Return of Organization Exempt From Income Tax

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

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.

Open to Public Inspection

A	or th	e 2018 calendar year, or tax year beginning , 2018, and end	ing		, 20
_		C Name of organization		D Employer Identific	ation number
В	Chack If a	TGM REALTY CORP.#20		13-401042	:4
	Addre				
	7	Number and street (or P O, box if mail is not delivered to street address) Room/sui	te	E Telephone number	· · · · · · · · · · · · · · · · · · ·
	Initial	1 feburo 650 FIFTH AVENUE, 28TH FLOOR		(212) 830-	9300
	Final	City or town, state or province, country, and ZIP or foreign postal code			
-	Amer	nded NEW YORK, NY 10019		G Gross receipts \$	38,871,098.
	Appli	F Name and address of principal officer		H(a) is this a group ret	urn for Yes X No
_	pend		2	subordinates? H(b) Are all subordinates	included? Yes No
ī	Tax-ex	rempt status 501(c)(3) X 501(c) (25) (Insert no) 4947(a)(1) or	527	If "No," attach a	list (see instructions)
J	Websi			H(c) Group exemption	number > N/A
ĸ	Form	of organization X Corporation Trust Association Other > 1 L Ye	ar of forma	tion 1998 Mi State	of legal domicile DE
Р	art l	Summary			
	1	Briefly describe the organization's mission or most significant activities SEE ATTACHM	ENT 1		
9					
Governance					
veri	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more	than 25%	6 of its net assets	
ဖိ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5.
مة در	4	Number of independent voting members of the governing body (Part VI, line 1b)	٠	<u></u> 4	0.
ij	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a).	7) [√√√. [5_	0.
Activities &	6	Total number of volunteers (estimate if necessary)	J. I I . 🗀		
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12	ノル	U 7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	
				Prior Year	Current Year
ىە	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Ĭ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6.	0.
œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,486,126.	21,155,988.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,486,132.	21,155,988.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	🗀	0.	0.
ý.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),	[0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хb	b	Total fundamenta eveness (Part IV, colume (D), line 25)	1 🗀		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 111 24e) HLCLIVLI	J. 🗀	10,262,882.	7,336,600.
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	31.	10,262,882.	7,336,600.
	19	Revenue less expenses. Subtract line 18 from line 12.	24.	9,223,250.	13,819,388.
58				ning of Current Year	End of Year
sets	20	Total consts (Dest V. Inc. 40)	3. 3	369,591,787.	396,811,591.
8,8	21	Total liabilities (Part X, line 26)		98,803,016.	203,947,722.
至	20 21 22	Net assets or fund balances Subtract line 21 from line 20,	1	70,788,771.	192,863,869.
Pa	ırt li	Signature Block	•		
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and st ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, a	and to the best of my	knowledge and belief, it is
trus	s, corre	cd, and complete. Declaration of prepare (other than onicer) is based on an information of which prepare	i ilas aliy k		
•		132			4/7019
Sig		Sighalute of Officer		Date	
He	re	Type or print name and title			
Dair		Print/Type preparer's name Preparer's signature Date		Cleck III	PTIN
Paid		PAUL DROUBIE 10/04/2	2019	self-employed	P00541484
	parer Only	Firm's name ▶KPMG LLP		Firm's EIN ▶ 13-	
		Firm's address ▶345 PARK AVE NEW YORK, NY 10154-0102		Phone no 212	-758-9700
		IRS discuss this return with the preparer shown above? (see instructions)			. Yes X No
For	Pape	rwork Reduction Act Notice, see the separate instructions.	*		Form 990 (2018)
JSA		4 4	()—	- ケ ヘ	()
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	n 990 (2018) Pag	<u>; 2</u>
Pa	Statement of Program Service Accomplishments	.
<u>'</u>	Check if Schedule O contains a response or note to any line in this Part III	X
'	ATTACHMENT 1	
		_
		_
	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 I	ю
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	lo
	If "Yes," describe these changes on Schedule O	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$)	—
	NOT APPLICABLE - SEE ATTACHMENT 1	
		
