$_{\text{Form}}\,99,0$

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

į	OMB No. 1545-0047
	2018
1	Open to Public
	Inspection

	nent of the Revanue S		➤ Go to www	v.irs.gov/Form990 fo	r instructions a	and the latest	informatı	on.		Inspection
A Fo	r the 201	18 calend	ar year, or tax year beginning		, 2018,	and ending				, 20
			e of organization				DI	mployer Ide	ntificat	ion number
B Chec	k if appikable	TGN	1 REALTY CORP.#20				1	13-401	0424	
	Address change	Doing	business as							
	Name chang	Num	ber and street (or P O, box if mail is	not delivered to street ad	dress)	Room/suite	E	elephone nu	mber	
-	Initial celurn		FIFTH AVENUE, 28T	H FLOOR			(2	212) 83	0-93	300
	Final return/		or town, state or province, country,		code			·····	· · · · · ·	
	terminated Amended		W YORK, NY 10019				G	Gross receipt	s \$	38,871,098.
	return Application		e and address of principal officer					l) is this a gro		
ш	pending						الله المراه	subordinates Are all subord		
	x-exempt	-totus	[X 504(2) ()	25) ∢ (Insert no.)	4947(a)(1)	or 527	'''''	-		it (see instructions)
	ebsite		N/A	(insert no.)	1 4847(8)(1)	1 1 52 9	/ - /) Group exam		
	<u>_</u>			A		1 Year of	<u> </u>			f legal domicile DE
	rm of org			Association Othe		L Year of	tormation	1930 M	State	r legal domicile DE
Par		Summary			. CEP N	TACHMENT	r 1			
- 1	1 Brie	fly descri	be the organization's mission o	r most significant activ	ities SEE A.	LIACHMENI	<u>.</u>			
2	-									
Governance			. 🗀							
8		ck this bo				ed of more than	n 25% of i	ts net asset	1 . 1	E
ပ္က			iting members of the governing				• • • •	• • • • •	3	5.
Activities &			dependent voting members of t				• • • •		4	0.
*	5 Tota	il number	of individuals employed in cate	hdar yaar 2018 (Bart)				• • • • •	5	0.
5	•	,	Si voisinisere (Ssimilare il riepes	T'''	ייי וולא דייי	• • • • • •			6	
•			ed business revenue from Part V						7a	0.
-	b Net	unrelated	business taxable income from	Form 900 [] The 188	$\cup_{T\cdots \leftarrow}$			• • • • •	7b	
						ļ.	Р	rior Year	_	Current Year
힐			and grants (Part VIII, line 1h)						0.	0.
e l			rice revenue (Part VIII, line 2g)						0.	0.
Revenue 1			icome (Part VIII, column (A), line						6.	0.
	1 Othe	er revenu	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)			,486,12		21,155,988.
1	2 Tota	ıl revenue	e - add lines 8 through 11 (must	equal Part VIII, colum	n (A), line 12).	<u> </u>	19	,486,13	-	21,155,988.
1			imilar amounts paid (Part IX, coli						0.	0.
1	4 Ben	efits paid	to or for members (Part IX, colu	mn (A), line 4)					0.	0.
တ္က 1			er compensation, employee beni						0.	0.
Expenses	6a Prof	essional	fundraising fees (Part IX, column	(A), line 11e)		[0.	0.
×	b Tota	Total fundraising expenses (Part IX, column (D), line 25) ▶								
_ ^W 1	7 Othe	er expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)		[,262,88		7,336,600.
1	8 Tota	al expense	es, Add lines 13-17 (must equal	Part IX, column (A), le	ne 25)			,262,88		7,336,600.
1	9 Rev	enue less	expenses. Subtract line 18 from	n line 12	<u> </u>	<u> <i>.</i> </u>	9	,223,25	0.	13,819,388.
9 8								of Current		End of Year
Set 5	0 Tota	al assets (Part X, line 16)			[,591,78		396,811,591.
Net Assets or Fund Balancos	1 Tota	i liabilitie	s (Part X, line 26)			[,803,01		203,947,722.
2 E	2 Net		fund balances. Subtract line 21		· • • • • • • • • • • • • • • • • • • •	<u></u> [170	,788,77	1.	192,863,869.
Par		Signatur								
Unde	penalties	of perjury	y, I declare that I have examined the Declaration of preparer (other than	is return, including acco	mpanying schedu	iles and statem	ents, and t	o the best o	f my kr	lowledge and belief, it is
true, c	correct, an	na complete	B. Declaration of preparer (other than	onicer) is based on all i	nrormation of whi	on preparer nas	any know			
		. / \	12-						10/4	17019
Sign		Sighau	te of officer					Date		
Here		1)2	TORAMAN							
		Type or	print name and title			······································				
	Prir		eparer's name	Preparer's signature	000	Date		Check	ıf P	ΠN
Paid	PA	UL DR	OUBIE		Wal 121	10/04/2019		self-employ	4	P00541484
Prepa	rer	n's name	▶KPMG LLP				Firm	n's EIN ▶ 1	3-5	
Use C	nly Fin	n's address	→345 PARK AVE NEW	YORK, NY 1015	4-0102					758-9700
May 1			this return with the prepare				1111			Yes X No
			ion Act Notice, see the separat	•		<u> </u>	• • • •	· · · · · · · ·		Form 990 (2018)

