

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 20 A For the 2017 calendar year, or tax year beginning 2017, and ending D Employer identification number C Name of organization B Check if applicab 13-4010424 TGM_REALTY CORP.#20 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number (212) 830-9300 650 FIFTH AVENUE, 28TH FLOOR Initial return Final return City or town, state or province, country, and ZIP or foreign postal code terminated Amended return 36,921,792. NEW YORK, NY 10019 G Gross receipts \$ H(a) is this a group return for subordinates? Application pending Yes X No F Name and address of principal officer H(b) Are all subordinates included? Tax-exempt status X | 501(c) (25) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(3) Website: N/A H(c) Group exemption number L Year of formation 1998 M State of legal domicile DE Form of organization X Corporation Trust Association Other > Summary 1 Briefly describe the organization's mission or most significant activities. SEE ATTACHMENT 1 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 0. 4 Number of independent voting members of the governing body (Part VI, line 1b) 0. 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)....... 0. 6 6 Total number of volunteers (estimate if necessary).............. 0. 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year Ο. 0 8 Contributions and grants (Part VIII, line 1h) Ō. Ω 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 6. 18,633,236. 19,486,126. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,633,246. 19,486,132. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), . . . Ο. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,417,951. 10,262,882. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,417,951. 10,262,882. Total expenses Add lines 13-17 (must equal Part IX, column Revenue less expenses Subtract line 18 from line 12. 11,215,295. 9,223,250. End of Year **Beginning of Current Year** 0 341,893,028. 369,591,787. 20 Total assets (Part X, line 16) AUG 1.4.2018 21 170,561,932. 198,803,016. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 170,788,771. 171,331,096. 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 8/10/2018 Sign Here TORMMAN UP + ASST. Treusurer Type or print name and title Print/Type preparer's name Paid 130/18 self-employed P00541484 PAUL DROUBIE Preparer Firm's EIN ▶ 13-5565207 Firm's name ►KPMG LLP Use Only Firm's address ▶345 PARK AVE NEW YORK, NY 10154-0102 212-758-9700 Phone no X No May the IRS discuss this return with the preparer shown above? (see instructions) Yes

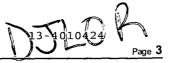
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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

_	990 (20				Page 2
Pa	rt III	Statement of Program Service Acco		111	
1	Briefly	Check if Schedule O contains a respi describe the organization's mission	onse or note to any line in this Part	<u> </u>	· · · · · · · · · · · · · · · · · · ·
•		ACHMENT 1			
2	Did the	organization undertake any significan	t program services during the yea	r which were not listed on the	
		orm 990 or 990-EZ?			
	If "Yes,	describe these new services on Sched	ule O		
		e organization cease conducting, or			
		s? _.			Yes X No
		describe these changes on Schedule (
		the organization's program service			
		es Section 501(c)(3) and 501(c)(4) on the section solution is section 501(c)(4) on the section is section.		irt the amount of grants and a	allocations to others,
	tile tota	ii expenses, and revenue, ii any, for eac	in program service reported		
4-	(Code	\/F		\/D	
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	NOT A	PPLICABLE - SEE ATTACHMENT	1	· · · · · · · · · · · · · · · · · · ·	
					
					
					
					
					
4h	(Code:) (Expenses \$	including grants of \$	\(Payenue \$	
40	(Code) (Expenses #	micidding grants of \$) (Nevelue \$	
					
			···		
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
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	-				· · · · · · · · · · · · · · · · · · ·
	_				······································
					
4d	Other r	program services (Describe in Schedule	0)		
	(Expen			\$	
4e		rogram service expenses ▶	, , , , ,		
JSA	20.1.000				Form 990 (2017)

Form 990 (2017)



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)? If "Yes,"			
	complete Schedule A	1		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Ĺ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ĺ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		_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? If			1
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			{
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	[
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		MA.	から
	VII, VIII, IX, or X as applicable	300	2 000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ĺ	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}	}	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	}	}	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	[[
. –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1	1]
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	[1	}
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X