		_
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		
		_
		_
		_
		—
		—
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_
		_
		—
,		—
		_
		_
		_
		_
_	Other and the Collection of Co	
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{) (Revenue \$}}\) Total program service expenses ▶	_
76	Total program service expenses >	

arı	IV. Checklist of Required Schedules			-
			Yes	N
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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
}	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Г
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Г
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_		-		\vdash
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		ļ
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			
	"Yes," complete Schedule D, Part I	6		L
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		L
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
	complete Schedule D, Part III	8		
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? If "Yes," complete Schedule D, Part IV	9		
n	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
0		40		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		L
1	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			-
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	L
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		
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		
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		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	•	446		
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	_
b	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	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
1a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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		
		13		-
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا مدا		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_
7	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		L
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
	· · · · · · · · · · · · · · · · · · ·	200		_
4	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	Checklist of Required Schedules (continued)			
ι			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$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		_
	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		x
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		х
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	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)	200	х	
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	n	х
29 30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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? 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,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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		х
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	L <u>.</u>
Part				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Zinor the frame of reported in peace of the response of the re	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
Ç	reportable gaming (gambling) winnings to prize winners?	1c		
	reference 2 / Januari 2/ minnings of bries		990	(2018)

200	. 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, -Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	٠.,	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		i
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country Consider the name of the foreign country (FDAR)			İ
	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?	5b		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
Ud	solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
J	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			i
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_	1
u	and services provided to the payor?	7a	-	- -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7с		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter			1
	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			
11	Section 501(c)(12) organizations. Enter Cross process from members or characteristics.			ſ
a L	Gross income from members or shareholders			
D	against amounts due or received from them)			
12 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			-
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ŀ
	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			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ <u>x</u>
	If "Yes," complete Form 4720, Schedule O		000	

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S Check if Schedule O contains a response or note to any line in this Part VI				tions.
5004	 		• • •	• • •	11
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 if 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	0.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationary other officer, director, trustee, or key employee?		- <u>-</u>	x	
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, or trustees, or key employees to a management company or other performed by the company or other performance by the company of the compa	the direct	3	Х	
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 asse		_5_		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
· a	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) stockholders, or persons other than the governing body?	members,	7b	Х	•
•					
8	Did the organization contemporaneously document the meetings held or written actions undertail	ken auring			
	the year by the following		- 8a		x
а	The governing body?				X
Ь	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Interna	I Revenue	Sode		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	n chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpo		10b		
11a			11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				١ .
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
		could give			
	rise to conflicts?		12b		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy				
С			12c		
	describe in Schedule O how this was done		13		х
13	Did the organization have a written whistleblower policy?		14		
14	Did the organization have a written document retention and destruction policy?				—
15	Did the process for determining compensation of the following persons include a review and a		- 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				v
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ar 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 e participation in joint venture arrangements under applicable federal tax law, and take steps to safe	evaluate its			-
	organization's exempt status with respect to such arrangements?		16b		-
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed FL, IN, OH, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		(Sec	tion 5	01(c)
	Own website Another's website X Upon request Other (explain in Schedu	ile O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c financial statements available to the public during the tax year	onflict of inte	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's book TGM ASSOCIATES, L P 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019 (212) 830-9300	s and record	s >		
	TGM ASSOCIATES, L P 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019 (212)830-9300				
				000	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

13-4010424

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	person is both an a director/trustee) Or Krangg on the organiza		Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)THOMAS J GOCHBERG	10.00									
EXECUTIVE VICE PRESIDENT	0.			х				51,488.	0.	0.
(2)STEVEN C MACY	10.00									
SENIOR VICE PRESIDENT	0.	1		Х				103,000.	0.	0.
(3)MICHAEL G FRAZZETTA	10.00									
SENIOR VICE PRESIDENT & TREASURER	0.			Х				113,004.	0.	0.
(4)VETA J BILLS	10.00									
VICE PRESIDENT & SECRETARY	0.			Х				32,943.	0.	0.
(5)JOHN GOCHBERG	10.00									
PRESIDENT & SOLE DIRECTOR	0.			Х				115,191.	0.	0.
(6)ZACHARY GOLDMAN	10.00									
VICE PRESIDENT	0.			Х				101,935.	0.	0.
(7)OZGUR TORAMAN	10.00									
VICE PRESIDENT	0.			Х	L			80,882.	0.	0.
(8)CLARIBEL CASTILLO	10.00									
VICE PRESIDENT	0.			Х				59,528.	0.	<u> </u>
(10)										
<u> </u>										
(11)								-		
(12)										
(13)										
(14)		:								