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-	Form 990 (2018)	Page 2
P	Part III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission	X
' ′	ATTACHMENT 1	
•		
2	2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	110
4		
4a	4a (Code) (Expenses \$including grants of \$) (Revenue \$)
	NOT APPLICABLE - SEE ATTACHMENT 1	
	The state of the s	
		·····
	······································	1
4b	4b (Code) (Expenses \$including grants of \$) (Revenue \$)
		·
1	<u> </u>	
_		
	· · · · · · · · · · · · · · · · · · ·	•
40	4c (Code) (Expenses \$ including grants of \$) (Revenue \$	·····
46	/(Code)(Expenses \$including grants of \$)(Nevertice \$,
		
'		
		·
_		
4d	4d Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
	4e Total program service expenses ▶ JSA	g 000
	33A 8E1020 1 000	Form 990 (2018)

art	IV Checklist of Required Schedules			_
	·		Yes	L
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			l
	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		4
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		l
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	- -	$\frac{1}{1}$
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
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	6		
7	"Yes," complete Schedule D, Part I	0		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	
0	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	0		
,	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		
0	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		
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	
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		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			
	Schedule D, Parts XI and XII	12a	Х	
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.		X	
3 4 -	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	
Ŋ	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			
		14b		
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
,	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
-	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		
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		
9	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		
0 a	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		
	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		
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Page 4
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Part	Checklist of Required Schedules (continued)			
	ı		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 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	Х	
24 a	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			İ
	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		
	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	ļ		
	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,	-		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			l
_		28a		l x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		<u> </u>
D	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^ -
·		200	х	l
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		- ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
24	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, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		х	
25 -	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		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	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			v
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
D	19? Note. All Form 990 filers are required to complete Schedule O	38	Λ.	<u> </u>
Part				\Box
	Check if Schedule O contains a response or note to any line in this Part V			لياز
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	{		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	000	
15.4		Form	990	(2018)

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Form	990 (2018)		F	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	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		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
	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,			.,
	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\lambda}{X}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	<u> </u>	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	_	
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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	- Ua		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
_	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?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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? \dots	7f		
9	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35	<u> </u>	
	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			,
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year : 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		.	
	Enter the amount of reserves on hand	14a		х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
13	excess parachute payment(s) during the year?	15		х
	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		х
-	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Sec								
Sect		• • •	· · ·	Х					
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	5							
	if the governing body delegated broad authority to an executive committee or similar								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	4							
2	Reports to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Sec. Check if Schedule O Contains a response or note to any line in this Part VI. Itin A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year			4					
		2	Х	—					
3	Did the organization delegate control over management duties customarily performed by or under the direct	١.							
			X	7					
4.		ļ		X					
5		_	Х	Х					
6		6							
7a		 		x					
		/a							
b		7.	x						
_		76		 					
8	· · · · · · · · · · · · · · · · · · ·			'					
				x ~ ′					
_		-		x					
	· · · · · · · · · · · · · · · · · · ·	05		 					
9	the organization's mailing address? If "Yes" provide the names and addresses in Schedule O	۹		x					
Secti			.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
		10b							
11a		11a		Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b		ــــــ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c		<u> </u>					
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by								
		-		,, '					
а	· · · · · · · · · · · · · · · · · · ·	15a		X					
b	· · · · ·	15b		Х					
	·			.					
16a									
		16a		X					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
		16b		<u> </u>					
17	tale Enter the number of voting members of the governing body at the end of the tax year								
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	Г (Sec	tion 5	i01(c)					
19	· · · · · · · · · · · · · · · · · · ·	erest	policy	y, and					
20		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

X 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	box,	not ch unles er and	Pos neck is pe I a d	rson Irrect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	1 × =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)THOMAS J GOCHBERG	10.00									
EXECUTIVE VICE PRESIDENT	0.			x				51,488.	0.	0.
(2)STEVEN C MACY	10.00	 			-		<u> </u>			
SENIOR VICE PRESIDENT	0.	1		х				103,000.	0.	0.
(3)MICHAEL G FRAZZETTA	10.00						_	,		
SENIOR VICE PRESIDENT & TREASURER	0.	1		х				113,004.	0.	0.
(4)VETA J BILLS	10.00			-				·		
VICE PRESIDENT & SECRETARY	0.	1		х				32,943.	0.	0.
(5)JOHN GOCHBERG	10.00									
PRESIDENT & SOLE DIRECTOR	0.	1		х				115,191.	0.	0.
(6)ZACHARY GOLDMAN	10.00									
VICE PRESIDENT	0.	1		Х				101,935.	0.	0.
(7)OZGUR TORAMAN	10.00									
VICE PRESIDENT	0.	1		Х				80,882.	0.	0.
(8)CLARIBEL CASTILLO	10.00									
VICE PRESIDENT	0.			Х				59,528.	0.	0.
(9)										
(10)										_
(11)										
(12)										
(13)	-									
(14)										
	ــــــــــــــــــــــــــــــــــــــ							L	l	<u> </u>

Daa	_	5
rau	ш	

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	box,	unles er and	Pos heck ss pe	(C) Position eck more than of sperson is both a director/trus			(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	other compensate		
	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	
		•											

		ļ		·									
					_				:				
1b Sub-total	ection A ,						* * *	657,971. 0. 657,971.		0. 0. 0.		0.	
2 Total number of individuals (including but not reportable compensation from the organization		hose 4		d a	bov	e) who	re	ceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes No	
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00ა) If	"Yes	," (complete Schedu	le J for		4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co es," comple	mpen te Sch	satu nedu	on ile J	fron <i>I for</i>	n any such	uni per	related organizations on	on or indivi	dual	5	<u>x</u>	
1 Complete this table for your five highest com	Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax												
(A) Name and business add	ress		_					(B) Description of se	rvices	C	(C) Compens	ation	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.													

Form	990 (2	018) TGM REALTY CORP.#20)		13-40104	24 Page 9
Par	rt VIII	Statement of Revenue				
`		Check if Schedule O contains a response or note t	o any line in this Part \	VIII		
	•	encon il conoccio o containo a respenso di noto t	(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 \$ Total Add lines 1a-1f	0			
_e		Business Co	-			
Program Service Reverue	2a h c d e f	All other program service revenue				
	g	Total Add lines 2a-2f	0		T	Г
	3 4 5	Investment income (including dividends, interest and other similar amounts)	0 0 0 4,429			4,429
	6a b	Gross rents	-			,
	d	Net rental income or (loss)				21,151,559
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses			, .	
	d	Gain or (loss)	• 0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0			
2	b	Less direct expenses b	0	<u> </u>		
	9a	Net income or (loss) from fundraising events Gross income from gaming activities	0			
		See Part IV, line 19	0			
	10a	Cross sales of inventory, less	11 1 2 2 4 4			
	b c	Less cost of goods sold	0			
		Miscellaneous Revenue Business Co				
	11a					
	h					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	I	L	<u></u>	21,155,988

13-4010424

Part IX Statement of Functional Expenses

Sec	etion $501(c)(3)$ and $501(c)(4)$ organizations mus	st complete all columns	s All other organizati	ons must complete co	lumn (A)
	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·			
-	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.			n) thousa haming
2	Grants and other assistance to domestic	0.			
3	Grants and other assistance to foreign	0.		F HORE IN ANNE HEAVE HORSEN MAN INC.	
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
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.			'
	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees) Management	0.			
	Legal	29,521.			
c	Accounting , . ,	247,881.			
d	Lobbying , ,	0.1			
e	Professional fundraising services. See Part IV, line 17,	0.0			
1	Investment management fees	0.			
g	Other (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O)	0.	·		
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			<i>)</i>
16	Occupancy	0.			
17 18	Payments of travel or entertainment expenses	<u> </u>	-		
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.	-	,	
20		6,512,853.			
21		0.			
	Depreciation, depletion, and amortization		** *** * ******************************		
_	Insurance			-	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				ļ
а	ADVISORY FEES	482,566.			
b	GENERAL & ADMIN	63,779.			
c	·				
d		-			
	All other expenses	7 226 600			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	7,336,600.			
	from a combined educational campaign and fundraising solicitation Check here Inf				

	TGM REALTY CORP.#20		13-	4010424
rm 990 (2018)			Page 11
art X	Balance Sheet			
•	Check if Schedule O contains a response or note to any line in this Pa	art X		
_		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	0.	1	0.
2	Savings and temporary cash investments	5,189,451.	2	4,269,360.
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,	-2		
	trustees, key employees, and highest compensated employees			
		0.	5	0.
6	Complete Part II of Schedule L 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			
İ	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0.
21	organizations (see instructions) Complete Part II of Schedule L	0.	7	0.
7 8	Notes and loans receivable, net	0.	8	0.
- 1	Inventories for sale or use	2,356,219.	9	1,885,873.
9		2,330,213.	9	1,005,075.
Iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 388, 986, 000.			
		360,200,000.		388,986,000.
	Less accumulated depreciation			0.
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.		0.
14	Intangible assets		1.7	
15	Other assets See Part IV, line 11	1,846,117. 369,591,787.		1,670,358. 396,811,591.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,298,968.	16	1,174,241.
17	Accounts payable and accrued expenses	1,298,968.	17	1,174,241.
18	Grants payable	0.	18	0.
19	Deferred revenue	0.	19	0.
20	Tax-exempt bond liabilities	0.	20	0.
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	0		0
22	disqualified persons Complete Part II of Schedule L	171,517,000.	22	0.
23	Secured mortgages and notes payable to unrelated third parties			
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	25 007 040		31,256,481.
	of Schedule D	25,987,048. 198,803,016.	25	203,947,722.
26	Total liabilities. Add lines 17 through 25	190,003,016.	26	203,947,722.
g	Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			_
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	1,000.	30	1,000.
31	Paid-in or capital surplus, or land, building, or equipment fund	95,706,812.	31	97,706,812.
32	Retained earnings, endowment, accumulated income, or other funds	75,080,959.	32	95,156,057.
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 (2018)

Form 9	90 (2018)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. , .</u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,3	36,6	500.
3	Revenue less expenses Subtract line 2 from line 1	3		13,8	19,3	388.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4]	170,7	88,7	771.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
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		8,2	55,	710.
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	192,8	63,8	369.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			· · · ·		لللم
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplair	n in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis			2b		
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ea o	n a			•
	Separate basis X Consolidated basis Both consolidated and separate basis					
_			المامي			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c		х
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	хріан				,
3.3	As a result of a federal award, was the organization required to undergo an audit or audits as set	forti	h in			
Ja	the Single Audit Act and OMB Circular A-133?	ioiti		3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erae	the			
-	required audit or audits explain why in Schedule O and describe any steps taken to undergo such au	_		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

