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.

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Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or th	e 2017		2017, aı	nd ending		0'6	7/30, 20 18
-			C Name of organization TR 120 S. LASALLE CORP			D Employer ide	entifica	ition number
Вс	heck if a	pplicable	C/O LPC REALTY ADVISORS I, LP			20-523	467	7
	Addre		Doing business as					
	chang	change	Number and street (or P O box if mail is not delivered to street address)	R	oom/suite	E Telephone n	umber	
	+	_	120 NORTH LASALLE STREET		2900	(312) 34	15 - 8	784
	→	return return/	City or town, state or province, country, and ZIP or foreign postal code			(3-2)		
-	termi Amer		CHICAGO, IL 60602			G Gross receipt	te ¢	17,831,040.
	retur		F Name and address of principal officer JENIFER RATCLIFF.	D.		H(a) Is this a gro		
	pendi		120 N. LASALLE STREET #2900 CHICAGO, IL		\sim	subordinate	ıs?	
					1 15	H(b) Are all aubor		
		empt st		7(a)(1) or	/52			list (see instructions)
<u>J</u>	Webs	te 🕨			$\overline{}$	H(c) Group exer		
_		of orgar	nization X Corporation Trust Association Other	/	L Year o	f formation 1996 M	State	of legal domicile DE
Pa	art l	Su	ummary					
	1	Briefly	y describe the organization's mission or most significant activities $oxed{TC}$) HOLD	TITLE	TO PROPERTY,	. CO	LLECT INCOME
e		AND	REMIT NET INCOME TO THE TEACHERS RETIREME	ENT SY	STEM O	F ILLINOIS,		
Activities & Governance		ITS	SOLE SHAREHOLDER					
Ver	2	Check	k this box 🕨 🔲 if the organization discontinued its operations or o	disposed i	of more tha	an 25% of its net asse	ts	
ŝ	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3	
∞ 5	4	Numb	per of independent voting members of the governing body (Part VI, line	e 1b)			4	
Ę	5	Total	number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0.
ξ	6	Total	number of volunteers (estimate if necessary)				6	
¥	7a		unrelated business revenue from Part VIII, column (C), line 12				7a	0.
			nrelated business taxable income from Form 990-T, line 34				7b	
			RECEIVE			Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)	. (اد		0.	0.
Revenue	1						0.	0.
Š	10	Invest	ram service revenue (Part VIII, line 2g)	019 - [5	<u></u> } · · · ·		0.	0.
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[6	<u>چ</u> ا	5,370,9	09.	4,065,416.
	12		revenue - add lines 8 through 11 (must equal Part VIII) column 11 (must equal Part VIII) column 12 (lines	4 12K	~ ···	5,370,90		4,065,416.
	13		ts and similar amounts paid (Part IX, column (A) lines [-3]				0.	0.
	14		fits paid to or for members (Part IX, column (A), line 4)				0.	0.
	15		ies, other compensation, employee benefits (Part IX, column (A), lines		0.	0.		
Expenses	ı		ssional fundraising fees (Part IX, column (A), line 11e)	-			0.	0.
je j	ı			0.	• • • • •	-		
Ξ	l		fundraising expenses (Part IX, column (D), line 25)				0.	0.
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				0.	
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			5,370,90	<u> </u>	4,065,416.
_ v	19	Rever	nue less expenses Subtract line 18 from line 12			Beginning of Current	$\overline{}$	End of Year
ts or			. (D. (M.)			153,443,12		160,110,285.
Net Assets Fund Baland	20		assets (Part X, line 16)		• • • • •	85,058,84		85,684,434.
절	21		liabilities (Part X, line 26)		• • • • •	68,384,28	_	74,425,851.
	22		ssets or fund balances Subtract line 21 from line 20	• • • •		66,364,26	33.1	74,423,631.
Pa	rt II		gnature Bløck					and the second ball of the
true	der pei e. corre	nalties o	of perjury, I declare that I have examined this return, including accompanying complete [14] aration of preparer (other than officer) is based on all information	schedules of which	s and staten preparer ha	nents, and to the best of sany knowledge	ятук <i>i</i>	knowledge and belief, it is
				_		6	1/1	\overline{a}
Sig	n		Signardie of officer () at a l. Plo () CO 10 0.0			Date	맫	<u> </u>
Hei			3 TO IN I PAC WATER LACOURTY DIA	/		Date	•	
			JOHN TOMORIC PRESIDENT	4				
_			Type or print name and title		Date		7	OTIN
Paid	Ì	1	Type preparer's name Preparer's signature		Date	Check	J "	TIN
	arer	DAN:	IEL T KNOX and knox		05/08/			P01612781
•	Only	Firm's	s name ▶KPMG LLP			Firm's EIN ▶		
			saddress \$200 EAST RANDOLPH STREET, STE 5500 CHICAGO, IL 6060			Phone no	312-	665-1000
May	/ the	IRS d	liscuss this return with the preparer shown above? (see instruc	tions).		<u> </u>	<u></u>	. X Yes D No
For	Panel	work	Reduction Act Notice, see the separate instructions.					Form 990 (2017)

