Form 990	_Т   E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No 1545-0687	
Form OOO	For calendar year 2018 or other tax year beginning $01/01$ , 2018, and ending $12/31$ , 20							o18. ୭⋒ <b>1</b> \$	
5	1	■ Go to www.irs.gov/Form990					·• <u> </u>		910
Department of the Tre Internal Revenue Serv		not enter SSN numbers on this form					c)(3).	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
A Check bo address of	ox if	· · · · · · · · · · · · · · · · · · ·		ne changed and see in			D Empl	loyer identific loyees' trust, see	ation number instructions )
B Exempt under se	ection	NAVY PIER, INC							
X 501( C Q	3 Print	Number, street, and room or suite no	lf a P O	box, see instructions			27-4813461		
408(e)	220(e) Type							lated busines	s activity code
408A	]530(a)	600 EAST GRAND AVEN	UE				(366)	nsuocions ;	
529(a)		City or town, state or province, countr	_	IP or foreign postal coo	de		<b>.</b>		•
C Book value of all at end of year	<b>——</b>	CHICAGO, IL 60611-3					5418	100	
-		oup exemption number (See instruct			1 ==	<del> </del>	1,044		101511
208,890,		eck organization type X 501			501(c)		401(a)		Other trust
H Enter the nur	mber of the orga	anization's unrelated trades or busine LE OF ADVERTISING SPA	esses CE		dy one	Describe complete Parts I		y (or first) un	
		e end of the previous sentence, co			•	•			Jeschoe the
	ness, then comp		mpiete	raits raile ii, comp	note a ot	ancobic in for ca			
		corporation a subsidiary in an affil	iated q	roup or a parent-sub	sidiary c	ontrolled group?		▶ 🗀	Yes X No
		I identifying number of the parent co		on 🕨					
		EFFREY BROWN		Т.	elephon	e number > 31	2-595	-5205	
Part I Unre	elated Trade	or Business Income		(A) Income		(B) Expen	ses		(C) Net
→ 1a Gross rece	eipts or sales							İ	
	and allowances	c Balance ▶						ļ	
	•	dule A, line 7)	2					<del></del>	
		2 from line 1c		<u> </u>					<del></del>
		attach Schedule D)	4a					-	<del></del>
	• •	, Part II, line 17) (attach Form 4797)	4b 4c						
		trusts					_	<u> </u>	
		)	6						
-	· · · · · · · · · · · · · · · · · · ·	ncome (Schedule E)	7						
1		rents from a controlled organization (Schedule F	8						
9 Investment in	come of a section 5	01(c)(7), (9), or (17) organization (Schedule G)	9						
10 Exploited	exempt activity	ıncome (Schedule I)	10						
11 Advertisin	g income (Sche	edule J)	11						
	•	ctions, attach schedule)							
13 Total. Combine lines 3 through 12									
Partil Ded	luctions Not	it taken Eisewhere (See insti- tit be directly connected with	rucuc	ons for limitation	is on a	eductions.) (i	Except	IOI CONTIN	Julions,
		, directors, and trustees (Schedule K					14		
							15		
16 Repairs a	nd maintenance	·				2016	. 16		
17 Bad debts				. [유] UC	ָר <b>ש</b> ׁ	ZUI9	17		
18 Interest (a	attach schedule)	(see instructions)			<del></del>	<u>) ﷺ</u>	18		<u> </u>
19 Taxes and	l licenses			OG	DEN	I. U.T	19		
20 Charitable	e contributions (	(See instructions for limitation rules)		<del> </del>					
		n 4562)							
		d on Schedule A and elsewhere on r					221		
		compensation plans							
		ns							
		Schedule J)							
		schedule)							
		es 14 through 28					· · —		
		ble income before net operating							
		ng loss arising in tax years beginni							
		ole income Subtract line 31 from line							

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Pai	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	. 1	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	.	
	Instructions)	35_	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		<del></del> -
	of lines 33 and 34, ,	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
	enter the smaller of zero or line 36 ,	38_	_ (
Pai	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Pai	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	T	
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)	1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	1	
51	Total payments. Add lines 50a through 50g	51	34,983
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54_	34,983
55	Enter the amount of line 54 you want	55_	34,983
Pai	t VI Statements Regarding Certain Activities and Other Information (see instructions	;)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have	e to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country
	here <b>&gt;</b>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust	2 X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my	y knowledge and bellef, it
Sig	Ma	y the I	RS discuss this return
Her	e / Charle free //dc/2017 PRESIDENT/CEO with	h the	preparer shown below
	<del></del>	instructio	ons)? X Yes No
Paid	Print/Type preparer's name Preparer's signature Date Check	ر ال	PTIN
	BRIDGET I ROCHE Self-el	mployed	P00666837
	Pirm's name		36-6055558
	Firm's address > 171 N. CLARK ST, SUITE 200, CHICAGO, IL 60601 Phone	no 31	2-856-0200
JSA			Form <b>990-T</b> (201
8X274	11000		+i
	72020N 649R 9/20/2019 1:59:08 PM V 18-6.8F		PAGE