► 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

Employer identification number

TGN	REALTY CORP.#20		13-4010424
Pa	t 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	ın donor advised
	funds are the organization's property, subject to the		1 1 1
6	Did the organization inform all grantees, donors, a	· ·	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		· 17.11
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e g , rec	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization 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	historic structure included in (a)	2c
d	Number of conservation easements included in (c	c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termin	ated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		- 1 1 1
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
	\$		
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		-
	organization's accounting for conservation easeme	S .	iai statements that describes the
Pa	rt III Organizations Maintaining Collections		r Similar Assets
	Complete if the organization answered		
1a			revenue statement and halance sheet
ia	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	ar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that des	cribes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relati		cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ s
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

	dule D (Form 990) 2016							Page Z		
Pa	rt Organizations Maintaini									
3	Using the organization's acquisition	n, accession, a	and other recor	ds, check any o	f the follow	ring that are a sig	ınıfıcant u	se of its		
	collection items (check all that app	ly)		_						
а	Public exhibition		d	Loan or excha						
b	Scholarly research		e	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII									
5	During the year, did the organization	on solicit or rece	eive donations o	of art, historical tr	easures, or	other sımılar				
	assets to be sold to raise funds rath	ner than to be n	naintained as pa	irt of the organiza	ation's collec	ction?	Yes	No		
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	ition answered	d "Yes" on For	m 990, Part IV,	line 9, or re	eported an amou	int on Fo	rm		
	990, Part X, Ime 21.									
1 a	Is the organization an agent, truste	e, custodian o	r other intermed	liary for contribut	tions or othe	r assets not				
	included on Form 990, Part X?						Yes Yes	☐ No		
b	If "Yes," explain the arrangement in	n Part XIII and	complete the fo	llowing table.						
						Amoun	nt			
С	Beginning balance	<i>.</i>			1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an am	ount on Form 9	990, Part X, line	21, for escrow	or custodial	account liability?	Yes	No No		
ь	if "Yes," explain the arrangement in	n Part XIII Che	ck here if the e	xplanation has be	en provided	on Part XIII				
Pa	rt V Endowment Funds.									
	Complete if the organiza	ition answered	d "Yes" on For	m 990, Part IV,	line 10.					
		(a) Current yea	ar (b) Prio	r year (c) Tw	o years back	(d) Three years back	(e) Four	years back		
1a	Beginning of year balance									
b	Contributions						1			
c	Net investment earnings, gains,									
	and losses									
А	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs		i							
f	Administrative expenses			1 1 1 1 1						
g	End of year balance									
2	Provide the estimated percentage		ear end halance	e (line 1a, column	(a)) held as	·	•			
a	Board designated or quasi-endown		%	c (mic 1g, coldim	(4), 110.4 45					
b	Permanent endowment >									
С	Temporarily restricted endowment		%							
	The percentages on lines 2a, 2b, a		 qual 100%							
3a	Are there endowment funds not in	the possession	of the organiza	ation that are hel	d and admir	nistered for the				
	organization by	•	_				Ī	es No		
	(i) unrelated organizations						3a(i)			
	(ii) related organizations						3a(ii)			
b	If "Yes" on line 3a(ii), are the relate						3b			
4	Describe in Part XIII the intended u	•	· · · · · · · · · · · · · · · · · · ·							
Pa	rt VI Land, Buildings, and Equ	uipment.								
	Complete if the organization									
	Description of property		Cost or other basis (investment)	(b) Cost or other ba (other)		cumulated (eciation	(d) Book valu	ne		
1a	Land		12,656,009.	\	1 225		42,65	6,009.		
b	Buildings		16,329,991.				346,32			
c	Leasehold improvements	· · · · · 						<u> </u>		
ď	Equipment				- 			 		
e	Other					- "				
	II. Add lines 1a through 1e (Column		Form 990, Part	X, column (B). lır	ne 10c)	•	388,98	6,000.		