V 17-7.10

For	m 990 (2017)				Page 2
P		ement of Program Service A			
_			esponse or note to any line in this F	Part III	X
1	Briefly describ	pe the organization's mission האידי ז			
	ATTACINA	BN1 I			
				-	
2	Did the organ	nization undertake any signific	cant program services during the	year which were not listed on the	
					Yes X No
		ribe these new services on Sc			
3				n how it conducts, any program	
					Yes X No
		tibe these changes on Schedu		of its three largest program services	as measured by
4				report the amount of grants and allo	
			each program service reported	eport and annount or grants and and	
	·				
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	NOT APPLIC				
			· · · · · · · · · · · · · · · · · · ·		
	· · ·				
		<u>-</u>			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					·
		 -			·
					
	_				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000			,,	<i>'</i>
				<u> </u>	
					
					
	-	<u></u>	·-		
			· -		
	-				
4d	Other program	n services (Describe in Sched	ule O)		
	(Expenses \$	including grai		nue \$)	سنها مر
4e	<u> </u>	service expenses >			

Form **990** (2017)

MLLOP 20-5234677

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A			Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1 .		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N	/A_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		Х
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		Х
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			Х
е	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			•-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	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		Х

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Bid the organization operate and a mark mark mark the property of the property	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/	A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١,,
	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	24-		x
	through 24d and complete Schedule K If "No," go to line 25a	24a	N7 /	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	Α
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c	N/	n
	to defease any tax-exempt bonds?	24d	N/	
d 25.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		117	
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
ь	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	N/	A
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		х
_	Schedule L, Part IV	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	Х	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254	,,,	20
	controlled ontary within the meaning of country transfer of the property of th	35b	_ N /	А
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "You" complete Schedule R. Bart V. line 2	36	N	Δ
27	related organization? If "Yes," complete Schedule R, Part V, line 2		11/	Δ
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note . All Form 990 filers are required to complete Schedule O.	38	х	

