DLN: 93493125008960 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable 1000-1100 Dexter Avenue Inc □ Address change 20-1425227 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 4 Embarcadero Center Suite 3300 ☐ Amended return ☐ Application pending (415) 658-3300 City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA $\,$ 94111 $\,$ G Gross receipts \$ 7,393,724 Name and address of principal officer H(a) Is this a group return for Breanna Staggs ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or □ 527 501(c) (25) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2004 M State of legal domicile DE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Title Holding Corporation For Real Property Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 9 Program service revenue (Part VIII, line 2g) . 8,099,861 7,393,724 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,099,861 7,393,724 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,476,659 6,548,648 <u>6,4</u>76,659 6,548,648 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,623,202 845,076 Net Assets or Fund Balances Beginning of Current Year End of Year 112,584,138 130,381,242 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 45,910,807 46,404,097 22 Net assets or fund balances Subtract line 21 from line 20 . 66,673,331 83,977,145 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-04 Signature of officer Sign Here Breanna Staggs Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00035597 Paid self-employed Firm's EIN ► 68-0307221 Preparer Use Only Firm's address ▶ 1777 Botelho Drive Suite 350 Phone no (925) 299-1040 Walnut Creek, CA 94596 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	nt III Statemen	t of Program Service Acc	omplishments		_
	Check if Sch	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
Title	Holding Corporation I	For Real Property			
2	-		ram services during the year which	were not listed on	
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
	•	nese new services on Schedule (
3	Did the organization	n cease conducting, or make sig	nificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe th	nese changes on Schedule O			
4	Section $501(c)(3)$ a		plishments for each of its three largi required to report the amount of gra ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, , ,			·
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					_
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Schedule O)			
Tu	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program sei			· ·	·
<u></u>					Form 990 (2019)

No

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No

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No

No

Nο

Nο

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Nο

No

Nο

Form **990** (2019)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

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 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

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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8

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 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 or X as applicable 11a

Nο If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 11d 11e

No 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 Nο e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 Yes 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 Yes 12a Nο

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο

14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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

14b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

15

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

16 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

18 19

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

20

1c

Yes

OHII	990 (2019)		Page 3
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	•		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
	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	
	If "Yes," indicate the number of Forms 8282 filed during the year		li li
		7e 7f	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/	
_	required?	7g	
"	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.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	140
	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	No
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	No
	If "Yes," complete Form 4720, Schedule O		

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lınes 🗸
Se	ction A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 8		Yes	No
Lu	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 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
4.4	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		N.
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Breanna Staggs 4 Embarcadero Center Suite 3300 San Francisco, CA 94111 (415) 658-3300			

Form 990 (2	2019)										Page 7	
Part VII	Compensation of Officers, D and Independent Contractor		stees,	Key	/ Er	npl	oyee	s, F	lighest Comper	sated Employe	ees,	
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	this	Parl	t VII .				\square	
Section	A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	lig	hest	Cor	npensated Emp	loyees		
year	e this table for all persons required to										janization's tax	
of compensa	of the organization's current officers ation Enter -0- in columns (D), (E), a	ind (F) if no cor	npensa	tion \	was	paic	l		,, ,			
	of the organization's current key em											
who receive	organization's five current highest of d reportable compensation (Box 5 of and any related organizations											
of reportable	of the organization's former officers, e compensation from the organization	n and any relate	d orga	nızatı	ons				•		,000	
organızatıon	of the organization's former director i, more than \$10,000 of reportable co	mpensation fro										
	ions for the order in which to list the	•										
⊻ Check t	his box if neither the organization no	,	ganızat	ion c			ated a	ny c	· ·	·		
	(A) Name and title	(B) Average	Positio	on (de	(C) o no		eck m	ore	(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week (list	than o	ne b	ox, ι	ınle:		son	compensation	compensation	amount of other	
		from the organization	from related organizations	compensation from the								
		for related	25	_	Ω	Ŧ	ğΞ	וני	(W-2/1099-	(W-2/1099-	organization and	
		organizations below dotted	individual trustee or director	Institutional Trustee	Office	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
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Colliers International WA LLC