Schedule D (Form 990) 2018

Page	3

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		,
(3) Other_			
(A)		-	
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)		·	
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	•	l "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			•
(5)			
(6)		-	
(7)			
(8)			
(9)			
Total (Column	n (b) must equal Form 990, Part X-col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col (B) I	ıne 15)	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue l
(1) Feder	ral income taxes		
	RIBUTION PAYABLE	1,202,	875.
	TO TGM ASSOCIATES	154,	192.
	NT SECURITY DEPOSITS	820,	918.
	UED INCENTIVE FEES	25,772,	
	TAX PAYABLE	3,306,	
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 31,256,	481.
	or uncertain tax positions. In Part XIII, provide the		
			if the text of the footnote has been provided in Part XIII

Pa	30	e	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1-	
1	Total revenue, gains, and other support per audited financial statements	1	65,099,508.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u></u>	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	26,228,410.
3	Subtract line 2e from line 1	3	38,871,098.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	-17,715,110.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5_	21,155,988.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	31,517,057.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	_	24 100 457
е	Add lines 2a through 2d	2e	24,180,457. 7,336,600.
3	Subtract line 2e from line 1	3	7,330,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,336,600.
Provid 2, Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform PAGE 5		
		*	name and a second and an employee and

Part XIII 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

PART XII, LINE 2D

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

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

► 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

13-4010424

Name of the organization

TGM REALTY CORP.#20

Department of the Treasury

Internal Revenue Service

Employer identification number

Part I 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 2 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 Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Х 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.......... 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 5a 5b If "Yes" on line 5a or 5b, describe in Part III 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 6a 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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.

		(B) Breakdown of W-2	If W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	ın column (B) reported as deferred on pnor Form 990
THOMAS J GOCHBERG	Ξ	51,488.	0	0.	0	0	51,488.	0.
texecutive vice president	Ξ	0	0	0	0	0	0	0.
STEVEN C MACY	Ξ	103,000.	0	0	0	0	103,000.	0.
2 SENIOR VICE PRESIDENT	Ξ	0.	.0	0	.0	0	0	0.
MICHAEL G FRAZZETTA	 	113,004.	0	0	.0	0	113,004.	0.
3 SENIOR VICE PRESIDENT & TREASURER	Ξ	0	0	0	o	0	0.	0.
VETA J BILLS	t -	32,943.	.0	0	0	0	32,943.	0.
VICE PRESIDENT & SECRETARY	Ξ	0	.0	0	0	0	0	0
JOHN GOCHBERG	Ξ	115,191.	.0	0	0	0	115,191.	0.
SPRESIDENT & SOLE DIRECTOR	Ξ	0	.0	0	0	0.	0.	0.
ZACHARY GOLDMAN	Ξ	101,935.	0	0	0	0	101,935.	0.
VICE PRESIDENT	Ξ	0	.0	0	0	0	0	0.
OZGUR TORAMAN	Ξ	80,882.	.0	0	0	0	80,882.	0.
7 VICE PRESIDENT	Ξ	0	0	0	0	0	0	0.
CLARIBEL CASTILLO	Ξ	59,528.	.0	0	0	0.	59,528.	0.
VICE PRESIDENT	Ξ	0	0	0	0	0	0.	0.
	Θ							
6	Ξ							
	Ξ							
10	(<u>i</u>)							
	Ξ							
11	<u>(i</u>							
	Ξ							
12	Ξ							
	Ξ							
13	<u>(i)</u>							
	Ξ							
14	(ii)							
	Ξ							
15	Ξ							
	Ξ							
18	Ξ							
							Sche	Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number TGM REALTY CORP.#20 13-4010424