Part	Checklist of Required Schedules (continued)			-3
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		,,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7.
22	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		٦,	
25-	or IV, and Part V, line 1	34	Х	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
36		35b	 	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			i
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			 ^
-	19? Note . All Form 990 filers are required to complete Schedule O	38	х	
				(2017)
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					Page	5

Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	· · · i	Yes	No
_	Enter the number reported in Box 3 of Form 1006. Enter A if not applicable.		162	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	İ		ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		l
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ļ	J.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e b		
_	gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Ì
h	and services provided to the payor?	7b	-	_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		ŀ	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	}		
	Initiation fees and capital contributions included on Part VIII, line 12	┨		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
	Gross income from members or shareholders	1		
U	against amounts due or received from them.)	1		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand]	↓	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 9	90 (2017) TGM REALTY CORP.#20 13-4010	424_	F	age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions
	Check if Schedule O contains a response or note to any line in this Part VI		• •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	[
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	_X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	_		
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8Ь		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 in Schedule O	9 Code	<u> </u>	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		10a	100	x
	Did the organization have local chapters, branches, or affiliates?	IUa		A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	110		 ^
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	}	1
	rise to conflicts?	120	 	\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this was done	13		x
13	Did the organization have a written whistleblower policy?	14	х	
14	Did the organization have a written document retention and destruction policy?	<u> </u>		
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? The organization's CEO, Executive Director, or top management official	15a	1	x
a		15b		x
b	Other officers or key employees of the organization	1.3.3	†	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ļ		
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	·		
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL, IN, OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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	. 55 1	-,(0)	y)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	v, and
	financial statements available to the public during the tax year	_, 50,	,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record associates, L P 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019 (212)830-9300	ds ►		

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

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

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

(C)

(A)

(B)

(B)

(C)

(D)

(E)

(F)

(F)

Average

(do not check more than one Reportable Reportable Stimated box, unless person is both an compensation compensation from amount of smooth and compensation from amount of smooth and compensation from amount of smooth and smooth

Name and Title	Average hours per week (list any	box,	unles	s pe	rson	than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)THOMAS J GOCHBERG	12.00							1	ļ	
EXECUTIVE VICE PRESIDENT	0.			Х	1			158,454.	ο.	0.
(2)STEVEN C MACY	12.00		-							
SENIOR VICE PRESIDENT	0.			x			ļ	116,832.	O.	0.
(3)MICHAEL G FRAZZETTA	12.00									
SENIOR VICE PRESIDENT & TREASURER	0.	1	1	х				131,460.	0.	0.
(4)VETA J BILLS	12.00	_								
VICE PRESIDENT & SECRETARY	0.	İ		x			ļ	38,354.	0.	0.
(5)JOHN GOCHBERG	12.00									
PRESIDENT & SOLE DIRECTOR	0.	i		x		ĺ	ĺ	132,915.	0.	0.
(6)ZACHARY GOLDMAN	12.00									
VICE PRESIDENT	0.	}		Х				110,330.	0.	0.
(7)OZGUR TORAMAN	12.00									
VICE PRESIDENT	0.			Х	_	<u>L</u>		95,892.	0.	0.
(8)CLARIBEL CASTILLO	12.00			ļ						
VICE PRESIDENT	0.			Х		<u>L</u> _		68,025.	0.	0.
(9)										
(10)										
(11)										
(12)	-	-			<u> </u>		\vdash			
(13)		-								
(14)							\perp			

Form **990** (2017)

Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	es,	and h	ligi	nest Compensat	ed Employees	(continue	d)	
•	(A) Name and title	(B) Average hours per week (list any hours for	box office	ot ch unles r and	s pe l a d	ition more rson irect	than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	teportable Estimated amount of related other ganizations Estimated compensation		
•	•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	orga and	om the anization d related anizations	
					Į								
											_		
					_								
												·	
d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .	 	· ·	· ·	· ·	 	> > >	852,262. 0 852,262.	().	0 0	
2	Total number of individuals (including but not reportable compensation from the organization		hose	liste 5	ed a	bov	e) wh	о ге	eceived more than	\$100,000 of			
3	Did the organization list any former office											Yes No	
4	employee on line 1a? If "Yes," complete Sched	sum of re	portal	ole (con	npe	nsatio	n a	ind other comper	sation from the	3	X	
_	organization and related organizations grandvidual										4	х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х	
1	Ction B. Independent Contractors Complete this table for your five highest componentation from the organization Report of year.											:	
	(A) Name and business ad	dress							(B) Description of s	ervices	(C Comper		
_								\pm					
_								\pm					
2	Total number of independent contractors (i							se	listed above) who	received			

Form	990 (2	2017) TGM REALTY	CORP.#20			13-4010	1424 Page 9
Par	t VIII		·				
		Check if Schedule O contains a response	onse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a b c d e	All other program service revenue					
	<u>g</u>	Total. Add lines 2a-2f	<u></u> ▶	0			
	3 4 5	Investment income (including divide and other similar amounts). ATTACHMEN Income from investment of tax-exempt bon Royalties	Ţ 2 ▶	6 0 6,714			6,714
	6a b c d	Gross rents		19,479,412	,		19,479,412
	b c d	Less cost or other basis and sales expenses Gain or (loss)		0			
Other Revenue	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	ь 🗀	0			
	9a	Gross income from gaming activities See Part IV, line 19	а				
	b c	Less direct expenses		0			-
	10a b c	Gross sales of inventory, less returns and allowances	b	0			
		Miscellaneous Revenue	Business Code				
	11a b c	All other revenue					
	e	Total. Add lines 11a-11d		0			
12.	12	Total revenue. See instructions		19,486,132			19,486,132
JSA 7E105	1 1 000	- 			·		Form 990 (2017

5 60	Check if Schedule O contains a respo				
			(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	_ [
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
_	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages				
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	0.		-	
	Other employee benefits	0.			
	Payroll taxes	U.			
	Fees for services (non-employees)	0.	•		
	Management	37,820.			
	Legal	287,004.		 	
	A Cobbygg	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17, If Investment management fees	0.1			
			 		
٤	Other (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O)	0.			
	Office expenses	0.			
	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			
	Travel	0.			
18					
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	9,301,779.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
23	Insurance	34,570.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	Ì			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
á	ADVISORY FEES	526,826.			ļ <u></u>
ı	GENERAL & ADMIN	74,883.			
•	c				
(d				
(e All other expenses				ļ
	Total functional expenses. Add lines 1 through 24e	10,262,882.			
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 🕨 🔲 if	ļ			
16.	following SOP 98-2 (ASC 958-720)	0.		<u> </u>	
JSA					Form 990 (2017

Page **11**

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	8,806,840.	2	5,189,451.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L	0.	5	0.
"	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.]	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
-	9	Prepaid expenses and deferred charges	1,113,175.	9	2,356,219.
	10 a	Land, buildings, and equipment: cost or -	1		
		other basis Complete Part VI of Schedule D 10a 360,200,000.			
	b	Less accumulated depreciation	330,615,000.	10c	360,200,000.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	1,358,013.	15	1,846,117.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	341,893,028.	16	369,591,787.
	17	Accounts payable and accrued expenses	4,496,480.	17	1,298,968.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	- [
jak		disqualified persons Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	147,933,662.	23	171,517,000.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	10 101 700		25 007 040
	20	of Schedule D	18,131,790.		25,987,048. 198,803,016.
	26		170,561,932.	26	198,803,016.
Ś		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
ű	27			27	
ala	28	Unrestricted net assets Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	1,000.	30	1,000.
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	114,556,812.	31	95,706,812.
Ą	32	Retained earnings, endowment, accumulated income, or other funds	56,773,284.	32	75,080,959.
Net	33	Total net assets or fund balances	171,331,096.	33	170,788,771.
_	34	Total liabilities and net assets/fund balances.	341,893,028.	34	369,591,787.
_				<u> </u>	Form 990 (2017