_		a
Paq.	е	o

Part VII Section A. Officers, Directors, Tru	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	rerage Position urs per (do not check more t (list any urs for officer and a director					an	(D) Reportable compensation from the organization	(E) Reportable compensation fi related organizations (W-2/1099-MIS		on from amored other		on
	organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)			an	anization d related anization	j
											,		
												_	
1b Sub-total	ection A						* * *	657,971. 0. 657,971.		0. 0. 0.			0.
Total number of individuals (including but not l reportable compensation from the organization		hose I 4		d at	ove	e) who	re	ceived more than	\$100,000 d	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	. If	"Yes	," (complete Schedu	le J for s	such	4	x	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	on f	ron	n any	unr	related organization	on or indivi	dual	5		
Section B. Independent Contractors	· ·						•						
Complete this table for your five highest components to from the organization Report of year.													
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) Compens	ation	
		===											
				·		<u></u>						_	
2 Total number of independent contractors (in more than \$100,000 in compensation from the							e la	sted above) who	received				 ,

	990 (2			·	13-40104	124 Page (
Pa	rt VII					_
		Check if Schedule O contains a response or note to a		T		
		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions Girts Grants and Other Simi ar Amourts	1a b c d e f	Federated campaigns	man trainer and the trainer and trainer and the trainer and tr	and the second s	u sinda vada kali som si di u seminin) rations for fine to
	h	Total Add lines 1a-1f				e i troreja
Program Service Revenue	2a b c d e f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	0 0 4,429			4,429
	6a b c d 7a	Gross rents	21,151,559	,		21,151,559
Other Revenue	h c d	assets other than inventory I ess cost or other hasis and sales expenses Gain or (loss)	0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
ş		Less direct expenses b				ļ
	l	Net income or (loss) from fundraising events ▶ Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold		 		
	<u>-</u>	M. H D	-\	 	 -	

d All other revenue . . . e Total. Add lines 11a-11d .

Total revenue. See instructions

Part IX	Statement	of	Functional	Expenses
---------	-----------	----	-------------------	-----------------

Sec	ction 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a resp	oonse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	0.			
2	Grants and other assistance to domestic				
	individuals 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.			<u>t</u>
4	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	,			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.	•		
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	0.			
9		, O.			
10	Payroll taxes	, O.	^	-	
	Fees for services (non-employees)	0.			
	Management	29,521.			
	Legal	247,881.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	f Investment management fees				
9	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.			. •
15		0.	-		·····
16	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				.,•
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
-	Interest	6,512,853.			
	Payments to affiliates	0.			
22	_ '.	0.			
23	Insurance	0.			
24	Other expenses Itemize expenses not covered	रास्त्रा स्थापकारसम्बद्धाः व्यवस्थाः १००० व्यवस्थाः १००० व्यवस्थाः १००० व्यवस्थाः १००० व्यवस्थाः १००० व्यवस्था स्थापनितराज्यः	* ' ' '	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	Sid an		, , , , , , , , , , , , , , , , , , , ,	***
	(A) amount, list line 24e expenses on Schedule O)			``	
а	ADVISORY FEES	482,566.			
b	GENERAL & ADMIN	63,779.			
c					
d					
е	All other expenses				
	Total functional expenses Add lines 1 through 24e	7,336,600.			
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 following SOP 98-2 (ASC 958-720)	0.			

Part X				
•	Check if Schedule O contains a response or note to any line in this Pa	art X		
	٦	(A) Beginning of year		(B)
		0.		End of year
1	Cash - non-interest-bearing	5,189,451.	1	4,269,360
2	Savings and temporary cash investments	5,189,451.	2	4,269,360
3	Pledges and grants receivable, net	0.	3_4	0
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees	- · · · · · · · · · · · · · · · ·	_	-
6	Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	5	
"	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	0.		
\$ _	organizations (see instructions) Complete Part II of Schedule L	0.	7	0
Assets 7 8	Notes and loans receivable, net	0.		0
- 1	Inventories for sale or use	2,356,219.	9	1,885,873
9	Prepaid expenses and deferred charges	2,330,213.	9	1,003,073
Tua	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 388, 986, 000.			
	other basis Complete Part VI of Schedule D Less accumulated depreciation	360,200,000.	100	388,986,000
_ I		0.	11	300,300,000
11 12	Investments - publicly traded securities	0.		
13	Investments - program-related See Part IV, line 11	0.		0
14		0.	13	. (
15	Intangible assets	1,846,117.	17	1,670,358
16	Total assets. Add lines 1 through 15 (must equal line 34)	369,591,787.	16	396,811,591
17	Accounts payable and accrued expenses	1,298,968.	17	1,174,241
18	Grants payable	0.	18	C
19	Deferred revenue	0.	19	C
20	Tax-exempt bond liabilities	0.	20	C
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	d
	Loans and other payables to current and former officers, directors,			-
<u>=</u>	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons Complete Part II of Schedule L	0.	22	c
∄ 23	Secured mortgages and notes payable to unrelated third parties	171,517,000.	23	171,517,000
24	Unsecured notes and loans payable to unrelated third parties	0.	24	C
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	25,987,048.	25	
26	Total liabilities. Add lines 17 through 25	198,803,016.	26	203,947,722
	Organizations that follow SFAS 117 (ASC 958), check here and			
End Balances 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets	***	27	
28	Temporarily restricted net assets		28	· · · · · -
일 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34			
হা 30 ০	Capital stock or trust principal, or current funds	1,000.	30	1,000
20 31 31	Paid-in or capital surplus, or land, building, or equipment fund	95,706,812.	31	97,706,812
8 32	Retained earnings, endowment, accumulated income, or other funds	75,080,959.	32	95,156,057
Net Assets 30 31 32 33	Total net assets or fund balances	170,788,771.	33	192,863,869
34	Total liabilities and net assets/fund balances	369,591,787.	34.	396,811,591
				Form 990 (201