Part I								501(c)(29) organii 25a or 25b, or Eor			art V	line 4	Oh.		
	·-··			swered "Yes" on Form 990, Part IV, line 2 (b) Relationship between disqualified person and organization		<u> </u>	(c) Description of					Сопеси	nd?		
1 (a) Name of disqualified person		(-,	organization					cription	of trans	action Yes		es N	0		
(1)															
(2)														\perp	
(3)															
(4)														╧	_
(5)														_	_
(6)			<u> </u>			 								<u>.</u>	_
	Enter the amount of t					-		•	-		. •				
	under section 4958.										`				_
3	Enter the amount of ta	ax, it any, on iii	ne 2, above,	reimi	bursed	by the orga	nizatio	n			* \$ _				_
Part l	Loans to and/or	From Interes	stad Parsons												_
ı aiti					n Form	1 990-EZ. Pa	art V. I	ine 38a or Form 99	0. Parl	t IV. lır	e 26.	or if tl	ne		
	organization rep								,	,	,	•			
(a) A	lama of interested names	(h) Balatrasaha	(a) Dumana of	(4) 1 -		(a) Origin	nl	(6) Ralance due	(m) In	default?	(b) A=		(i) W		_
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	1	an to or m the	(e) Original principal amount		(f) Balance due	(9) 111	default?		ard or	agree		
				organ	ization?						committee?				
				To	From				Yes	No	Yes	No	Yes	No	
(1)															
(2)															
(3)								:							
(4)				<u> </u>											
(5)				<u> </u>	ļ										
(6)				<u> </u>			_								_
(7)		ļ		<u> </u>	ļ										_
(8)	····			ļ						_					_
(9)	 			 											_
(10)				<u> </u>				<u>-</u>				<u> </u>			_
Total		• • • • • • • • • • • • • • • • • • •					<u> ►</u>	D							_
Part	Grants or Assis Complete if the						line 2	7							,
(2) ()	ame of interested person	T				int of assistance	$\overline{}$	(d) Type of assistance	-	(0)	Pumos	se of as	cietane		_
(α) ι	ame of interested person		the organization		o, Amoc	2111 01 03313101100		(a) Type of assistance		(0)	i dipo.	36 OI 03	o o o o o	•	
(1)										.,					_
(2)															_
(3)	***			\neg											_
(4)															_
(5)				$\neg \uparrow$,					
(6)															
(7)															
(8)				\Box											
(9)								· -							_
(10)							i		- 1						

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

Part I∜	Business Transactions Involving	Interested Persons.	
	Complete if the organization answere	d "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	anng 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	Ī	
(7)					
(8)					
(9)					
(10)					

Part V 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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Internal Revenue Service
Name of the organization

TGM REALTY CORP.#20

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

ACCRUED INCENTIVE FEES ON UNRZD. APPR.

ACCRUED INCENTIVE FEE PAID BY SHAREHOLDER

SHAREHOLDER DISTRIBUTIONS

(14,287,119)

TOTAL OTHER CHANGES

Employer identification number

13-4010424

(6,465,347)

779,766

(14,287,119)

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.

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TGM REALTY CORP. #20

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

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 Part II Part 1 9 3 (3) **₹** (2) 9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt 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) silled y?
						Yes	ş
(1) OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM 31-6401653							
277 EAST TOWN STREET COLUMBUS, OH 43215	PENSION FUND	ОН	401 (A)	N/A	N/A		×
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 9	30) 2018

48264A 2LBN 8E1307 1 000

Percentage Section Section Section Section Section Connership Controlled Entity? Page 2 Yes No Schedule R (Form 990) 2018 (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, 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 1 (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Disproportorate attocations? ŝ income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)

Orrect controlling | (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Part III Part IV (3) ₹ 3 3 9 Ξ 2 9 8 Ξ (2) 3 (2) 9

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Schedule R (Form 990) 2018

Page 3

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Method of determining Yes 2 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 E ب 19 **1**e ᆕ 9 1p 19 + 1a 1p # 5 두 = ¥ Exchange of assets with related organization(s), Transactions With Related Organizations. Complete if 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) Lease of facilities, equipment, or other assets from related organization(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) . . Name of related organization Dividends from related organization(s) Ε ۵ ۵ 3 3 ල 3 9 Ξ

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Schedule R (Form 990) 2018

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) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No	-	Yes	
(1)										
(2)										
(2)										
(3)										
(4)										
(5)										
(9)										_
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)			:							
(15)										
(16)										
								38	Schedule R (Form 990) 2018	rm 990) 2018

Schedule R (Form 990) 2018

Page 5

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