compensation from the organization ▶ 6

601 Union St Ste 5300 Seattle, WA 98101

Page 8

	t VII Section A. Officers, Direction	ctore Trustee	- Kov	Emn	Jose		- 224	Him	hest Co		2+0ď	Employees	(coni	tinued)	Page 8
Part	•		s, key i	<u>emp</u> i			and	піді			atea		Cont		
l	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off tor/t	ot che unles fficer truste		rson a	Rep comp fro orga	(D) portable pensation om the anization -2/1099-		(E) Reportable compensation from related organizations (W-2/1099-	n d s	(F) Estima amount of compens from to	ated of other sation the
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)		MISC)		relate organiza	:ed
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с То	Total from continuation sheets to F						•						#		
	Total (add lines 1b and 1c)						<u> • </u>								
	Total number of individuals (includin of reportable compensation from the			e liste	ed al	bove	e) who	o rec	eived mo	ore than	\$100	,000			
_	= 1.01	C director		· · · L									_	Yes	No
	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>	e J for such individ	idual .	•	•	•				•	•		3		No
	For any individual listed on line 1a, i organization and related organization individual											ne	4		No
	Did any person listed on line 1a rece services rendered to the organization									ation or II	ndıvıc •	dual for	5		No
	ection B. Independent Contrac			_		_					_		_		
1	Complete this table for your five high from the organization Report compe	ensation for the c	:d indepo calendar	ender r year	nt co r enc	ontra Jing	actors , with c	that or wi	received thin the	l more th organiza	nan \$ tion's	tax year	npens		
	Name	(A) e and business addre	ess		_	_				D	escrip	(B) otion of services		(C) Compen	
Core a	and Value Advisors					_				Managem	nent S	ervices		1	706,429
San Fra	oarcadero Center Suite 3300 irancisco, CA 94111 ce Building Services									Janitorial				——	325,954
3300 M	Maple Valley Hwy on, WA 98058									Janicon.a.,	/ Стои.	IIIIg		İ	323,75.
CBRE							-		-	Managem	nent				353,342
	ox 848844													İ	
	ngeles, CA 90084 corporated									Construct	tion		\rightarrow		547,381
	5 Ballinger Way NE le, WA 98188						_	_			_			l	
	rs International WA LLC									Brokerag			$\overline{}$	i Total	278.084

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

278,084

Brokerage

orm 9 Part		(2019) Statement	of Revenue						Page 9
		Check if Scheo	dule O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1 a	Federated campa	aigns	1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues	s	1 b					
9 m		c Fundraising even	its	1 c					
ifts, ar A	(d Related organiza	tions	1d					
9 <u></u>	•	• Government grants	(contributions)	1e					
Sign	1	F All other contributio and similar amounts		1f					
but the	١,	above Noncash contributio	ons included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f \$		1 g					
<u>ප</u>	١	h Total. Add lines :	1a-1f	•	>	0			
					Business Code	4,666,293	4,666,293		
a.	2a	Rent			531120	4,000,293	4,000,293		
Program Service Revenue	ь	Recoveries			531120	2,001,206	2,001,206		
₽.	_	Miscellaneous			-	726,225	726,225		
MCE	·				531120				
Ser	d]				
ran									
Ρος	е								_
	f	All other program	service revenue						
	_	Total. Add lines 2			7,393,724		T	T	
		Investment income imilar amounts)	(including divid		nterest, and other		О		
	4]	Income from invest	ment of tax-exe	mpt be	ond proceeds	· <u> </u>	0		
	5	Royalties	(ı) Rea		(II) Personal	<u> </u>	0		
				11	(II) Personal				
		Gross rents	6a						
	b	Less rental expenses	6Ь						
	С	Rental income or (loss)	6c						
	d	Net rental income	e or (loss) . .		· · · · >	_	О		
			(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less cost or other basis and	7Ь						
		sales expenses				_			
		Gain or (loss)	7c						
		Net gain or (loss) Gross income from fu		_	· · · •		0		
ine	O.	(not including \$	of						
.ven		contributions reported See Part IV, line 18		8a					
Re	b	Less direct expen	ses	8b					
Other Revenue	C	Net income or (los	ss) from fundrais	ing ev	ents 🕨		0		
	9a	Gross income from							
		See Part IV, line 19		9a					
		Less direct expen Net income or (los		9b activit	les .		0		
			, ······g						
	10a	Gross sales of inve returns and allowa		10a					
	b	Less cost of good	s sold	10b					
	С	Net income or (los		ınvent	ory ►		0		
	11	Miscellaneo	us Revenue		Business Code	_			
	-1	u							
	b	,							
	c								
		All other revenue							
		Total. Add lines 1			•	1	0		
	12	Total revenue. S	ee instructions	• •	• • • •	7,393,72	7,393,724		
									Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of		_		
Check if Schedule O contains a response or note to ar	ny line in this Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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			
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 section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			