1a Enter the number reported in Box 3 of Form 1096 Enter -0-if not applicable.	Par				
b Enter the number of Forms W-2c included in line 1s Enter 0-find applicable. □ Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaining gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0c It is 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 Helf (see instructions). 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a Did the organization in a foregin country low over, a financial account, and a foregin country 5a Enter the name of the foregin country low over, a financial account, or other financial accounts feath. 6a Did the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "enter the name of the foregin country low over, a financial account in a foregin country low over, a financial account in a foregin country low over, a financial account in a foregin country low over, a financial account in a foregin country low over, a financial account in a foregin country low over, a financial account, and of the organization aparty to a prohibited tax shelter transaction? 5b If Yes, "enter the name of the foregin country low over, a financial account, and of the organization have annual gross receipts that are normally greater than \$100,000, and did the organ		Check if Schedule O contains a response or note to any line in this Part V	• • •		No
b Enter the number of Forms W-26 included in line 1 a Enter-0- if not applicable	4.0	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable			
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize without the program of the			.†		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 2a 0. If a control of the calendar year ending with or within the year covered by this return. 2a 0. If a control of the calendar year ending with or within the year covered by this return. 2a 0. If a control of the c			1		
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. 5 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). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3 If Yes, has if filed a Form 990-T for this year? If Yes to line 3b, provide an explanation in Schedule 0. 3 At any time during the calendary 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 accounts]? 5 If Yes, onter the name of the foreign country [such as a bank account, securities account, or other financial accounts]. 6 If Yes, onter the name of the foreign country [such as a bank account, securities account, or other financial accounts]. 6 If Ala and your towards party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes, onter the name of the foreign country [such as a party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes, to line 5 a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yes, of different accounts are constituted to a second the organization shere 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? 5 If Yes, of different party and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Organization state any acceive deductible contributions under saction 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution	C		1c	X	
Statements, field for the calendary year ending with or within the year covered by this return. 2a	2.		''		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If 'Yes,' has if fled a Form 990-T for this year? If 'Wo' to line 3b, provide an explanation in Schedule 0. 3a At any time during the calendary 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 accounts? 4a At any time during the calendary 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 accounts)? 5b If 'Yes,' enter the name of the foreign country less seem in the organization and the organization shall be organization and the organization shall be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c N/ 6a Does the organization shall were not tax deductible as charitable contributions? 6b If 'Yes,' did the organization include with every solicitation and expert year of the statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization shall may receive deductible contributions under section 170(c). 8d Did the organization receive any payment in excess of \$75 made partly as a contribution of undershall and the section \$1,000. 9d Did the organization that pay the payor? 9d Did the organization	2 a	1 - 1 - ^		1	
An Did the organization has unal 2a is greater than 250, you may be required to e-/file (see instructions)	h	otationion, mod for the duranted year of the grant of the control	2b	N,	A
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
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TR 120 S. LASALLE CORP Form 990 (2017) • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VF response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee?..... 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 x 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a 8Ь х **b** Each committee with authority to act on behalf of the governing body?........... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b N affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c 13 Did the organization have a written whistleblower policy?....... 13 X 14 14 Did the organization have a written document retention and destruction policy?......... Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website | X | Upon request | Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

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State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JENIFER RATCLIFFE 120 N LA SALLE SUITE 2900 CHICAGO, IL 60602 (312)345-8780

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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	orga	nıza	tior	co	mpen	sate	ed any current offic	er, director, or tru	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er an	Pos heck ss pe	erson	e than compensated e is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)JENIFER RATCLIFFE	1.40	,,,		,,						
PRESIDENT (2)GREGORY COURTWRIGHT	38.60	Х		Х		<u> </u>		0.	0.	0.
VP/ TREASURER	1.00	x		x				0.	0.	٥.
(3)LEE R. BAKER	0.									· · · · ·
VP/ SECRETARY	1.00			х				0.	0.	0.
(4)										
(5)										
(6)										
(7)									,	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2017)

