,932,657.	1,367,732.	191,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	378,112.	271,544.	100,162.	6,406.
9 Other employee benefits	1,332,740.	1,141,960.	158,667.	32,113.
10 Payroll taxes	701,353.	525,105.	160,382.	15,866.
11 Fees for services (nonemployees):				
a Management	8,128,526.	8,109,851.	7,698.	10,977.
b Legal	459,301.	6,056.	453,245.	
c Accounting	112,865.		112,865.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	402,000.			402,000.
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.)	7,422,777.	6,671,570.	609,261.	141,946.
12 Advertising and promotion	2,584,265.	2,490,990.	38,045.	55,230.
13 Office expenses	810,223.	774,282.	34,640.	1,301.
14 Information technology	979,057.	637,246.	320,159.	21,652.
15 Royalties				
16 Occupancy	6,061,084.	5,565,513.	447,520.	48,051.
17 Travel	104,459.	90,305.	11,701.	2,453.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	2,233,930.	2,200,421.	22,339.	11,170.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,487,628.	10,330,314.	104,876.	52,438.
23 Insurance	1,470,255.	1,366,066.	97,498.	6,691.
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 BANK & CREDIT CARD FEES	748,713.	719,254.	28,227.	1,232.
b DUES & SUBSCRIPTIONS	51,480.	32,511.	18,194.	775.
c TRAINING	11,562.	10,537.	1,025.	
d _____				
e All other expenses _____	207,503.	191,010.	16,481.	12.
25 Total functional expenses. Add lines 1 through 24e	49,670,031.	43,582,096.	5,086,003.	1,001,932.
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	1,602,077.	1	21,026,093.
	2 Savings and temporary cash investments	4,388,557.	2	282,931.
	3 Pledges and grants receivable, net	3,456,179.	3	6,073,336.
	4 Accounts receivable, net	441,876.	4	4,503,509.
	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	921,399.	9	774,378.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 223,009,941.		
	b Less: accumulated depreciation	10b 57,006,658.	175,321,377.	10c 166,003,283.
	11 Investments - publicly traded securities	921,228.	11	883,020.
	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	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	187,052,693.	16	199,546,550.	
Liabilities	17 Accounts payable and accrued expenses	4,962,132.	17	5,695,473.
	18 Grants payable		18	
	19 Deferred revenue	7,276,018.	19	7,439,592.
	20 Tax-exempt bond liabilities	39,695,014.	20	40,863,001.
	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	27,245,388.	23	25,092,264.
	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	2,709,223.	25	1,899,803.
	26 Total liabilities. Add lines 17 through 25	81,887,775.	26	80,990,133.
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	101,262,753.	27	111,800,107.
	28 Net assets with donor restrictions	3,902,165.	28	6,756,310.
	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	105,164,918.	32	118,556,417.
33 Total liabilities and net assets/fund balances	187,052,693.	33	199,546,550.	

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	62,194,092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,670,031.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,524,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,164,918.
5	Net unrealized gains (losses) on investments	5	-3,942.
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	871,380.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,556,417.

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 Single Audit Act and OMB Circular A-133? _____	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 (2021)

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

2021

Open to Public Inspection

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,870,634.	2,065,425.	2,402,511.	4,544,012.	22,904,723.	40,787,305.
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	8,870,634.	2,065,425.	2,402,511.	4,544,012.	22,904,723.	40,787,305.
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)						5,746,163.
6 Public support. Subtract line 5 from line 4.						35,041,142.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,870,634.	2,065,425.	2,402,511.	4,544,012.	22,904,723.	40,787,305.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,420.	443,764.	291,107.	121,350.	8,681.	885,322.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	19,850.	19,850.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	210,000.		636,482.	186,756.	2,594,565.	3,627,803.
11 Total support. Add lines 7 through 10						45,320,280.
12 Gross receipts from related activities, etc. (see instructions)					12	218,443,179.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	77.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.38 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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) 2021

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 210,000.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 153,636.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 482,846.