•	NAVY P	IER, INC	<b>.</b>			27-4813461			
Form 990-T (2018)							Page		
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	<b>&gt;</b>					
1 Inventory at beginning of y					ar	. 6			
2 Purchases					ld. Subtract line				
3 Cost of labor					ter here and in	l i			
4a Additional section 263A co	<del>   </del>		Part I, line	2		.   7			
(attach schedule)						with respect to Ye	s No		
<b>b</b> Other costs (attach schedu				property produced or acquired for resa					
5 Total. Add lines 1 through					•		х		
Schedule C - Rent Income		roperty a	nd Personal Property	Leased V	Vith Real Prope	erty)			
(see instructions)	(				•	••			
1. Description of property									
(1)				-					
(2)		_							
(3)									
(4)									
	2. Rent receiv	ved or accrue	ed			· · · ·			
(a) From personal property (if the			rom real and personal property	and negronal property (if the 3/a) Deductions du			lirectly connected with the income		
for personal property is more th			age of rent for personal property		ın columns 2(a) and 2(b) (attach schedule)				
more than 50%)	•	50% or	if the rent is based on profit or	income)					
(1)					·	<del></del>			
(2)									
(3)				-					
(4)									
Total		Total	<del>,</del>						
(c) Total income Add totals of co	olumns 2(a) and 2(				(b) Total deducti Enter here and o				
here and on page 1, Part I, line 6		•			Part I, line 6, colu				
Schedule E - Unrelated De			e instructions)		1	<u></u>			
		(	2 Gross income from or	3. [		onnected with or allocable to	,		
1 Description of det	t-financed property		allocable to debt-financed	(=) C1====1		(b) Other deduction			
			property		nt line depreciation ch schedule)	(attach schedule)			
(1)	·								
(2)	-								
(3)						-			
(4)		_		-					
4 Amount of average	5 Average adjus	sted basis							
acquisition debt on or	acquisition debt on or of or allocable to 6 Column 7 Gross in			income reportable	8. Allocable deducti (column 6 x total of co				
allocable to debt-financed property (attach schedule)	debt-financed   (attach sche		by column 5	(colum:	n 2 x column 6)	3(a) and 3(b))			
(1)	,	-,	%						
(2)	_		%						
(3)			%						
<u></u>				<del></del>					

%

Enter here and on page 1, Part I, line 7, column (A)

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Enter here and on page 1, Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	anico, regune			ontrolled Or		_	110110 (00	<u> </u>	0.107		
Name of controlled organization	2 Employer identification numb	er		elated income instructions)	1	of specifi ents made	ed included	of column 4 t I in the contr tion's gross i	olling	6. Deductions directly connected with income in column 5	
(1)											
(2)					ļ						
(3)					_						
(4) Nonexempt Controlled Organi	Totiono				L.,						
Nonexempt Controlled Organia			1 0	Total of specific		10. F	Part of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc		I .	payments made		ınclı				onnected with income in column 10	
(1)			<u> </u>						<del> </del> -		
(2)	<del></del> -		1						-		
(3)			+						-		
						Ad	d columns 5 a	and 10	Ac	id columns 6 and 11	
Totals					•		er here and on t I, line 8, colu			ter here and on page 1, rt 1, line 8, column (B)	
<u>⊺<sub>otals</sub></u>					Orga	nizatio	n (see ins	tructions)	<u> </u>	<del></del>	
1 Description of income	2 Amount of		, ((),(,)	3 Deduction directly cortiated attach sch	tions inected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)				(attoon oo	1000107			·		pido del 4)	
(2)						<del>-  </del> -				·	
(3)					_					· · · · · · · · · · · · · · · · · · ·	
(4)											
Totals ▶ Schedule I−Exploited Exe	Enter here and Part I, line 9, or	olumn (A)		han Adverti	sing In	ocome.	/soo mstr	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Ex dir conne produ unr	penses rectly cted with uction of related ss income	4. Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gr from a	ss income ctivity that unrelated ess income		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				-						<del>-</del>	
(2) _	-			<del> </del>							
(3)				1	_						
(4)								1			
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, ), col (B)							Enter here and on page 1, Part II, line 26	
Totals											
Schedule J-Advertising In				lidata d D							
Part I Income From Per	iodicals Report	ed on a	Conso	lidated Bas	<u>sis</u>			_			
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	5. Circulation 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)				<u> </u>							
(2)				7						7	
(3)											
(4)											
Totals (carry to Part II, line (5)) ▶										Form <b>990-T</b> (2018	

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NAVY PIER, INC.

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

	1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					<u></u>		
(3)	<del></del>						
(4)							
Totals	from Part I				· · · · · · · · · · · · · · · · · · ·		
		Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals	, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

NAVY PIER, INC. 12/31/2018 FORM 990-T SUPPLEMENTAL INFORMATION

NAVY PIER, INC. FILED FORM 990-T AND MADE THE REQUIRED ESTIMATED PAYMENT DUE TO THE TAXABLE TRANSPORTATION FRINGE BENEFITS ENACTED UNDER THE TAX CUTS & JOBS ACT OF 2017. HOWEVER, THE ORGANIZATION IN FACT DID NOT INCUR ANY TAX LIABILITY THAT THE PAYMENT ANTICIPATED. AS SUCH, NO FILING OR PAYMENT IS REQUIRED, AND THE ORGANIZATION REQUESTS THE FULL AMOUNT PAID BE REFUNDED.