Form 99	00 (2017)				Pag	e 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,2		
3	Revenue less expenses. Subtract line 2 from line 1	3			23,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	71,3	31,0	<u>96.</u>
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				<u>0.</u>
7	Investment expenses ,	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9,7	65,5	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	.70,7	88,7	71.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both	itou o	•			
	Separate basis X Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	OVATE	aht	1		
C	of the audit, review, or compilation of its financial statements and selection of an independent accommittee that assumes responsibility for		•	2c		х
	If the organization changed either its oversight process or selection process during the tax year, or			1		
	Schedule O	zxpiai				
0 -		4 fa-4	h			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	et TOIT	ı ın	3a		x
1_	the Single Audit Act and OMB Circular A-133?	· · ·	 the		_	
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as		iiie	3b		

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No 1545-0047

	e of the organization	Employer Identification number
TG	M REALTY CORP.#20	13-4010424
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds o	r 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? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant t	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
P	ort 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).	
-		of a historically important land area
	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space	Total destance historie structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
_	easement on the last day of the tax year	Held at the End of the Tax Year
3	Total number of conservation easements	2a
a b		2b
C	Total acreage restricted by conservation easements	2c
d	• •	20
u	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2d
3	historic structure listed in the National Register	
3		nated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5		uton bandling of
J	Does the organization have a written policy regarding the periodic monitoring, inspec	
6	violations, and enforcement of the conservation easements it holds?	
U	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
7	Annual of control of c	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	> \$	+ 470/h\/4\/D\/.\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue at balance sheet, and include, if applicable, the text of the footnote to the organization's finan	•
	organization's accounting for conservation easements	ciai statements that describes the
D.	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or orimal Assets.
10		- course statement and halance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	escribes these items.
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, 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	- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. <u></u>

	•						
	TGM	REALTY C	ORP.#20			13-4010424	
Schee	dule D (Form 990) 2017					Page 2	2
Par	t III Organizations Maintainin	g Collectio	ns of Art, Histo	orical Treasures,	or Other Simila	ar Assets (continued)	-
3	Using the organization's acquisition						 }
	collection items (check all that apply	/)					
а	Public exhibition		d 🗌	Loan or exchange	programs		
b	Scholarly research		е	Other			
С	Preservation for future general	ations					
4	Provide a description of the organ	ızatıon's colle	ections and expla	in how they further	the organization	's exempt purpose in Par	t
	XIII						
5	During the year, did the organization	n solicit or re	ceive donations of	art, historical treasi	ires, or other simil	ar	
	assets to be sold to raise funds rathe	er than to be	maintained as pai	rt of the organization	n's collection?	Yes No	<u> </u>
Pai	t IV Escrow and Custodial Arr						
	Complete if the organization 990, Part X, line 21.	on answere	d "Yes" on Form	990, Part IV, line	9, or reported an	amount on Form	
1 a	Is the organization an agent, trustee	e, custodian	or other intermedi	ary for contributions	or other assets no	ot	_
	included on Form 990, Part X?				. 	Yes No	D
b	If "Yes," explain the arrangement in						_
					A	mount	_
С	Beginning balance			<u>1c</u>			
d	Additions during the year						_
е	Distributions during the year			<u>1e</u>			_
f	Ending balance					····	_
2a	Did the organization include an amo						0
	If "Yes," explain the arrangement in	Part XIII. Ch	eck here if the ex	planation has been p	rovided on Part XII	<u> </u>	
Par	t V Endowment Funds.			000 D + B + B	10		
	Complete if the organization						_
	-	(a) Current y	rear (b) Prior	year (c) Two year	ars back (d) Three y	years back (e) Four years back	_
1 a	Beginning of year balance						_
b	Contributions						
С	Net investment earnings, gains,		1				
	and losses						_
	Grants or scholarships						—
е	Other expenditures for facilities						
	and programs						_
f	Administrative expenses						
g	End of year balanceL						_
2	Provide the estimated percentage of		t year end balance	e (line 1g, column (a)) held as.		
a b	Board designated or quasi-endowm Permanent endowment	en ►					
C	Temporarily restricted endowment		%				
·	The percentages on lines 2a, 2b, a						
3 a	Are there endowment funds not in t		•	tion that are held ar	nd administered for	r the	
o u	organization by	ine possessi	on the organiza	tion that are note at	ia aarriiniisterea ioi	Yes No	
	(i) unrelated organizations						_
	(ii) related organizations						_
b	If "Yes" on line 3a(ii), are the relate						_
4	Describe in Part XIII the intended u						
	Land, Buildings, and Equi	pment.					_
	Complete if the organizat	tion answere					
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		42,656,009.	<u> </u>		42,656,009	-