2020 AMOUNT: \$ 186,756.

2021 AMOUNT: \$ 2,594,565.

PART II, SECTION C, LINE 14

NAVY PIER INC.'S PUBLIC SUPPORT PERCENTAGE DECREASED SIGNIFIGANTLY IN

2021 DUE TO THE RECIEPT OF COVID-19 RELIEF FROM THE SMALL BUSINESS

ADMINISTRATION IN THE FORM OF \$2,489,500 PAYCHECK PROTECTION LOAN

FORGIVENES AND A \$8,089,995 SHUTTERED VENUES OPERATOR GRANT.

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

2021

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
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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/>	\$ 12,489,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,578,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,522,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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

2021

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

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		187,313,211.	44,272,475.	143,040,736.
d Equipment		32,343,056.	11,080,063.	21,262,993.
e Other		3,353,674.	1,654,120.	1,699,554.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				166,003,283.

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	1,057,244.
(3) SWAP LIABILITY	842,559.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,899,803.

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	66,228,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,942.
b	Donated services and use of facilities	2b	177,820.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,860,625.
e	Add lines 2a through 2d	2e	4,034,503.
3	Subtract line 2e from line 1	3	62,194,092.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	62,194,092.

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	52,837,096.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	177,820.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,989,245.
e	Add lines 2a through 2d	2e	3,167,065.
3	Subtract line 2e from line 1	3	49,670,031.
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	49,670,031.

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, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST RATE SWAP 871,380.

EMPLOYEE RETENTION CREDIT 2,989,245.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 3,860,625.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EMPLOYEE RETENTION CREDIT 2,989,245.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
COMMUNITY COUNSELLING SERVICE CO LLC - 527 MADISON AVENUE	PROFESSIONAL FUNDRAISING CONSULTING FOR CAMPAIGN		X	6,529,127.	402,000.	6,529,127.
Total				6,529,127.	402,000.	6,529,127.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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: COMMUNITY COUNSELLING SERVICE CO LLC

(I) ADDRESS OF FUNDRAISER:

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

SCHEDULE G, PART I, LINE 2B(I):

FUNDRAISING SERVICES

Part IV Supplemental Information *(continued)*

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, GENERATING \$9 MILLION IN CASH AND PLEDGES.

OF THE \$9M, \$6.5M WAS COLLECTED IN 2021, WHICH IS REFLECTED ON SCHEDULE

G, PART I ABOVE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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) 2021

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)	379,522.	147,000.	1,305.	16,599.	39,962.	584,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN MURPHY CHIEF OPERATING OFFICER	(i)	277,091.	69,343.	497.	13,887.	38,952.	399,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY BROWN CFO & ASST. TREASURER	(i)	191,443.	35,571.	133.	10,251.	31,537.	268,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL DEGNAN SVP OF OPERATIONS	(i)	185,357.	1,000.	524.	7,820.	39,777.	234,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAN MITCHELL VP OF CONSTRUCTION	(i)	193,871.	1,000.	804.	7,837.	23,680.	227,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SETH KAGY GENERAL MANAGER	(i)	168,772.	1,000.	105.	7,086.	37,500.	214,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN GRAEBER DIRECTOR OF SAFETY & SECURITY	(i)	155,025.	1,000.	680.	6,366.	31,490.	194,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARK THOMPSON VP OF DATA ANALYTICS	(i)	160,635.	1,000.	209.	6,454.	7,608.	175,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHONA MAGLAYA VP OF INSTITUTIONAL RELATIONS	(i)	153,837.	6,000.	115.	5,240.	999.	166,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ARNALDO RIVERA (AS OF 05/2021) CHIEF ADMIN. & EQUITY OFF.	(i)	129,808.	0.	0.	5,192.	719.	135,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHELLE BOONE (THRU 05/2021) CHIEF PROGRAM & CIVIC OFF.	(i)	64,750.	0.	27,242.	3,529.	6,743.	102,264.	15,737.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