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Page.	О

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	ligi	hest Compensat	ed Employees	(continued	<u></u>			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	Estii om amo ot compe	F) mated unt of her ensation			
	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-MISO	(W-2/1099-MISC) from the organization and relate organization				
							-	-						
							-							
	·													
				_										
							,							
								:						
		-												
to Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .						▼ ▼ ▼	0. 0.	().).	0. 0. 0.			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		ıste				re	ceived more than	\$100,000 of					
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	res No			
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	003	' If	"Yes	," (complete Schedu	le J for such	4	x			
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5	x			
Complete this table for your five highest com- compensation from the organization Report co- year.														
(A) Name and business add	ress	-						(B) Description of se	rvices	(C) Compensa	tion			
ATTACHMENT 2							+-	2000		22				
							-							
2 Total number of independent contractors (in	icluding bu	ıt not	lım	utec	d to	thos	e li	sted above) who	received		•			
more than \$100,000 in compensation from the JSA					1					Form 9	- 90 (2017)			
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Form	990 (2	2017) · TR 120 S. LASAL	LE COR	P		20-52346	77 Page 9
Pai	rt VII	Statement of Revenue		-			
	•	Check if Schedule O contains a response or n	ote to ar	y line in this Part \	/III		
			i	(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		~ -			
<u>o</u>	<u> </u>		ess Code		· · · -		
Program Service Revenue	2a b c d e f	All other program service revenue		0			-
-	g	Total Add lines 2a-2f				·	1
	3 4 5	and other similar amounts)	ds . 🕨	0 0			
	6a b c d 7a	Gross rents	▶	4,065,416	-		
	b c d	Less cost or other basis and sales expenses Gain or (loss) Net 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					,
ŏ	l	Less direct expenses b		0			
	9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	🟲	0			1
	b	Less direct expenses		0	- 1	-	
	10a	Gross sales of inventory, less returns and allowances					
	b c	Net income or (loss) from sales of inventory.		0	-		1
		Miscellaneous Revenue Busine	ss Code		-		-
	11a				•		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0			
	12	Total revenue. See instructions		4,065,416			
JSA	1 1 000						Form 990 (2017)

Part IXe Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mu	st complete all column	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	о.			
•	•			· ·	
2	Grants and other assistance to domestic	0.			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			•
4		0.			
	Benefits paid to or for members	· · ·			-
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.			
t	Legal	0.	<u>.</u>		
•	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
1	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.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.	.		
	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)				· ·
а					
b					
С					
d					
e	All other expenses				
	Total functional expenses Add lines 1 through 24e	0.			
	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				
	following SOP 98-2 (ASC 958-720)	о.			

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	rt X	Balance Sheet			
	. A	Check if Schedule O contains a response or note to any line in this P	art X		
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,183,897.	1	10,102,929.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	233,154.	4	161,910.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			, , ,
			0.	5	0.
ú	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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	<u> </u>	0.
ě	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.		0.
_	9	Inventories for sale or use	143,914.	9	155,447.
	10 a	Land, buildings, and equipment cost or			1
		other basis Complete Part VI of Schedule D 180,056,737.			
	b	Less accumulated depreciation	176,772,943.		180,056,737.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities See Part IV, line 11	0.		0.
	13	Investments - program-related See Part IV, line 11	0.		0.
	14	Intangible assets	11,436,258.		13,183,049.
	15	Other assets See Part IV, line 11	-43,327,039.	· -	-43,549,787.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	153,443,127.	16	160,110,285.
	17	Accounts payable and accrued expenses	4,695,170.		5,305,475.
	18	Grants payable		18	0.
	19	Deferred revenue	73,000.	⊢. •	184,452.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	 		
Liabilities		disqualified persons Complete Part II of Schedule L	80,000,000.		80,000,000.
	23	Secured mortgages and notes payable to unrelated third parties ATCH 4		23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	<u> </u>	24	0.
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X	290,672.	25	194,507.
	26	of Schedule D	85,058,842.	26	85,684,434.
	20	Organizations that follow SFAS 117 (ASC 958), check here	00,000,011	20	00,000,000
S		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets		27	·
ala	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund Balances		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	0.	30	0.
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	82,505,912.	31	82,814,809.
As	32	Retained earnings, endowment, accumulated income, or other funds	-14,121,627.	32	-8,388,958.
Net	33	Total net assets or fund balances	68,384,285.	33	74,425,851.
_	34	Total liabilities and net assets/fund balances	153,443,127.	34	160,110,285.
					Form 990 (2017)

Form **990** (2017)

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		4,0	65,4	416.
2	Total expenses (must equal Part IX, column (A), line 25)	2				0.
3	Revenue less expenses Subtract line 2 from line 1	3				416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		68,3		
5	Net unrealized gains (losses) on investments	5		2,6	67,	253.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				ი.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 6	91,	103.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		74,4	25,8	851.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaı	n in			
	Schedule O					_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	pile	d or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			_		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted c	n a			1
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis			_	-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	overs	ight			
	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	xplai	n ın			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		<u> </u>
				F	000	(2017)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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. TR 120 S. LASALLE CORP