360, 200, 000. Schedule D (Form 990) 2017

317,543,991.

b Buildingsc Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book value	Cost or end-of-year market value
) Financia	al derivatives		
) Closely-	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(b) must equal Form 990, Part X, col (B) line 12)		
Part VIII			
art VIII		d "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)	····		
otal. (Columr	(b) must equal Form 990, Part X, col (B) line 13)		
		<u> </u>	
	Other Assets.	d 11\/- = 11 = = F==== 000	Dort IV line 444 Can Form 000 Dort V line 45
	Complete if the organization answered		, Part IV, line 11d. See Form 990, Part X, line 15
Part IX	Complete if the organization answered	d "Yes" on Form 990 escription	, Part IV, line 11d. See Form 990, Part X, line 15
(1)	Complete if the organization answered		
(1) (2)	Complete if the organization answered		
(1) (2) (3)	Complete if the organization answered		
(1) (2) (3) (4)	Complete if the organization answered		
(1) (2) (3) (4) (5)	Complete if the organization answered		
(1) (2) (3) (4) (5) (6)	Complete if the organization answered		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered		
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered (a) De	escription	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered	escription	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered (a) De (a) De (a) De (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered (a) De (a) De (a) De (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered	line 15)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the Columnation of the Column	Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25.	line 15)d	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation Columnation Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	line 15)d	(b) Book valu	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	Complete if the organization answered (a) De Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability fal income taxes	line 15)	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation X (1) Feder (2) DIST (3) DUE	Complete if the organization answered (a) December (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability real income taxes RIBUTION PAYABLE	line 15)d "Yes" on Form 990 (b) Book value 1,366,	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation (C	Complete if the organization answered (a) December 1. (a) December 2. (b) Must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability all income taxes RIBUTION PAYABLE TO TGM ASSOCIATES	line 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (1) Feder (2) DIST (3) DUE (4) TENAI (5) ACCR	Complete if the organization answered (a) December 1. (a) December 2. (a) Description of liability (a) Description of liability (a) Income taxes (A) Description of liability (B) Income taxes (B) Total Massociates (C) To	line 15)d "Yes" on Form 990 (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (1) Feder (2) DIST (3) DUE (4) TENAI (5) ACCRI (6) INTE	Complete if the organization answered (a) December 1. (a) December 2. (a) Description of liability al income taxes RIBUTION PAYABLE TO TGM ASSOCIATES NT SECURITY DEPOSITS UED INCENTIVE FEES	line 15)d "Yes" on Form 990 (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (1) Feder (2) DIST (3) DUE (4) TENAI (5) ACCRI (6) INTE	Complete if the organization answered (a) De Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes RIBUTION PAYABLE TO TGM ASSOCIATES NT SECURITY DEPOSITS UED INCENTIVE FEES REST RATE SWAPS	line 15)d "Yes" on Form 990 (b) Book value 1,366, 148, 961, 20,086,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Co	Complete if the organization answered (a) De Imm (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes RIBUTION PAYABLE TO TGM ASSOCIATES NT SECURITY DEPOSITS UED INCENTIVE FEES REST RATE SWAPS	line 15)d "Yes" on Form 990 (b) Book value 1,366, 148, 961, 20,086,	(b) Book value

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Supplemental Information (continued)

PART XI, LINE 4B

RENTAL EXPENSES SHOWN ON A NET BASIS FROM PART VIII, LINE 6B OF FORM 990 THAT ARE NOT NETTED WITH RENTAL INCOME ON THE AUDITED FINANCIAL

TGM REALTY CORP.#20

PART XII, LINE 2D

STATEMENTS: \$ (17,435,660).