TO HELP LIMIT COSTS DURING COVID-19 RELATED CLOSURES, NAVY PIER INC.'S
 PRESIDENT & CEO MARILYNN GARDNER'S BASE SALARY WAS REDUCED BY 25% AS OF MAY
 2020 AND WAS RESTORED UPON NAVY PIER'S RE-OPENING, APRIL 30, 2021. CHIEF
 OPERATING OFFICER BRIAN MURPHY AND CHIEF FINANCIAL OFFICER JEFF BROWN'S
 BASE SALARIES WERE REDUCED BY 20% IN MAY 2020 AND RESTORED IN APRIL 2021.
 THE BOARD OF DIRECTORS PROVIDED A ONE-TIME INCENTIVE PAYMENT IN NOVEMBER
 2021 FOR MS. GARDNER, MR. MURPHY AND MR. BROWN TO BRING 2021 TOTAL CASH
 COMPENSATION TO 2019 LEVELS. OTHER FULL-TIME ADMINISTRATIVE STAFF SALARIES
 WERE REDUCED AS OF JULY 2020 AND EFFECTIVELY RESTORED JANUARY 2021.

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/THEATRE		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.		4,661,110.							
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					

Part IV Arbitrage (continued)

	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					

Part V Procedures To Undertake Corrective Action

	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.

**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

2021

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 SPACE 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 WELCOMES GUESTS FROM AROUND THE CORNER AND AROUND
THE WORLD TO DYNAMIC AND ECLECTIC EXPERIENCES THROUGH PARTNERSHIPS AND
PROGRAMS THAT INSPIRE DISCOVERY AND WONDER.

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

AND ENGAGEMENT (ACE) PROGRAMMING TO INSPIRE, EDUCATE AND CONNECT
ARTISTS TO AUDIENCES. EVEN IN A YEAR DRASTICALLY CURTAILED BY THE
CORONAVIRUS PANDEMIC, NAVY PIER REOPENED IN APRIL 2021 TO OFFER SAFE
AND ENGAGING EXPERIENCES TO ITS GUESTS, INCLUDING THE LAUNCH OF DARING
NEW INITIATIVES SUCH THE TWO-DAY PERFORMANCE FESTIVAL CHICAGO LIVE
AGAIN!.

HIGHLIGHTS INCLUDE:

- NOTE: ALL PROGRAMMING PRIOR TO MAY 1, 2021 WAS CANCELED DUE TO THE
PANDEMIC AND THE PIER'S UNPRECEDENTED CLOSURE.
- THE RETURN OF NAVY PIER'S MOST POPULAR FREE PROGRAMS, SUCH AS LIVE ON
THE LAKE! (WEEKLY LIVE MUSIC SERIES); WAVE WALL WAX (WEEKLY DJ SERIES);
WIGGLEWORMS (WEEKLY CHILDREN'S MUSIC SERIES); SUMMER FITNESS (WEEKLY
EXERCISE AND YOGA SERIES); WATER FLICKS (WEEKLY OUTDOOR FILM SERIES);

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

Schedule O (Form 990) 2021

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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NAVY PIER PRIDE (ANNUAL LGBTQ+ PRIDE CELEBRATION); WATER COLORS (WEEKLY

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.

- FRESH FEST! PRESENTED BY ALLSTATE: AN ALL-DAY 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 AGAIN! A FREE EVENT WELCOMING THE RETURN OF LIVE

PERFORMANCES IN CHICAGO FEATURING OVER 50 OF CHICAGO'S WORLD-RENOWNED

PERFORMANCE ORGANIZATIONS.

-"OUR COMMON HOME"- A FREE PUBLIC ART INSTALLION WITH MONTREAL BASED

DIGITAL ART STUDIO IREGULAR.

-LIGHT UP THE LAKE: NAVY PIER'S NEWEST TICKETED INDOOR WINTER

EXPERIENCES FEATURING A MAGICAL LIGHT GARDEN, ICE RINK, AND MORE!

PRE-PANDEMIC, NAVY PIER AND AFFILIATED PARTNERS GENERATED \$130 MILLION

IN ANNUAL SALES ONSITE, WHICH INFUSED APPROXIMATELY \$15 MILLION INTO

THE ECONOMY VIA CITY, COUNTY AND STATE TAXES, AS WELL AS AN ADDITIONAL

\$200 MILLION IN SALES IN THE IMMEDIATE VICINITY.

SINCE BECOMING A NONPROFIT ORGANIZATION IN 2011, NAVY PIER HAS RAISED

\$74 MILLION FOR CAPITAL AND OPERATIONS. IN 2021, ROUGHLY 17% OF THE

PIER'S \$55.8 MILLION OPERATING REVENUE CAME FROM CORPORATE AND

PHILANTHROPIC PARTNERS. THEIR GENEROUS SUPPORT AND CONTRIBUTIONS HELPED

UNDERWRITE MANY OF THE PIER'S FREE PUBLIC PROGRAMS.

AS A RESULT OF THE COVID-19 PANDEMIC, THE BOARD OF DIRECTORS ENGAGED IN

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

A "SAVE THE PIER" FUNDRAISING CAMPAIGN TO ALLOW THE PIER TO RE-OPEN, REPLENISH CASH RESERVES AND CONTINUE TO OFFER RENT RELIEF TO ITS TENANT PARTNERS. "SAVE THE PIER" CAMPAIGN RAISED \$9M IN CASH AND PLEDGES BETWEEN 2020 AND 2021, FROM APPROXIMATELY 50 DONORS COMPRISING INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS.

NAVY PIER, GOVERNED BY A 35-MEMBER VOLUNTEER BOARD CONSISTING OF BUSINESS AND CIVIC LEADERS, CONTINUES TO OPERATE DILIGENTLY UNDER THE VALUES OF EXCELLENCE, INCLUSION, STEWARDSHIP, AND INTEGRITY.

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 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 PRESIDENT AND CEO, CFO, 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 INC. MAINTAINS A CONFLICT-OF-INTEREST POLICY COVERING DIRECTOR, OFFICER, MEMBER OF A COMMITTEE OF THE BOARD OF DIRECTORS OF NAVY PIER,

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

INC., OR KEY EMPLOYEE (AS DEFINED BY THE IRS IN INSTRUCTIONS FOR FORM 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 VP OF PEOPLE AND CULTURE, OR IF THIS PERSON IS NOT

AVAILABLE OR IS THE SUBJECT OF THE INFORMATION, TO THE GENERAL COUNSEL.

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

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 COMPENSTAION SURVEY WAS CONDUCTED IN 2021.

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

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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REVIEWS THE COMPENSATION DATA OF THE COMPARABLE KEY EMPLOYEES OF WHICH

RECOMMENDATIONS ARE REVIEWED, MODIFIED AND APPROVED BY THE EXECUTIVE

COMMITTEE.

TO HELP LIMIT COSTS DURING COVID-19 RELATED CLOSURES, NAVY PIER INC.'S

PRESIDENT & CEO MARILYNN GARDNER'S BASE SALARY WAS REDUCED BY 25% AS OF MAY

2020 AND WAS RESTORED UPON NAVY PIER'S RE-OPENING, APRIL 30, 2021. CHIEF

OPERATING OFFICER BRIAN MURPHY AND CHIEF FINANCIAL OFFICER JEFF BROWN'S

BASE SALARIES WERE REDUCED BY 20% IN MAY 2020 AND RESTORED IN APRIL 2021.

THE BOARD OF DIRECTORS PROVIDED A ONE-TIME INCENTIVE PAYMENT IN NOVEMBER

2021 FOR MS. GARDNER, MR. MURPHY AND MR. BROWN TO BRING 2021 TOTAL CASH

COMPENSATION TO 2019 LEVELS. OTHER FULL-TIME ADMINISTRATIVE STAFF SALARIES

WERE REDUCED AS OF JULY 2020 AND EFFECTIVELY RESTORED JANUARY 2021.

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 IX, LINE 11G, OTHER FEES:

SECURITY:

PROGRAM SERVICE EXPENSES	2,364,026.
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TOTAL EXPENSES	2,364,026.
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HOUSEKEEPING:

PROGRAM SERVICE EXPENSES	2,303,257.
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TOTAL EXPENSES	2,303,257.
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Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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OTHER FEES:

PROGRAM SERVICE EXPENSES	2,004,287.
MANAGEMENT AND GENERAL EXPENSES	469,761.
FUNDRAISING EXPENSES	141,946.
TOTAL EXPENSES	2,615,994.

DONATION CULTIVATING SERVICES/ADVOCACY:

MANAGEMENT AND GENERAL EXPENSES	139,500.
TOTAL EXPENSES	139,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,422,777.

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

CHANGE IN VALUE OF INTEREST RATE SWAP	871,380.
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COVID-19 PANDEMIC

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK OF A RESPIRATORY DISEASE CAUSED BY A NEW CORONAVIRUS AS A "PANDEMIC". FIRST IDENTIFIED IN LATE 2019 AND KNOWN NOW AS COVID-19, THE OUTBREAK HAS IMPACTED MILLIONS OF INDIVIDUALS WORLDWIDE. IN RESPONSE, MANY COUNTRIES HAVE IMPLEMENTED MEASURES TO COMBAT THE OUTBREAK WHICH HAVE IMPACTED GLOBAL BUSINESS OPERATIONS.

OUT OF CONCERN FOR THE SAFETY AND HEALTH OF ITS GUESTS AND EMPLOYEES, NAVY PIER INC.(NPI) TEMPORARILY CLOSED THE PIER ON MARCH 16, 2020. ILLINOIS GOVERNOR J.B. PRITZKER ISSUED EXECUTIVE ORDER 2020-10 ON MARCH 20, 2020 WHICH REQUIRED NON-ESSENTIAL BUSINESSES TO TEMPORARILY CEASE OPERATIONS. APPROXIMATELY 80 STAFF WERE FURLOUGHED OR LAID-OFF AFTER MARCH 27, 2020. NPI WAS ABLE TO SECURE A PAYCHECK PROTECTION PROGRAM

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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TERM NOTE (PPP LOAN) THROUGH ITS PRIMARY LENDER ON APRIL 20, 2020,
 ALLOWING FURLOUGHED AND LAID-OFF STAFF TO RETURN TO WORK IN ORDER TO
 PREPARE FOR THE UPCOMING SUMMER SEASON. (FORGIVENESS OF THE PPP LOAN
 WAS GRANTED IN SEPTEMBER 2021 USING A 12-WEEK COVERED PERIOD FOR
 SALARIES, EMPLOYEE BENEFITS, AND UTILITY EXPENSES.) THE PIER REMAINED
 CLOSED TO THE PUBLIC UNTIL JUNE 10, 2020, WHEN IT REOPENED PER THE
 TERMS OF EXECUTIVE ORDER 2020-38.

PURSUANT TO STATE OF ILLINOIS RESTRICTIONS, NPI WAS NOT ABLE TO OPERATE
 PIER PARK AMUSEMENTS, OR ITS CONVENTION AND MEETING FACILITIES AFTER
 MARCH 16, 2020. DUE TO THE ANTICIPATED DROP IN ATTENDANCE, EACH TENANT
 WAS OFFERED A RENT-RELIEF PACKAGE IN ORDER TO ENSURE THE TENANTS'
 LONG-TERM SURVIVAL; AGREEMENTS FOR RENT RELIEF WERE REACHED WITH ALL
 BUT THREE TENANTS BY THE END OF 2020.

THE OPERATING RESTRICTIONS AND DECREASED ATTENDANCE NEGATIVELY IMPACTED
 NPI'S REVENUES, LIQUIDITY, AND NET ASSETS WITHOUT DONOR RESTRICTIONS.
 NPI MOVED TO MITIGATE THE IMPACT BY REDUCING ITS WORKFORCE, REDUCING
 SALARIES, DELAYING CAPITAL EXPENDITURES, REDUCING ADVERTISING COSTS AND
 OTHER DISCRETIONARY SPENDING, AND ACTIVELY MANAGING CASH DISBURSEMENTS,
 WHICH HAS ALLOWED NPI TO MEET ITS OBLIGATIONS AS THEY BECOME DUE.

NPI'S DEBT OBLIGATIONS WERE RENEGOTIATED WITH ITS PRIMARY LENDER AND
 ARE DETAILED IN NOTE H. THE BOARD OF NPI ENGAGED IN A "SAVE THE PIER"
 FUNDRAISING CAMPAIGN TO ALLOW THE PIER TO RE-OPEN, REPLENISH CASH
 RESERVES AND CONTINUE TO OFFER RENT RELIEF TO ITS TENANT PARTNERS.