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

TGI	1 REALTY CORP.#20		13-4010424
Pa	rt I Organizations Maintaining Donor Adv	ised 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
3	_	-	, I I I
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements.	11\(\columnia 1 \text{\columnia 1 \t	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e g , rec	· []	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	s	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		· · · · · · · · · · · · · · · · · · ·
•	tax year >	ioronou, roiduddu, axingalandu, ar termin	ation by the organization during the
4	Number of states where property subject to conse	ryation easement is located.	
5	Does the organization have a written policy reg		uon handling of
3	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
6		cing, handling or violations, and emorcing con-	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspec	ting, nandling of violations, and enforcing co	onservation easements during the year
_	\$		470// // // // // // // // // // // // //
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(II)?		L Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		al statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, educ	cation, or research in furtherance of
_			
ь	If the organization elected, as permitted under sworks of art, historical treasures, or other similar	SFAS TTO (ASC 938), to report in its re er assets held for nublic exhibition, educ	evenue statement and balance sneet cation, or research in furtherance of
	public service, provide the following amounts relati		called, or recognish in future affect of
	(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 a		
2	_		<u> </u>
_	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	· · · · · · · · • 5

Pa	rt III Organizations Maintain												
٠3	Using the organization's acquisition	on, acces	sion, and	other reco	rds, chec	k any o	f the	follow	ing that a	re a sign	nificant i	ıse c	fits
	collection items (check all that app	oly)			_								
а	Public exhibition			d	Loan	or excha	ange	prograi	ms				
b	Scholarly research			е	Other	•							
С	Preservation for future gene	erations											
4	Provide a description of the orga	nızatıon's	collections	s and expl	ain how	they fur	ther	the or	ganızatıon'	s exemp	t purpos	e in	Part
	XIII												
5	During the year, did the organization	on solicit c	r receive (donations	of art, his	torical tr	easu	res, or	other sımıl	ar	_		_
	assets to be sold to raise funds rat	her than to	be maint	ained as p	art of the	organiza	ation'	's collec	ction?	<u> L</u>	Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza	Arrangem ation ansi	ents. wered "Ye	es" on Fo	rm 990,	Part IV,	line	9, or r	eported a	n amour	nt on Fo	rm	
	990, Part X, line 21												
1 a	Is the organization an agent, truste	ee, custod	lian or oth	er interme	diary for	contribut	tions	or othe	r assets no	t			
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement	n Part XII	and com	plete the fo	ollowing ta	ble							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	nount on F	orm 990,	Part X, line	e 21, for	escrow (or cu	stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement	n Part XII	Check h	ere if the e	explanation	n has be	en pr	ovided	on Part XIII	<u> </u>			
Pa	rt V Endowment Funds.												
	Complete if the organiza	ation ansv	wered "Ye	es" on Fo	rm 990,							_	
		(a) Cur	rent year	(b) Pri	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years 	back
1a	Beginning of year balance												
	Contributions					ļ							
С	Net investment earnings, gains,												
	and losses			<u> </u>					*************				
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	Fnd of year balance			<u> </u>									
2	Provide the estimated percentage	of the cur	rent year	end baland	e (line 1g	, column	(a))	held as					
а	Board designated or quasi-endown	nent ▶		_%									
b	Permanent endowment ▶	%											
С	Temporarily restricted endowment	▶	%										
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%									
3 a	Are there endowment funds not in	the posse	ession of th	he organiz	ation that	are hel	d and	d admir	nstered for	the	_		
	organization by										\rightarrow	Yes	No
	(i) unrelated organizations									. 	3a(i)		
	(ii) related organizations										3a(ıi)		
b	If "Yes" on line 3a(ii), are the relate	-		•			?				3b		
4	Describe in Part XIII the intended		e organiza	tion's endo	owment fu	inds							
Pa	rt VI Land, Buildings, and Equation Complete if the organization	uipment.	warad "V	es" on Fo	rm 990	Part IV	lına	115	See Form	990 Ps	rt X lin	10 د	
	Description of property	/	(a) Cost or	other basis	(b) Cost	or other ba		(c) Acc	umulated) Book va		
4 -	Land		 ' 	tment) 556,009.	+ - '	other)	-	depr	eciation		42,65	6 0	0.9
1a	Land	ř		29,991.			\dashv		<u> </u>		346,32		
b	Buildings	- F	340,3	, , , , ,	+							, .	
	Leasehold improvements				+	<u> </u>							
	Equipment				 		-+						
	Other		equal Ford	n 990 Pan	X colum	n (B) In	ne 10	c)	•		388,98	6.0	0.0
iota	a. Add lines to unough te (Column	i (u) must	equal i Oli	11 990, 1 an	A, COIGIT	(<i>U)</i> , III		·/			ule D (For		