	and to			
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 section 401 (k) and 403(b) employer contributions)	0		
9	Other employee benefits	0		
10	Payroll taxes	0		
11	Fees for services (non-employees)			
а	Management	0		
b	Legal	0		
c	Accounting	0		
d	Lobbying	0		
е	Professional fundraising services See Part IV, line 17	0		
f	Investment management fees	0		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		
12	Advertising and promotion	0		
13	Office expenses	0		
14	Information technology	0		
15	Royalties	0		
16	Occupancy	0		
17	Travel	0		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0		
19	Conferences, conventions, and meetings	0		
20	Interest	1,615,151		
21	Payments to affiliates	0		
22	Depreciation, depletion, and amortization	1,753,241		
23	Insurance	78,934		
	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)			
	a Real Estate Tax	914,479		
	b Investment Management Fee	706,429		

e All other expenses 729,948 25 Total functional expenses. Add lines 1 through 24e 6,548,648 0 0 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) Form **990** (2019)

Forn	า 990	(2019)				Page 11
P	art X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		699,701	1	2,040,599
	2	Savings and temporary cash investments .	[2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net	[210,650	4	214,719
	5	Loans and other payables to any current or forr key employee, creator or founder, substantial c entity or family member of any of these person	ontributor, or 35% controlled		5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			6	0
s,	7	Notes and loans receivable, net	[7	0
ssets	8	Inventories for sale or use		8	0	
ΑS	9	Prepaid expenses and deferred charges		6,817	9	6,265
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 128,000,000			
	ь	Less accumulated depreciation	10b	111,600,000	10 c	128,000,000
	11	Investments—publicly traded securities .			11	0
	12	Investments—other securities See Part IV, line	11		12	0
	13	Investments—program-related See Part IV, line	e 11		13	0
	14	Intangible assets	[14	0
	15	Other assets See Part IV, line 11	66,970	15	119,659	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	112,584,138	16	130,381,242
	17	Accounts payable and accrued expenses		487,412	17	964,270
	18	Grants payable			18	

10a	basis Complete Part VI of Schedule D	10a	128,000,000			
Ь	Less accumulated depreciation	10b		111,600,000	10 c	128,000,000
11	Investments—publicly traded securities .				11	0
12	Investments—other securities See Part IV, line	11 .	[12	0
13	Investments—program-related See Part IV, line	11 .			13	0
14	Intangible assets		[14	0
15	Other assets See Part IV, line 11		[66,970	15	119,659
16	Total assets. Add lines 1 through 15 (must eq	ual line	34)	112,584,138	16	130,381,242
17	Accounts payable and accrued expenses			487,412	17	964,270
18	Grants payable				18	
19	Deferred revenue				19	

20

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32

33

44,753,588

686,239

46.404.097

21,952,277

62.024.868

83,977,145

130,381,242 Form **990** (2019)

44,837,566

585,829

45.910.807

21,273,402

45.399.929

66,673,331

112,584,138

20

21

23

24

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30

Liabilities 22 Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

or family member of any of these persons

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 20-1425227

Name: 1000-1100 Dexter Avenue Inc.

Form 990 (2019)

Form 990, Part III, Line 4a:

Title Holding Corporation for Real Property

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493125008960

OMB No 1545-0047

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.