RENTAL EXPENSES SHOWN ON A NET BASIS FROM PART VIII, LINE 6B OF FORM 990 THAT ARE NOT NETTED WITH RENTAL INCOME ON THE AUDITED FINANCIAL STATEMENTS: \$ 17,435,660

ACCRUED ADVISORY FEE ON UNREALIZED APPRECIATION NOT SHOWN ON PART IX, LINE 25A OF FORM 990: \$ 5,572,797

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TGM REALTY CORP.#20

Employer identification number

13-4010424

Part	Questions Regarding Compensation			
			Yes	No
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.			ļ
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		1	
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	1b		
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?	2		<u> </u>
3	Indicate which, if any, of the following the filing 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.			
	Compensation committee Written employment contract			ľ
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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 Receive a severance payment or change-of-control payment?	4a		X
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
ŭ	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			
а	The organization?	5a	_	
b	Any related organization?	5b		<u> </u>
	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.			-
а	The organization?	6a	-	-
þ	Any related organization?	6b	 	
	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	7		
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		Į	
	ın Part III	8	<u> </u>	<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		.	-
	Regulations section 53 4958-6(c)?	9	}	1 _

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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.

III UI VIONAII.	Ī							
		(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)(B)	ın column (B) reported as deferred on prior Form 990
	3	158,454.	0	0	0	0	158,454.	0
EXECUTIVE VICE PRESIDENT	Ξ	0.	0.	0	0	0	0	0.
	Ξ	116,832.	0	0	0	0	116,832.	0.
TA	Ξ	0.	0	0	0.	0	0	0.
-	€	131,460.	0	0	0	0.	131,460.	0.
PRESIDENT & TREASURER	: 8	0.	0	0	0	0	.0	0.
	: ≘	38,354.	0	0	0.	0	38,354.	0.
ECRETARY	€	0	0	0	0.	0.	0	0.
ļ	: ≘	132,915.	0	0	0.	0	132,915.	0.
RECTOR	: 8	0.	0	0	0	0	0.	0.
	ε	110,330.	0	0	0.	0	110,330.	0.
	€	0.	0	0	0	0	0.	0.
MAN	€	95,892.	0	0	0	0	95,892.	0.
VICE PRESIDENT	€	0	0	0	0	0.	0.	0.
ASTILLO	ε	68,025.	.0	0.	0	0.	68,025.	0.
	€	0	0	0	0.	0	0.	0.
	€							
6	(E)							
	(E)							
10	Ξ							
	(1)							
11	Ξ							
	Ξ							
12	€							
	ε		•					
13	€							
	(1)							
14	(ii)							
	Ξ							
15	Ξ							
	(i)							
16	€							
							Sch	Schedule J (Form 990) 2017

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 III

THE OFFICERS, TRUSTEES, DIRECTORS, AND KEY EMPLOYEES AT TGM REALTY CORP

#20 (TRC #20) ARE NOT COMPENSATED DIRECTLY BY THIS ORGANIZATION OR ANY

RELATED TAX EXEMPT ORGANIZATION. THE OFFICERS, TRUSTEES, DIRECTORS, AND

KEY EMPLOYEES ARE COMPENSATED BY TGM ASSOCIATES, L.P. ("ASSOCIATES"), A

TRC #20 DOES NOT CONTROL ASSOCIATES, NOR DOES FOR-PROFIT ORGANIZATION.

ASSOCIATES CONTROL TRC #20. BECAUSE THE BENEFICIAL OWNERS OF TRC #20 ARE

NOT RELATED TO ASSOCIATES, ASSOCIATES WOULD BE CONSIDERED AN UNRELATED

ORGANIZATION COMPENSATING THE OFFICERS FOR THEIR SERVICES TO TRC #20.