Schedule D (Form 990) 2018

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		100 0111 01111 000	, Part IV, line 11b. See Form 990, P	aπ 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	· · · ·
1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	,			
(G) (H)				
_ , ,	n (b) must equal Form 990, Part X, col (B) line 12) ▶ '		. —	
Part VIII				
-art viii	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)	1			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	<u> </u>	·	
artix	Complete if the organization answered	"Yes" on Form 990	Part IV. line 11d See Form 990. P	art X line 15
				arry, mic io.
	(a) De	scription	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1)	(a) Des	scription	, ,	
	(a) Des	scription	,	
(2)	(a) De	scription		
(2) (3)	(a) De	scription		
(2) (3) (4)	(a) De	scription		
(2) (3) (4) (5)	(a) De	scription		
(2) (3) (4) (5) (6)	(a) De	scription		
(2) (3) (4) (5) (6) (7)	(a) De	scription		
(2) (3) (4) (5) (6) (7) (8)	(a) De	scription		
(5) (6) (7) (8) (9) otal. (Colu	ımn (b) must equal Form 990, Part X, col (B) lı			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	omn (b) must equal Form 990, Part X, col (B) lo Other Liabilities. Complete if the organization answered	ne 15)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	omn (b) must equal Form 990, Part X, col (B) li Other Liabilities. Complete if the organization answered line 25.	ne 15)	, Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	omn (b) must equal Form 990, Part X, col (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ne 15)	, Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	omn (b) must equal Form 990, Part X, col (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description of liability al income taxes	ne 15)	, Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columerat X	omn (b) must equal Form 990, Part X, col. (B) long the Complete of the organization answered line 25. (a) Description of liability al income taxes RIBUTION PAYABLE	ne 15)	Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	omn (b) must equal Form 990, Part X, col (B) land Other Liabilities. Complete if the organization answered line 25. (a) Description of liability all income taxes RIBUTION PAYABLE TO TGM ASSOCIATES	ne 15)	, Part IV, line 11e or 11f. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columeration X	omn (b) must equal Form 990, Part X, col. (B) long the Complete of the organization answered line 25. (a) Description of liability al income taxes RIBUTION PAYABLE	ne 15)	, Part IV, line 11e or 11f. See Form e 375. 192. 118.	(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X (1) Feder. (2) DISTE (3) DUE 1 (4) TENAN (5) ACCRU (6) R/E 1 (7) (8)	omn (b) must equal Form 990, Part X, col (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description of liability al income taxes RIBUTION PAYABLE FO TGM ASSOCIATES OF TRANSPORTED TO TGM ASSOCIATES OF TRANSPORTED TO TOWN TO TOWN TO THE PROPERTY OF THE PROP	ne 15)	, Part IV, line 11e or 11f. See Form e 375. 192. 918	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Colum	omn (b) must equal Form 990, Part X, col (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description of liability al income taxes RIBUTION PAYABLE FO TGM ASSOCIATES OF TRANSPORTED TO TGM ASSOCIATES OF TRANSPORTED TO TOWN TO TOWN TO THE PROPERTY OF THE PROP	ne 15)	Part IV, line 11e or 11f. See Form e 375. 92. 918. 75. 921.	(b) Book value