Inspection Employer identification number

OMB No 1545-0047

Open to Public

C/O LPC REALTY ADVISORS I, LP 20-5234677 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 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year...... 4 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? 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 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a N/A 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 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 6 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) 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 (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

Assets included in Form 990, Part X. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017							Page 2
Pai	t III Organizations Maintaining Coll	ections of Art,	Historical Ti	reasures,	or Other S	Similar Asse	ts (cont	inued)
3	Using the organization's acquisition, acce	ession, and other re	ecords, check	any of th	e following t	hat are a sigr	nificant u	se of its
	collection items (check all that apply)							
а	Public exhibition	d	Loan o	r exchange	programs			
b	Scholarly research	е	Other		N/A			
С	Preservation for future generations					<u>-</u>		
4	Provide a description of the organization'	s collections and e	explain how t	hey further	the organiz	ation's exemp	t purpose	e in Part
	XIII							
5	During the year, did the organization solicit	or receive donation	ns of art, histo	orical treasi	ures, or other	sımılar		
	assets to be sold to raise funds rather than						Yes	No
Par	t IV Escrow and Custodial Arrangen							
	Complete if the organization ans		orm 990, Pa	art IV, line	9, or reporte	ed an amoun	t on Forr	m
	990, Part X, line 21.				•			
1a	Is the organization an agent, trustee, custo	odian or other interi	mediary for co	ontributions	or other asse	ets not		
	included on Form 990, Part X?						Yes	No
ь	If "Yes," explain the arrangement in Part X						_	_
		•	Ū			Amount		
С	Beginning balance			1c				
d	Additions during the year					N/A		
e	Distributions during the year					,		
f	Ending balance							
	Did the organization include an amount on				ustodial accor	unt liability?	Yes	No
	If "Yes," explain the arrangement in Part X							.П.
	t V Endowment Funds.		<u> </u>	<u>'</u>				<u></u>
	Complete if the organization ans	wered "Yes" on F	orm 990, Pa	rt IV, line	10			
	· · · · · · · · · · · · · · · · · · ·		Prior year	(c) Two year		hree years back	(e) Four y	ears back
1.	Beginning of year balance							
1a b	Contributions							
_	Net investment earnings, gains,				•			
·	and losses							
a	Grants or scholarships				1			
e	Other expenditures for facilities			•				
•	and programs			N/A	A			
	Administrative expenses							
	End of year balance				_			
2	Provide the estimated percentage of the c	urrent year end hal	ance (line 1g	column (a))	held as		•	*=
a	Board designated or quasi-endowment		arice (iiie 19,	column (a))	TICIO BS			
b	Permanent endowment ▶%							
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a	Are there endowment funds not in the pos	•	nization that a	are held an	d administere	d for the		
	organization by	· ·					Y	es No
	(i) unrelated organizations				3a(i)	
	(ii) related organizations						3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organ						3b	
4	Describe in Part XIII the intended uses of t					· ·	·	
Par	VI Land Buildings, and Equipment							
	Complete if the organization and	swered "Yes" on f						
	Description of property	(a) Cost or other bas (investment)		r other basis her)	(c) Accumulated depreciation		l) Book valu	e
1 a	Land	28,292,27	<u>`</u>	''			28,29	2,270.
b	Buildings	119,793,73					119,79	
c	Leasehold improvements							0,735.
d	Equipment						· -	<u> </u>
			_ +					

Schedule D (Form 990) 2017

180,056,737.

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

_			-
۲a	а	е	

(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(,	Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		N/A
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		· · · · · · · · · · · · · · · · · · ·
otal (Column (b) must equal Form 990, Part X, col (B) line 12)		•
Part VIII Investments - Program Related. Complete if the organization answer	red "Yes" on Form 990. Pa	art 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
(4)		The second secon
(1)	 	w
(2)		
(3)		
(4)		N/A
(5)		
(6)		
(7)		
(8)		
(9)		
otal (Column (b) must equal Form 990, Part X, col (B) line 13)		
Complete if the organization answer		art IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answer	red "Yes" on Form 990, Pa Description	
Complete if the organization answer (a)		
Complete if the organization answer (a)		
Complete if the organization answer (a) (1) (2)		
Complete if the organization answer (a) (1) (2) (3) (4)		
Complete if the organization answer (a) (1) (2) (3) (4) (5)		
(a) (1) (2) (3) (4) (5)		
(a) (1) (2) (3) (4) (5) (6)		
Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B)	Description	(b) Book valu
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (E) (Part X Other Liabilities.	Description B) line 15)	(b) Book valu
Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities.	Description B) line 15)	(b) Book valu
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Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT (3)	B) line 15)	(b) Book value (b) Book value (c) Book value
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Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. Complete if the organization answer line 25 (a) Description of hability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5)	B) line 15)	(b) Book value (b) Book value Let IV, line 11e or 11f. See Form 990, Part X,
Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6)	B) line 15)	(b) Book value (b) Book value (c) Book value
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Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (E) Part X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6) (7) (8) (9)	Description B) line 15	(b) Book value Interpretation Inter

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Schedule D (Form 990) 2017 Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE L

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, (Form 990 or 990-EZ)

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Name of the organization

C/O LPC REALTY ADVISORS I, LP

TR 120 S. LASALLE CORP

Employer identification number

20-5234677

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

		(b) Relationship between disqualified person and	4.10	(d) Co	iomected?
1 .	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)	N/A				<u> </u>
(3)					<u> </u>
(4)					<u> </u>
(5)					<u> </u>
(6)					Ш

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year	
	under section 4958	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?		ard or		ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)							_					
(3) N/A												
(4)												
(5)												
(6)												
(7)												
(8)												<u> </u>
(9)												
(10)		·										
Total						\$						

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3) N/A				
(4)				
(5)				
(6)	•			
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2017

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(6) (7) (8) (9) (10)

Page 2

Part IV Business Transactions Involve Complete if the organization answers		IV, line 28a, 28b	o, 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) LPC REALTY ADVISORS I, LP	MGMT COMPANY	271,028	ASSET MANAGEMENT FEE		х
(2)					
(3)					
(4)					<u> </u>

Supplemental Information Part V Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

C/O LPC REALTY ADVISORS I, LP

Name of the organization

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

TR 120 S. LASALLE CORP

Employer identification number

20-5234677

OMB No 1545-0047

ATTACHMENT 1

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

THE CORPORATION IS A 501(C)(25) ORGANIZATION. IT WAS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO REAL PROPERTY, COLLECTING INCOME FROM SUCH PROPERTY, AND REMITTING THE ENTIRE AMOUNT OF INCOME FROM SUCH PROPERTY (LESS EXPENSES) TO THE SHAREHOLDER OF THIS CORPORATION. THE SOLE SHAREHOLDER OF THIS CORPORATION IS THE TEACHERS RETIREMENT SYSTEM OF THE STATE OF ILLINOIS, WHICH IS A TAX-EXEMPT PENSION FUND THAT MEETS THE REQUIREMENTS OF SECTION 401(A) OF THE INTERNAL REVENUE CODE AS AMENDED, WHICH TRUSTS ARE EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE CODE.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JC ANDERSON, INC. 834 NORTH CHURCH ROAD ELMHURST, IL 60126	INTERIOR CONTRACTORS	1,984,911.
HARVARD MAINTENANCE 59 MAIDEN LANE NEW YORK, NY 10038	JANITORIAL CONTRACT ↑	1,149,069.
AVISON YOUNG ONE SOUTH WACKER DRIVE, STE 3000 CHICAGO, IL 60606	ADVISORY	1,078,982.
LINCOLN PROPERTY COMPANY 120 N LASALLE #2900 CHICAGO, IL 60606	PROPERTY MANAGEMENT	829,399.
TITAN SECURITY 616 WEST MONROE CHICAGO, IL 60661	SECURITY CONTRACT	649,533.