ASSOCIATES PERFORMS ADVISORY AND MANAGEMENT SERVICES FOR THIS

ORGANIZATION AND OTHER RELATED TAXABLE AND TAX EXEMPT ORGANIZATIONS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 20**17**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ

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

Open To Public Inspection

Name	of	the	organization
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Employer identification number

IGM REALTY CORP.	#20							13-	401 <u>0</u>	424			
Part I Excess Ben	efit Transactions	(section 501	(c)(3)	, secti	on 501(c)(4)	, and	501(c)(29) organia	zations	only)				
Complete if	the organization a	inswered "Ye	es" on	Form	990, Part IV	', line	25a or 25b, or For	m 990-	EZ, P	art V,	line 40	Ob ,	
1 (a) Name of disqua	alified person	(b) Relatio			disqualified perso	n and	(c) Des	cription	of trans	action		-	Correct
				organiza	ation		(0, 200					Y	es N
(1)		<u> </u>											4
(2)	<u> </u>												
(3)		ļ										_	
(4)												\rightarrow	4
(5)		ļ										_	4
(6)													┵
2 Enter the amount	of tax incurred b	y the organiz	zation	mana	gers or disqu	ualifie	d persons during f	the yea	ar				
under section 495	58		• • •	• • • •		• • •				• \$_			
3 Enter the amount	of tax, if any, on li	ne 2, above,	reimb	ursed	by the organ	nzatio	on		•	\$_			
3 - 4 II - i													
	d/or From Interes				000 F7 Da	-4.1/ 1	200 of Farm 00	00 Bod	. 13.7 1	26	~£ 41		
	reported an amo						ine 38a or Form 99	ou, Pan	LIV, III	ie 20,	OF II U	ie	
	Teported an amo		1	1 411 7	., iiie 5, 6, 6					1			
(a) Name of interested pers		(c) Purpose of		an to or	(e) Origina		(f) Balance due	(g) In	default?		proved		
	with organization	loan	1	the zation?	principal amo	ount					oard or	agree	men
	1		<u> </u>					Yes	No	Yes	T	Yes	N
(1)			То	From				res	NO	res	No	res	N
(2)			<u> </u>					+-		+	 		\vdash
(3)									 	 			<u> </u>
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(8)										†			T
(9)						_							T
10)			-					_					†
otal							\$			T			
	ssistance Benefit												
	the organization a					, line 2	27.						
(a) Name of interested pers		p between intere		c) Amou	nt of assistance		(d) Type of assistance		(е) Ригро	se of as	sistano	e
(1)						<u> </u>							
(2)				_		_							
(3)			_										_
(4)					,			+					
(5)							·			·			_
(6)													
(7)													

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

Schedule L (Form 990 or 990-EZ) 2017

(8) (9) (10) Part IV Business Transactions Involving Interested Persons.

Schedule L (Form 990 or 990-EZ) 2017

Page 2

Complete if the organization and	swered "Yes" on Form 990, Part	IV, line 28a, 28b	, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi rever	
				Yes	No
(1) TGM ASSOCIATES L P	ENTITY MORE THAN 40%	6,418,347	TGM ASSOCIATES L P PROVIDES		
(2) o	OWNED BY CURRENT OFFICERS		MANAGEMENT AND ADVISORY		
<u>(3)</u> o			SERVICES FOR A FEE TO THIS		
(4) o			ENTITY TGM ASSOCIATES L P		
(5) ₀			ALSO COMPENSATES THE EMPLOYEES		
(6) o			FOR THIS ENTITY		
(7)					
(8)					

Part V Supplemental Information

(9) (10)

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

Department of the Treasury Internal Revenue Service

TGM REALTY CORP.#20

Inspection

OMB No 1545-0047

Name of the organization

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

Employer identification number 13-4010424

PART VI SECTION A LN 2

THOMAS GOCHBERG AND JOHN GOCHBERG, BOTH CORPORATE OFFICERS OF TGM REALTY CORP #20, HAVE A FAMILY RELATIONSHIP. ALL OFFICERS HAVE A BUSINESS RELATIONSHIP.