Part XI	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1 T	otal revenue, gains, and other support per audited financial statements	1	65,099,508
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12	ĺ	
a N	let unrealized gains (losses) on investments		
	onated services and use of facilities		
c R	ecoveries of prior year grants		
	other (Describe in Part XIII)		26 220 410
	dd lines 2a through 2d	2e 3	26,228,410 38,871,098
	ubtract line 2e from line 1	3	30,071,030
	mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Ir	evestment expenses not included on Form 990, Part VIII, line 7b		
	the Describe in all All J	4c	-17,715,110
	dd lines 4a and 4b	5	21,155,988
Part XI		rn.	
1 T	otal expenses and losses per audited financial statements	1	31,517,057
	mounts included on line 1 but not on Form 990, Part IX, line 25		<u> </u>
	onated services and use of facilities		
	rior year adjustments		
	other losses		
	ther (Describe in Part XIII)	1	
	dd lines 2a through 2d	2e	24,180,457
	ubtract line 2e from line 1	3	7,336,600
	mounts included on Form 990, Part IX, line 25, but not on line 1.		
	vestment expenses not included on Form 990, Part VIII, line 7b 4a		
bО	ther (Describe in Part XIII)		
с А	dd lines 4a and 4b	4c	
	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,336,600
, Part X	he descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Pa I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		
·····			
	,		
		•	<u></u>
		_	

13-4010424

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 STATEMENTS: \$ (17,715,110).

PART XII, LINE 2D

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: \$ 17,715,110

ACCRUED ADVISORY FEE ON UNREALIZED APPRECIATION NOT SHOWN ON PART IX, LINE 25A OF FORM 990: \$ 6,465,347

SCHEDULE J (Form 990)

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

Compensated Employees, and rightest Compensated Employees

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

► Attach to Form 990

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

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2018

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		٠,		Ī
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				I
	First-class or charter travel Housing allowance or residence for personal use		ļ		I
	Travel for companions Payments for business use of personal residence		ļ		ı
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		l		I
	If any of the bears on line to one shoulded did the assessment of fellows and the second of the seco				I
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				J
	explain	1b			_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				j
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line				
	1a ⁹	2			_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				1
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	. ,		- !	l
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			,	i
	Compensation committee Written employment contract		1]	۱
	Independent compensation consultant Compensation survey or study			1	İ
	Form 990 of other organizations Approval by the board or compensation committee			ļ. ¹	l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				ļ
	organization or a related organization		ļ		•
а	Receive a severance payment or change-of-control payment?	4a		X	-
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	7
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			;	i
	Only anation 504/51/21 504/51/41 and 504/51/201 annotations must be made lines 5.0		,	4	!
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	'			ĺ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			' '	ì
-	compensation contingent on the revenues of The organization?	5a	 		ł
a b	Any related organization?	5b			-
D	If "Yes" on line 5a or 5b, describe in Part III	-		ļ _.	ī
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			'	١
•	compensation contingent on the net earnings of				ı
а	The organization?	6a			1
b	Any related organization?	6b		_	-
-	If "Yes" on line 6a or 6b, describe in Part III			-	Í
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			<u> </u>	į
'	payments not described on lines 5 and 6° If "Yes," describe in Part III	7	i		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	П		ļ	-
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				ĺ
	Regulations section 53 4958-6(c)?	9			

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

Schedule J (Form 990) 2018

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

		(B) Breakdown c	(B) Breakdown of 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)(I)(D)	in column (B) reported as deferred on prior Form 990
	Ξ	51,488.	0	0.	0	0.	51,488.	.0
secutive vice President	Ξ	0	0	0.	0	0	.0	0.
	Ξ	103,000.	0	0	0	0	103,000.	0.
2 SENIOR VICE PRESIDENT	Ξ	0	.0	0.	0	.0	.0	0.
ETTA	Ξ	113,004.	.0	0	0	0	113,004.	0.
3 SENIOR VICE PRESIDENT & TREASURER	Ξ	0	.0	0	0	0	.0	0.
	Ξ	32,943.	0	0	0	0	32,943.	0.
CRETARY	Ξ	0	.0	0.	0	0	.0	0.
	Ξ	115,191.	.0	0.	0	.0	115,191.	0.
TOR	Ξ		.0	0.	0	0	.0	0.
LDMAN	Ξ	101,935.	.0	0	0	0	101,935.	0.
	Ξ	0	.0	0.	.0	0	0.	0.
MAN	(1)	80,882.	.0	0.	0	0	80,882.	0.
	Ξ	0	.0	0.	0	.0	.0	0.
ASTILLO	Ξ	59,528.	.0	0.	0.	0	59,528.	0.
8 VICE PRESIDENT	Ξ	0	.0	0	.0	0.	0	0.
	Ξ							
6	Ξ							
	Ξ							
10	Ξ							
	Ξ							
11	Ξ							
	Ξ							
12	(II)							
	Ξ							
13	(II)							
	(1)							
14	(II)							
	(1)							
15	Ξ			:				
	Ξ							
16	(II)							
							Sch	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 3

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

V ASSOCIATES CONTROL TRC #20. BECAUSE THE BENEFICIAL OWNERS OF TRC #20 ARE THE OFFICERS, TRUSTEES, DIRECTORS, AND THE OFFICERS, TRUSTEES, DIRECTORS, AND KEY EMPLOYEES AT TGM REALTY CORP KEY EMPLOYEES ARE COMPENSATED BY TGM ASSOCIATES, L.P. ("ASSOCIATES"), A TRC #20 DOES NOT CONTROL ASSOCIATES, NOR DOES NOT RELATED TO ASSOCIATES, ASSOCIATES WOULD BE CONSIDERED AN UNRELATED #20 (TRC #20) ARE NOT COMPENSATED DIRECTLY BY THIS ORGANIZATION OR ANY ORGANIZATION COMPENSATING THE OFFICERS FOR THEIR SERVICES TO TRC #20. ORGANIZATION AND OTHER RELATED TAXABLE AND TAX EXEMPT ORGANIZATIONS. ASSOCIATES PERFORMS ADVISORY AND MANAGEMENT SERVICES FOR THIS RELATED TAX EXEMPT ORGANIZATION. FOR-PROFIT ORGANIZATION.

Schedule J (Form 990) 2018

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

2018

OMB No 1545-0047

Name of the organization TGM REALTY CORP. #20 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corect Yes N (e) Description of transaction (f) Corect Yes N (g) In default? (h) Approved by board or committee? (g) In default? (h) Approved by Organization (h) Relationship with organization or from 990, Part X, line 5, 6, or 22		ment of the Treasury Revenue Service	▶ Go to				990 or Form		z. · latest information				pen To specti		
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-2E2, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization (c) Description of transaction (d) Test (e) Description of transaction (e) Description (e											ıdentıf				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between diagnatified person and organization (c) Description of transaction (e) Description of transaction (for Yes In 1975) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	TGM	REALTY CORP	.#20							13-	4010	424			
(e) Description of transaction	Part											art V,	line 4	0b	
Canada of discussion organization Canada of the organization Canada			10.1	(b) Relation	nship l	between	disqualified perso	on and	(.) 5		-64			(d)) Correcte
(3) (4)		(a) Name or disq	ualified person			organiz	ation		(6) 0	escription	or trans	action		Y	es N
(4) (5)															
(4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.														\perp	_ _
(6) (8) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958										 _				-	+
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958														-	
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of 18 x, if any, on line 2, above, reimbursed by the organization. Part III Cans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of Ioan (d) Loan to or from the organization? To From (e) Conginal principal amount (n) Balance due (g) In default? (h) Approved (h) Virtue by board or committee? Yes No Yes No Yes No Yes No (e) Ioan from the organization? To From (e) Conginal principal amount (n) Balance due (g) In default? (h) Approved (h) Virtue by board or committee? Yes No Yes N														+	+
under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of loan (organization from the organization fro		Enter the emails	t of tay incurred b	v the ergeni	zotion		sacra or diag	ı alıfı a	d porcopa durin	the ver					
(a) Name of interested person		Enter the amoun Loans to a Complete i	it of tax, if any, on lind/or From Interest f the organization a	ne 2, above, sted Persons answered "Ye	reimi s. es" oi	bursed n Form	l by the orgar	rt V, l	n			\$ _		ne	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)	(a) i		rson (b) Relationship	(c) Purpose of	(d) Lo	oan to or m the	(e) Origina	əl	1 ''	(g) In	default?	by bo	oard or		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)					То	From				Yes	No	Yes	No	Yes	No
(2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)	(1)						· · · · · · · · · · · · · · · · · · ·								
(4) (5) (6) (7) (8) (9) (10) Total															
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(6) (7) (8) (9) (10) Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization and the organization (c) Amount of assistance person and the organization (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)											ļ	ļ	ļ		
(7) (8) (9) (10) Total Crants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)															
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(9) (10) Total					-								-		
Total					+	+							-		
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)				-	 	 		-							
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8)					1				\$	-			<u> </u>		
(1) (2) (3) (4) (5) (6) (7) (8) (8)		Grants or A	Assistance Benefit	ing Interest	ed Pe	ersons.				l					
(2) (3) (4) (5) (6) (7) (8)	(a) I	Name of interested pe				c) Amou	int of assistance		(d) Type of assistanc	e	(e)) Purpo	se of as	sistanci	э
(3) (4) (5) (6) (7) (8)															
	(2)														
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	(1)		-		-+										
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(10)