Open to Public

Internal Revenue Service

(Form 990)

1

6

5

6

► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** 1000-1100 Dexter Avenue Inc 20-1425227 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

d Equipment

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

Sche	dule D	(Form 990) 2019											Page 2
Par	t III	Organizations M	aintaining Col	lections of a	Art, Histor	ical Tre	easure	es, or C	Other	Similar A	ssets (continued)	
3		the organization's acq (check all that apply)	uisition, accessioi	n, and other re	cords, check	any of t	he follo	wing tha	nt are a	significant	use of its	s collection	
а		Public exhibition			d		Loan or	exchan	ge prog	ırams			
b		Scholarly research			е		Other						
c		Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	lections and ex	kplain how th	ey furthe	er the o	rganızat	ion's ex	kempt purp	ose ın		
5		g the year, did the org s to be sold to raise fur			,					ılar	☐ Ye	es 🗆 I	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			n Form 996), Part I	.V, line	9, or r	eporte	ed an amo	unt on f	Form 990	, Part
1a		organization an agent led on Form 990, Part		an or other int	ermediary fo	r contrib	utions o	or other	assets I	not	□ Ye	es 🗌 i	No
ь	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the following	ı tahle		Г			Amount		
c		ning balance	inche mi rure XIII	and complete	the following	, table			1c				
d	-	ons during the year							1d				
е		butions during the year	r					T	1e				
f		g balance							1f				
2a	Did th	- ne organization include	an amount on Fo	rm 990. Part >	K. line 21. for	escrow	or custo	— odial acc	ount lia	bility?	. 🗆 ye	es 🗆 i	— No
		s," explain the arrange									_		
	rt V	Endowment Fund		CHECK HOLE II	the explana		been pr	Ovided	11 1 41 6 7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
		Complete if the or		vered "Yes" c	n Form 990	O, Part I							
_	_			(a) Current y	ear (b)	Prior year	(c)	Two yea	rs back	(d) Three y	ears back	(e) Four ye	ars back
	-	ing of year balance .											
		outions					_						
		estment earnings, gair	•										
	Other e	or scholarships expenditures for faciliting											
f		strative expenses .											
		year balance											
2		de the estimated perce	ntage of the curre	ent vear end h	alance (line 1	a colum	n (a)) l	held as					
٦ a		l designated or quasi-e	-	ine year end bi	alance (iiile 1	.g, coluit	(u)) i	iicia as					
b	Perma	anent endowment >											
c	Temp	orarily restricted endov	wment >										
	•	ercentages on lines 2a		ld equal 100%	1								
3 a	Are th	nere endowment funds lization by	•	•		at are he	ld and a	admınıst	ered foi	r the		Yes	No
	(i) un	related organizations									<u> </u>	a(i)	
		elated organizations										a(ii)	
b 4		s" on 3a(II), are the re	=								·	3b	<u> </u>
4		be in Part XIII the inte			enaowment	IUNUS							
ΡĠ	rt VI	Land, Buildings, Complete if the or			n Form 990). Part I	V. line	11a. 9	ee For	m 990. P	art X. lir	ne 10	
	Descri	ption of property	(a) Cost or oth	ner basis (I	b) Cost or othe					lepreciation		(d) Book val	ue
	,		(investme	ent)									
1a	Land					6,332	2,310				 		6,332,310
	Building					57,779					†		57,779,905
		old improvements				12,597	7,524				†	1	12,597,524

51,290,261

51,290,261

128,000,000

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	Part IV, lii (b) Book value	ne 11	(c) Metho	Part X, line 12. od of valuation f-year market value
	ll derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	in (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, lıı	ne 11	c. 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)					value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lın	e 11c	See Form 990, Pa	rt X. line 15
/4\	(a) Description	, 			(b) Book value
(1)					
(2)					
(4)					
(4)					
(6)					
(7)					
(8)					
(9)					
	imn (b) must equal Form 990, Part X, col (B) line 15)				•
Part X			e 11e		
1.	(a) Description of liability	·			(b) Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)			•	686,239
	or uncertain tax positions. In Part XIII, provide the text of the footnot				