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

Schedule O (Form 990 or 990-EZ) (2017)

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Schedule @ (Form 990 or 990-EZ) 2017 Page 2 TR 120 S. LASALLE CORP Employer identification number Name of the organization 20-5234677 C/O LPC REALTY ADVISORS I, LP ATTACHMENT 3 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING BEGINNING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID INSURANCE 143,914. 155,447. 143,914. 155,447. TOTALS ATTACHMENT 4 FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE LENDER: SUNTRUST BANK ORIGINAL AMOUNT: 80,000,000. INTEREST RATE: LIBOR + 1.6500 % DATE OF NOTE: 10/01/2013 10/01/2018 MATURITY DATE: REPAYMENT TERMS: INTEREST ONLY

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

Schedule O (Form 990 or 990-EZ) 2017

80,000,000.

80,000,000.

80,000,000.

80,000,000.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

1						Onen to Public
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990 for instructions and the latest information.	r instructions and the l	atest information.			Inspection
Name of the organization	TR 120 S. LASALLE CORP				Employer ide	Employer identification number
C/O LPC REALT	C/O LPC REALTY ADVISORS I, LP				20-52	20-5234677
Part Identific	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" on	Form 990, Part IV	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(5)						
(7)			-			
(3)						
(4)						
			-			
(5)	To All and					
(9)						

9

Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	Somplete if the organe tax year	anization answer	ed "Yes" on Fo	rm 990, Part IV, I	ine 34, because	ıt had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c)	(b)	(c) (d) (d) (e) (e) (e) (e) (e) (e) (figure frame) element frame serion	(f) Direct controlling	(g) Section 512	2(b)(13)
		famous famous	or foreign country)	ביינות איניינות איניינות	(if section 501(c)(3))		controlled entity	lled (
i							Yes	No
(1) SEE A	(1) SEE ATTACHMENT 6							
(2)								
(3)								
€								

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

(5)

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(7)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Percentage Section Section Section Section Section (1) Page 2 Yes No (k) Percentage ownership (J) General or managing partne? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (I)
Code V - UBI
arrount in box 20
cf Schedule K-1 (Form 1065) (f) Share of total (h) Disproportionato allocations? Yes No псоте (g) Share of end-of-year assets (e)
Type of entity
(C corp S corp. or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling entity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization N/A N/A Part III Part IV 4 ₹ ල (2) 티 3 5 Ξ 2 3 9 ල (9)

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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Yes No Method of determining × × × × × If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Ε 10 79 **1** 9 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s), Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a) Name of related organization JSA 7E1309 2 000 Part V _ 7 م 3 ₹ 2 Ξ 3

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile		(e) Are all partners	(f) Share of S	(g) Share of	(h) Disproportionate		(I) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing	ownership
				Yes No			Yes No		Yes No	r—
(1) N/A										
(2)										
(2)	- 1									
(3)										
			_							
(4)										
(5)										
(9)			:							
(1)										
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(8)										
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(13)										
(14)										
(15)										
(16)										
ASL								Sch	edule R (Fo	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART VII- SUPPLEMENTAL INFORMATION

PART V , QUESTION 1&2

TEACHERS RETIREMENT SYSTEM OF ILLINOIS IS THE SOLE STOCKHOLDER IN OTHER ENTITIES THAT ARE BROTHER/SISTER ORGANIZATIONS TO THIS ORGANIZATION, AND THAT FILE TAX RETURNS SIMILAR TO THIS ONE. THEY ARE LISTED IN SCHEDULE R, PART II. PERIODICALLY, THE NET INCOME FROM THE PROPERTY IS REMITTED TO TEACHERS RETIREMENT SYSTEM OF ILLINOIS. INFORMATION IS AVAILABLE UPON REQUEST.