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

Page 2

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
			·	Yes	No
(1) TGM ASSOCIATES L P	ENTITY MORE THAN 40%	6,454,426	TGM ASSOCIATES L P PROVIDES		
(2) 0	OWNED BY CURRENT OFFICERS		MANAGEMENT AND ADVISORY		
(3) 0			SERVICES FOR A FEE TO THIS		
(4) 0			ENTITY TGM ASSOCIATES L P		
(5) 0			ALSO COMPENSATES THE EMPLOYEES		
(6) 0			FOR THIS ENTITY		
(7)					
(8)					<u> </u>
(9)					
(10)					

Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization
TGM REALTY CORP.#20

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

2018 Open to Public

OMB No 1545-0047

gov/form990 Inspection
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

26,228,410

CAPITAL CONTRIBUTION

2,000,000

Name of the organization
TGM REALTY CORP.#20

Employer identification number
13-4010424

ACCRUED INCENTIVE FEES ON UNRZD. APPR.

(6,465,347)

ACCRUED INCENTIVE FEE PAID BY SHAREHOLDER

779,766

SHAREHOLDER DISTRIBUTIONS

(14,287,119)

TOTAL OTHER CHANGES

8,255,710

ATTACHMENT 1

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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.

TGM REALTY CORP.#20

13-4010424

SCHEDULE R (Form 990)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

TGM REALTY CORP.#20

Part I

OMB No 1545-0047

Open to Public

Employer identification number

13-4010424

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Part II	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 organization ansv	rered "Yes" on For	m 990, Part IV,	line 34, because	t had

Part II	identification of related Tax-Exempt Organizations. Complete if the organization answered Tes on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ns. Complete II the organge the tax year.	anization answer	ed res on Fo	irm 990, Part IV,	ine 34, pecause	II nad	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) olled y?
							Yes	Š
(1) OHIO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM 31-6401653							
277 E	277 EAST TOWN STREET COLUMBUS, OH 43215	PENSION FUND	Ю	401 (A)	N/A	N/A		×
(2)								
(3)								
(4)								
(2)								
(9)								ĺ
(7)								
								,
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990					Schedule R (Form 990) 2018	R (Form 9	90) 2018

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Schedule R (Form 990) 2018

Part

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

(k) Percentage ownership (J) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Yes No . amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (h) Disproportomate altocations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Part IV **9** গ্র Ξ 3 (3) 9 8

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) Legal domicile Direct controlling (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) (l) Share of Percentage Section end-of-year assets ownership controlled controlled entity?	(h) Percentage ownership	(i) Section 12(b)(13) ontrolled entity?
								Yes No
(1)								
(2)								
(3)								<u> </u>
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

8E1308 1 000

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Yes

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Method of determining 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 13 4 7 1s 1b 40 9 <u>9</u> 19 = 9 1 # Ę Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved 1 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) Performance of services or membership or fundraising solicitations for related organization(s) 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) Dividends from related organization(s) s Other transfer of cash or property from related organization(s). Name of related organization <u>م</u> 0 2 Ξ (2)

Schedule R (Form 990) 2018

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(2)

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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

(k) Percentage ownership																	
(J) General or managing partner?	οN																ľ
Gen	Yes													_			
(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)																	
rtionate ons?	N _o	•							-					•			
(h) Disproportionate altocations?	Yes																
(g) hare of I-of-year issets																	
(f) Share of total income																	
artners on)(3) tions?	Š	1															
(e) Are all partners section 501(c)(3) organizations?	Yes No	•															
(d) Predominant income (retated, unrelated, excluded from tax under																	
(c) Legal domicle (state or foreign country)																	
(b) Primary activity																	
Name address, and EIN of entity (b) (c) (counity) (counity) (c) (d) (d) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(1)	(2)	(3)	(4)	(5)	. (9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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