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facilities]	
С	Recoveries of prior year grants		2c]	
d	Other (Describe in Part XIII) .		2d		1	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Returi	n.
1	·	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b		1	
С	Other losses		2c			
d	Other (Describe in Part XIII) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII) .		4b]	
C	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See Additional Data Table						
						·

Page 5	Schedule D (Form 990) 2019		
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009920 **Software Version:** 2019v5.0

EIN: 20-1425227

Name: 1000-1100 Dexter Avenue Inc

Supplemental Information

Juppi	emental Imormation	
	Return Reference	Explanation
Part X	FIN48 Footnote	The Trust has been classified as a qualified trust under Section 401(a) of the Internal Re venue Code (the Code) and is exempt under Section 501(a) of the Code. The Trust maintains interests in entities that generally, for tax purposes, are treated as a division of their sole member. For the entities not treated as a division of their sole member, income taxe is are not considered in the accompanying combined consolidated financial statements since such taxes, if any, are the responsibility of the individual members. Additionally, the Trust includes title-holding companies that are classified as tax exempt under Code Section 501(c)(25) and related state income tax law. Accordingly, no provision for income taxes has seen made in the accompanying combined consolidated financial statements. If an uncertain tax position were to be identified, the Trust would account for such in accordance with Accounting Standard Codification (ASC) Topic 740, Income Taxes.

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	N: 93493125008960
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ.	le information for responses to specific questions on 90-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	
•			tification number
Return Reference	e O, Supplemental Information Explanation		
Client Note 1	Client Note 1 - Form 990Part VII, Section AAs provided in the corporate bylaws of ayer, all officers and directors of the taxpayer serve as such without compensations a result, the taxpayer is precluded from paying any compensation to any of the officers/directors OFFICERS AND DIRECTORSDIRECTOR Albert J JehleOFFIC J JehleVice President Sol RasoVice President Drew StepanekVice President Macce President Douglas CabealVice President Darik AfshaniVice President & Secret D SturialeTreasurer Breanna Staggs	on and, a following CERSPresident Albert atthew JerryVi	

Return Reference	Explanation
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	All management duties and management decision making of the taxpayer is delegated to Core and Value Advisors, LLC pursuant to the terms of certain management agreements

Return

Reference	
Form 990, Part VI, Line	Taxpayer is organized as a nonprofit corporation under the laws of the state of Delaware Each stockholder of the taxpayer shall at all times be either (1) a qualified pension, pro
Explanation of Classes of	fit-sharing or stock bonus plan that meets the requirements of Section 401(a) of the IRC, (2) a governmental plan (within the meaning of Section 414(d) of the Code), (3) the United States, any State or political subdivision thereof, or any agency or instrumentality of t
Members or Shareholder	he foregoing, or (4) any organization described in Section 501(c)(3) of the Code Taxpayer has only one class of stock and such class is entitled to vote or execute consents either
	In person or by agent or agents authorized by written proxy. Such class of stockholder is entitled to distributions of profits or a share of the net assets upon dissolution.

Explanation

990 Schedule O, Supplemental Information Return Explanation

Reference

Process

Form 990,
Part VI, Line
11b Form
990 Review

The return is then signed by the taxpayer to manage the operations of the taxpayer. The return is then signed by a member of the taxpayer's governing body.

Return Reference	Explanation
Part VI, Line 12c Explanation	All employees of Core and Value Advisors, LLC, which includes the members of the taxpayer's governing body, are required to at least annually disclose and certify via an electronic reporting system that they have received, read and understand all of the conflict of int erest and other related policies and that understand and agree to conform with such policies

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key	The corporate bylaws of the taxpayer provide that no officers of the taxpayer shall receiv e any compensation. All voting members of the governing body are independent as detailed in Part VI, Section A, lines 1a and 1b above. The governing body insures that this policy a not corporate bylaw is enforced and none of its members nor any officer or employee of the taxpayer receives any compensation from the taxpayer.

Return Reference
Form 990, No documents available to the public

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

Return Explanation
Reference

Form 990,	Utilities Column (A) - Total = \$273887, Column (B) - Program Services = \$0, Column (C) -
Part IX, Line	Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Expenses

Form 990,
Part IX, Line
24e Other

Property Management Column (A) - Total = \$138263, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0

Return Explanation
Reference

Form 990,	Payroll operating Column (A) - Total = \$95328, Column (B) - Program Services = \$0, Column
Part IX, Line	(C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Other Operating expense Column (A) - Total = \$72033, Column (B) - Program Services = \$0,
Part IX, Line	Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Security Column (A) - Total = \$43558, Column (B) - Program Services = \$0, Column (C) - Ma
Part IX, Line	nagement & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Other G &A Column (A) - Total = \$43527, Column (B) - Program Services = \$0, Column (C) -
Part IX, Line	Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	
Expenses	

Return Explanation
Reference

Form 990,	Other Expense Column (A) - Total = \$25211, Column (B) - Program Services = \$0, Column (C)
Part IX, Line	- Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation

Form 990,	Landscaping Column (A) - Total = \$22728, Column (B) - Program Services = \$0, Column (C) -
Part IX, Line	Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Marketing expenses Column (A) - Total = \$15413, Column (B) - Program Services = \$0, Colum
Part IX, Line	n (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

990 Schedule O, Supplemental Information Return Explanation Reference Other Depreciation = \$1753241 Changes In

Changes In
Net Assets
Or Fund
Balances Other
Increases

Return Reference Explanation

Other Contribution-Advisor fees = \$678875

Changes In
Net Assets
Or Fund
Balances Other
Increases

990 Schedule O, Supplemental Information Return Explanation Reference Other Distributions of Earnings = -\$946000 Changes In

Net Assets
Or Fund
Balances Other
Decreases

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493125008960 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** 1000-1100 Dexter Avenue Inc 20-1425227 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		ganization answered	 "Yes" on Form 990	0, Part IV, line 34 b	pecause it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		ntrolled ity?
(1)See Attached Schedule 4 Embarcadero Center Suite 3300 San Francisco, CA 94111		DE			N/A	Yes	No No

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controll entity	t ling	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(I Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k Percer owner	itage
1) The Grand Sherman Oaks LLC	The Count Charmen Oaks II C		DE	SBC		,			Yes	No No		Yes	No No		
1525 E Camel Sherman Guis EEC 1525 E Camelack Road Suite 500 17-5519973		Real Estate	DE	350						140			140		
2) Alta Sobo Station LLC		Real Estate	DE	SBC						No			No		
3715 Northside Parkway NW STE 4-600 ktlanta, GA 30327 31-3141562															
(3) 820 16th Street Investor LLC		Real Estate	DE	SBC						No			No		
4 Embarcadero Center Suite 3300 San Francisco, CA 94111 33-2392153															
Part IV Identification of Related Organia because it had one or more related							nization an	swered "Yo	es" on	Form	990, Part I	V, lır	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	d (state	(c) Legal domicile (state or foreign			entity (C c	(e) pe of entity orp, S corp, or trust)	(f) Share of tota Income	al Sha	(g) re of en year assets	d-of- Percowr	(h) entage ership		Section (13) cor enti	512(ntrolla ty?
			ountry)											Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No

Page 3

No

No

1s

Schedule R (Form 990) 2019

(d) Method of determining amount involved

d	d Loans or loan guarantees to or for related organization(s)	 1a	NO
е	e Loans or loan guarantees by related organization(s)	 1e	No
f	f Dividends from related organization(s)	1f	No
g	g Sale of assets to related organization(s)	1 g	No
h	f h Purchase of assets from related organization(s)	1h	No
i	i Exchange of assets with related organization(s)	1 i	No
i	i Lease of facilities, equipment, or other assets to related organization(s)	1j	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10	\vdash	No

		- 1	1	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

(a) Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

was not a related organization. See instructions regarding exclusion for certain investment particles inpo															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No			
				_					_	Schedul	e R (Form	1 990)) 2019		