DESPITE THESE PROACTIVE MEASURES, ATTENDANCE DURING SUMMER 2020 WAS
 APPROXIMATELY 15% OF THAT FROM THE PRIOR YEAR. IN AN EFFORT TO PRESERVE
 ITS LIQUIDITY, NPI DECIDED TO CLOSE THE PIER TO THE GENERAL PUBLIC

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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AFTER LABOR DAY, AND RE-OPENED APRIL 30, 2021. TENANT LEASES WERE AGAIN

MODIFIED DURING THIS CLOSURE PERIOD, AND RELIEF WAS EXTENDED INTO 2022

FOR ALL TENANTS.

NPI RECEIVED THE PROCEEDS OF A PAYCHECK PROTECTION PROGRAM TERM NOTE

("PPP LOAN") IN THE AMOUNT OF \$2,489,500 THROUGH ITS PRIMARY LENDER ON

APRIL 20, 2020, ALLOWING FURLOUGHED AND LAID-OFF STAFF TO RETURN TO

WORK IN ORDER TO PREPARE FOR THE UPCOMING SUMMER SEASON. FORGIVENESS

WAS GRANTED BY THE SMALL BUSINESS ADMINISTRATION ("SBA") ON SEPTEMBER

9, 2021 USING A 12-WEEK COVERED PERIOD FOR SALARIES, EMPLOYEE BENEFITS,

AND UTILITY EXPENSES.

NPI RECEIVED THE PROCEEDS OF A SECOND PPP LOAN IN THE AMOUNT OF

\$1,910,005 THROUGH ITS PRIMARY LENDER ON MARCH 23, 2021. FORGIVENESS

WAS GRANTED BY THE SBA ON SEPTEMBER 28, 2021 USING A 13-WEEK COVERED

PERIOD FOR SALARIES, EMPLOYEE BENEFITS AND UTILITY EXPENSES. UPON

SECURING EACH PPP LOAN, NPI RECORDED THE AMOUNTS AS BOND AND LOAN

LIABILITIES ON THE STATEMENT OF FINANCIAL POSITION; UPON FORGIVENESS,

NPI CONVERTED THE AMOUNTS OF THE TWO PPP LOANS INTO COVID-19 RELIEF

REVENUES.

THE CARES ACT PROVIDES AN EMPLOYEE RETENTION TAX CREDIT ("ERTC"), WHICH

IS A REFUNDABLE TAX CREDIT AGAINST CERTAIN EMPLOYMENT TAXES OF UP TO

\$5,000 PER EMPLOYEE FOR ELIGIBLE EMPLOYERS. THE TAX CREDIT IS EQUAL TO

50% OF QUALIFIED WAGES PAID TO EMPLOYEES DURING A QUARTER, CAPPED AT

\$10,000 OF QUALIFIED WAGES PER EMPLOYEE THROUGH DECEMBER 31, 2020.

ADDITIONAL RELIEF PROVISIONS WERE PASSED BY THE UNITED STATES

GOVERNMENT, WHICH EXTEND AND SLIGHTLY EXPAND THE QUALIFIED WAGE CAPS ON

Name of the organization NAVY PIER, INC.	Employer identification number 27-4813461
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THESE CREDITS THROUGH DECEMBER 31, 2021. BASED ON THESE ADDITIONAL PROVISIONS, THE TAX CREDIT FOR 2021 IS EQUAL TO 70% OF QUALIFIED WAGES PAID TO EMPLOYEES DURING A QUARTER, AND THE LIMIT ON QUALIFIED WAGES PER EMPLOYEE HAS BEEN INCREASED TO \$10,000 OF QUALIFIED WAGES PER QUARTER. NPI QUALIFIED FOR AND CLAIMED \$1,853,000 IN ERTC DURING THE FISCAL YEAR ENDED DECEMBER 31, 2021.

ON NOVEMBER 2, 2021, NPI RECEIVED A \$8,089,995 SHUTTERED VENUES OPERATOR GRANT FROM THE SBA. THE GRANT ALLOWED FOR NPI TO ALLOCATE CERTAIN COSTS INCURRED BETWEEN MARCH 2020 AND DECEMBER 2021 AS IT RELATES TO MAINTAINING, OPERATING, AND RE-OPENING NAVY PIER DURING THE COVID-19 PANDEMIC.