PART VI SECTION A LN 3

TGM ASSOCIATES LP PERFORMS MANAGEMENT SERVICES FOR TGM REALTY CORP #20.

PART VI SECTION A LN 6 & 7B

OPERS IS THE SOLE STOCKHOLDER IN TGM REALTY CORP #20 AND APPROVES SIGNIFICANT DECISIONS OF THE GOVERNING BODY

PART VI SECTION A LN 8

TGM REALTY CORP #20 DOES NOT HAVE A FORMAL POLICY IN PLACE.

PART VI SECTION C LN 19

TGM REALTY CORP #20 DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. IT DOES NOT HAVE A CONFLICT OF INTEREST POLICY.

PART XI LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

UNREALIZED APPRECIATION OF REAL ESTATE INVESTMENTS

27,069,951

CAPITAL RETURNED TO SHAREHOLDER

(18,850,000)

Name of the organization
TGM REALTY CORP.#20

13-4010424

ACCRUED INCENTIVE FEES ON UNRZD. APPR.

(5,572,797)

ACCRUED INCENTIVE FEE PAID BY SHAREHOLDER

SHAREHOLDER DISTRIBUTIONS

(12,734,790)

TOTAL OTHER CHANGES

9,765,575

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM ("OPERS") WILL ACHIEVE ITS
VISION BY ACTING IN THE BEST INTEREST OF ITS PARTICIPANTS,
MAINTAINING THE FINANCIAL SECURITY OF THE TRUST FUND, AND PROVIDING
EXCEPTIONAL SERVICE TO OUR MEMBERS, BENEFIT RECIPIENTS, AND
EMPLOYERS.TGM REALTY CORP. #20 (THE "COMPANY") WAS FORMED TO
PURCHASE, OPERATE, AND SELL MULTI-FAMILY RESIDENTIAL REAL ESTATE
THROUGH ITS WHOLLY OWNED QUALIFIED SUBSIDIARIES. THE COMPANY IS
ORGANIZED FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY,
COLLECTING INCOME THEREFROM AND TURNING OVER THE ENTIRE AMOUNT LESS
EXPENSES TO OPERS, AN ORGANIZATION WHICH IS EXEMPT FROM INCOME TAX.
THE COMPANY IS WHOLLY OWNED BY OPERS.

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME		6.		6.
TOTALS		6.		6.

TGM REALTY CORP. #20

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

(1

2

3

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(2)

(9)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

OMB No 1545-0047

13-4010424

Employer Identification number Inspection

13-4010424

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity TGM REALTY CORP.#20 Part II Part I

(g) Section 512(b)(13) controlled entity? No × Yes (f) Direct controlling entity N/A (if section 501(c)(3)) Public chanty status N/A (d) Exempt Code section 401(A) Legal domicile (state or foreign country) НО PENSION FUND Primary activity 31-6401653 COLUMBUS, OH 43215 (a)Name, address, and EIN of related organization (1) OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM 277 EAST TOWN STREET 2 4 3

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

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Schedule R (Form 990) 2017

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Page 2

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Schedule R (Form 990) 2017

Section S12(b)(13) controlled entity? Schedule R (Form 990) 2017 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year (I) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (I)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income Yes No Ξ (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (c) Legal domicile (state or foreign (b) Primary activity (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV Ξ 2 (3)**3 ₹** ত্র 9 Ξ ପ මු 9 0 (2)

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(d) Method of determining Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 10 4 19 1e 19 3 9 취취 + 두 = 무 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) ê Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution to related organization(s) . . Name of related organization Dividends from related organization(s), Exchange of assets with related organization(s), Ε _ ი ნ (2) ~ Ξ (2) 3 3 9

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Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, nrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate aflocations?	1	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
(1)			sections 512-514)	Yes No			Yes	9		Yes	2	
							_	-		+	-	
(2)										-		
(3)								-				
(4)												
(5)												
(9)										_		
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(6)												
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(11)												
(12)					_							
(13)												
(14)												
(15)												
(16)												
ASL					l:				Sche	dule R	(Form 9	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions