Form 990

Return of Organization Exempt From Income Tax

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information Internal Revenue Service 06/30.20 19 For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending C Name of organization TR 120 S. LASALLE CORP D Employer identification number 6 20-5234677 C/O LPC REALTY ADVISORS I, LP ھے Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change (n 2900 (312) 345-8784 120 NORTH LASALLE STREET Finel return City or town, state or province, country, and ZIP or foreign postal code 0 157,738,196 Amended relurn CHICAGO, IL 60602 G Gross receipts \$ 00 H(a) Is this a group return for OG^N F Name and address of principal officer JENIFER RATCLIFFE 120 N. LASALLE STREET #2900, CHICAGO, IL 60602 H(b) Are all subordinates X | 501(c) (25) **⊲** (insert no) If "No," attach a list (see instructions) 4947(a)(1) or Website ► N/A H(c) Group exemption number Year of formation 1996 M State of legal domicile DE Form of organization X Corporation Summary Part I Briefly describe the organization's mission or most significant activities TO HOLD TITLE TO PROPERTY, COLLECT INCOME AND REMIT NET INCOME TO THE TEACHERS RETIREMENT SYSTEM OF ILLINOIS. ITS SOLE SHAREHOLDER Check this box | X | if the organization discontinued its operations or disposed of more than 25% of its net assets з: Number of voting members of the governing body (Part VI, line 1a) 3. 4 Number of independent voting members of the governing body (Part VI, I) Te 0. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Ο. 6 6 Total number of volunteers (estimate if necessary) Ò. 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7b b Net unrelated business taxable income from Form 990-T, line 38 **Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) a -39,411,142. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 4,065,416. 552,074. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 4.065.416. -38,859,068. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 12 ο. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Ō. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), . . 0. 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Ō. 0. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . 4,065,416. -38,859,068. Revenue less expenses Subtract line 18 from line 12. End of Year Beginning of Current Year

Signature Block Under penalties of perjury, true, correct, and complete care that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a faration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here

Type or brint name and title Paid MARINA Preparer

20

21

22

Preparer's signature Print/Type preparer's name marine D Peders PEDERSEN

May the IRS discuss this return with the preparer shown above? (see instructions)

6/17/2020

160,110,285.

85,684,434.

74,425,851.

Check self-employed P00176388

Firm's EIN ▶ 13-5565207 312-665-1000 Firm's address ▶200 EAST RANDOLPH STREET, STE 5500 CHICAGO, IL 60601 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

▶KPMG LLP

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)...... Net assets or fund balances Subtract line 21 from line 20.

Form 990 (2018)

X No

-873,959.

774,381.

-1,648,340.

8E 1010 1 000

Firm's name



Yes



TR 120 S. LASALLE CORP

For	m 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission ATTACHMENT 1	
	ATTACHEMIT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	NOT APPLICABLE	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	ı
		<u>.</u>
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	
	020 1 000 Form 9.9	U (2018)
	5894GB 1353 V 18-7.6F 2942374	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/	Α
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	ŀ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	X
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		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l .
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII.	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.	Х	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b 13		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
D	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· · ·		
13	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		Х
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 19 If "Yes," complete Schedule I, Parts I and II	21		Х
JSA			000	(2019)

2942374

			- 4
ď	α	е	4

Part	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		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		X
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			x
		24a	- N	/A
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	IN.	A
С		24c	N	/A
	to defease any tax-exempt bonds?	24d		/A
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N	/A
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	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	006		x
_	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c	х	
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions. In Test, complete schedule W Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25_		<u> </u>
30	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,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			./^
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		I/A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		NI.	Ά
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	14/	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
38	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Part				
ı ent	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chicago a continuo a topponee et mate te any mie in tino i ant vi i i i i i i i i i i i i i i i i i i	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	j		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990	(2018)

Page	5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
	1 1		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the colonder year and require the resulting the year covered by this return 2a			1
	Statements, filed for the calendar year ending with or within the year covered by this return.	٠.	N	/A
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	1	- ·
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	- NI	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	_N/	Α
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-+a		
	If "Yes," enter the name of the foreign country Convention of a filter and the foreign country 114 Report of Foreign Book and Financial Associate (FRAP)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	<u>Ά</u>
	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		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	N	/A_
7	Organizations that may receive deductible contributions under section 170(c).			,
	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	N	<u>/A</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	/A_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	_N	<u>/A_</u>
	If "Yes," indicate the number of Forms 8282 filed during the year		- :	7.0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>/A_</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/ <u>A</u> _
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		/A_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	N/	Ά
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		'
•	sponsoring organization have excess business holdings at any time during the year?		-17	/A_
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	N	/A_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		/A_
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			•
b	Gross income from other sources (Do not net amounts due or paid to other sources			;
-	against amounts due or received from them)			,,,,,,
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N.	<u>/A_</u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] N/A			į
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	N	/'
а	is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	Δ_{-}
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			ı
	the organization is licensed to issue qualified health plans			1
C - 4 4	Enter the amount of reserves on hand	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		 	_
ij	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N		Ţ	'
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 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 2 2 x Did the organization delegate control over management duties customarily performed by or under the direct X 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?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 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 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х 9 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. No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 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 X 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 14 Х Did the organization have a written document retention and destruction policy?...... 14 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? 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 NONE List the states with which a copy of this Form 990 is required to be filed ▶_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website | X | Upon request Other (explain in Schedule O) 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. 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 312-345-8784 20

Form 990 (2018)

Page 7

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

X

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	tion	CO	mpen	sate	ed any current office	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles	Pos heck ss pe	rson Irrect	n both ust Highest compensated employee	an tee)	(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 PRESIDENT	1.40	х		х				0.	0.	0.
(2)GREGORY COURTWRIGHT	0.		-							
VP/ TREASURER	1.00	x		х				0.	0.	0.
(3)LEE R. BAKER	0.									
VP/ SECRETARY	1.00			Х			-	0.	0.	
(5)	-									-
(6)										
(7)										<u> </u>
(8)										
(9)										
(10)										
(11)	-									
(12)										
(13)										
(14)					_					

Form 990 (2018)

JSA

F	'ag	e	8
г	ay	10	•

Form 990 (2018) Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees	(continue		Page &
(A) Name and title	(B) Average hours per week (list any hours for	box,	untes er an	Pos heck ss pe	rson Irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m an	(F) stimated nount of other pensati	f on
	related organizations below dotted line)	166	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org	om the anizatio d related anization	on d
	- 											
1b Sub-total							•	0.		0.		0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u></u>	<u></u>					<u> </u>	0.	(0.		0
2 Total number of individuals (including but no reportable compensation from the organizat		hose 0		d a	bov	e) who	re	eceived more than	\$100,000 of		· · · ·	
3 Did the organization list any former of											Yes	
employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the										3		Х
organization and related organizations of individual	reater than	\$15	50,0	003	P If	"Yes	s," (complete Schedu	le J for such	4		<u>x</u>
5 Did any person listed on line 1a receive of for services rendered to the organization? If '										5		<u>x</u>
Section B. Independent Contractors												
 Complete this table for your five highest co- compensation from the organization. Report year 												_
(A) Name and business a	ddress							(B) Description of se	ervices	(C) Compens		
ATTACHMENT 2							-					
							+					
2 Total number of independent contractors						thos	e li	isted above) who	received	<u> </u>		

1 41	C VIII	Check if Schedule O co	intains a respor	nse or note to an	v line in this Part VI	11		
		Officer if Octionals O Co	Trains a respon	iss of fibre to all	(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 Membership dues	1b 1c 1d 1d 1e grants, above 1f n lines 1a-1f \$					
	h	Total. Add lines 1a-1f	 		0		<u> </u>	
Program Service Revenue	2a b c d			Business Code				
gra	e	All other program service rev	enue					
P	g	Total. Add lines 2a-2f			0.			
	3	Investment income (income and other similar amounts).	cluding divider	nds, interest,	0.			
	4 5	Income from investment of Royalties	•		0			<u> </u>
		rioyanios i i i i i i i i i i i	(ı) Real	(ii) Personal	***			
	6.	Gross rents	2,919,099					
	6a b	Less rental expenses	2,367,025.					
	C	Rental income or (loss)	552,074.					
	ď	Net rental income or (loss).			552,074			
	7a	Gross amount from sales of	(i) Securities	(II) Other	-			
,		assets other than inventory		154,819,097				
	ь	Less cost or other basis					}	
		and sales expenses		194,230,239				
	С	Gain or (loss)		-39,411,142.				ļ
	d	Net gain or (loss)		· · · · · · · •	-39,411,142.	·		<u> </u>
e	8a	Gross income from fundra	ising					
		events (not including \$						
Other Reve		of contributions reported on	•					
her		See Part IV, line 18						
ŏ	Ь	Less direct expenses Net income or (loss) from fu			0	•	· · · · · · · · · · · · · · · · · · ·	
	9a	Gross income from gaming See Part IV, line 19	activities					
	ь	Less direct expenses		1 1				
	c	Net income or (loss) from g			0			
		Gross sales of inventor returns and allowances	ory, less	0				
	ь	Less cost of goods sold	b	0.				1
	C	Net income or (loss) from sal			. 0			<u> </u>
		Miscellaneous Revenue		Business Code	·	- -		7.
	11a						 	
	b				+		-	
	C	All other revenue	•					
	d	All other revenue Total. Add lines 11a-11d .			0	·		
	е 12	Total revenue See instructio			-38,859,068.			
_								

TR 120 S. LASALLE CORP

Form 990 (2018) TR 120 S.

Part IX Statement of Functional Expenses

	tion 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
	<u> </u>				
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
	-	-			-
2	Grants and other assistance to domestic	0.		1.	
	individuals See Part IV, line 22			 	-
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.			
	individuals See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.	.	· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)	0.		-	
۵	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees)				
	Management	0.			
	Legal	0.	-		
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.	· · · · · · · · · · · · · · · · · · ·	-	
	Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion				
13	Office expenses	. 0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
	Other expenses Itemize expenses not covered				ļ ·
	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					
d	 "		· <u></u> -		
е	All other expenses		<u> </u>		
25	Total functional expenses Add lines 1 through 24e	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)	0.			

Page **11**

_	990 (rage I I
Pa	rt X			 	
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,102,929.	1	348,984.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	161,910.	4	141.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	ō.	6	
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8		0.	8	0.
•	9	Inventories for sale or use	155,447.	9	0.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a		 	
	b	Less accumulated depreciation 10b	180,056,737.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	13,183,049.	14	0.
	15	Other assets See Part IV, line 11	-43,549,787.	15	-1,223,084.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	160,110,285.	16	-873,959.
	17	Accounts payable and accrued expenses	5,305,475.	17	774,381.
	18	Grants payable	0.	, , ,	0.
	19	Deferred revenue	184,452.	19	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	80,000,000.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	194,507.	25	0.
	26	Total liabilities. Add lines 17 through 25	85,684,434.	26	774,381.
s,		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			-
Fund Balances	27	Unrestricted net assets	*	27	
ala	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here X and			
or F		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	82,814,809.	31	82,899,900.
	32	Retained earnings, endowment, accumulated income, or other funds	-8,388,958.	32	-84,548,240.
Net	33	Total net assets or fund balances	74,425,851.	33	-1,648,340.
_	34	Total liabilities and net assets/fund balances	160,110,285.	34	-873,959.
					Form 990 (2018)

Page	1	2

Part :	XI Reconciliation of Net Assets					
	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	<u>.</u> .	<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		38,8	59,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> </u>
3	Revenue less expenses Subtract line 2 from line 1	3_		38,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74,4		
5	Net unrealized gains (losses) on investments	5		43,1	99,	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		80,4	14,9	909.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-1,6	48,3	<u>340.</u>
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	xplaır	n in			
	Schedule O					1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	<u>. </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			۱. ۱
	separate basis, consolidated basis, or both					1
	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	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplaı	n in	,		:
	Schedule O				<u>-</u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se-	fort	h in			l
	the Single Audit Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	l	١,.	/,
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b	N aan	<u>/A</u>

SCHEDULE D (Form 990)

➤ Attach to Form 990.

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization TR 120 S. LASALLE CORP Employer identification number

C/C	LPC REALTY ADVISORS I, LP			20-5234677
Pa	Organizations Maintaining Donor Adv			Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 6	
		(a) Donor advised fur	nds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			N/A
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and dono	r advisors in writing that the	e assets held	in donor advised
	funds are the organization's property, subject to th			
	Did the organization inform all grantees, donors,			
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 7	
	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., rec	creation or education)	Preservation	of a 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 h	ield a qualified conservation	contribution in	the form of a conservation
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement	s		2b N/A
С	Number of conservation easements on a certified	historic structure included in	(a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, ai	nd not on a	
	historic structure listed in the National Register			2d
	Number of conservation easements modified, tra	nsferred, released, extinguist	ned, or termin	ated by the organization during the
	tax year ▶			
	Number of states where property subject to conse			
	Does the organization have a written policy re	garding the periodic monitor	oring, inspect	ion, handling of
	violations, and enforcement of the conservation ea			
	Staff and volunteer hours devoted to monitoring, inspe-	cting, handling of violations, and	d enforcing con	servation easements during the year
	>			
	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, ai	nd enforcing c	onservation easements during the yea
	▶ \$			
	Does each conservation easement reported on line			1 1 1
	and section 170(h)(4)(B)(ii)?			
	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		ation's financi	ial statements that describes the
	organization's accounting for conservation easeme			Similar Accets
- 2	rt III Organizations Maintaining Collections Complete if the organization answered			r Similar Assets.
3	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to ar assets held for public e	report in its i xhibition edu	revenue statement and balance shee cation, or research in furtherance o
	public service, provide, in Part XIII, the text of the f	ootnote to its financial stater	nents that des	cribes these items
,	If the organization elected, as permitted under	SFAS 116 (ASC 958), to r	eport in its re	evenue statement and balance shee
	works of art, historical treasures, or other simil	ar assets held for public e	xhibition, edu	cation, or research in furtherance o
	public service, provide the following amounts related			. .
	(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 a			
	following amounts required to be reported under S			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			- \$

	•					
	TR 1	20 S. LASALI	LE CORP			20-5234677
Sched	lule D (Form 990) 2018					Page 2
Pa	rt III Organizations Maintainin	g Collections o	f Art, Histo	rical Treasures, o	Other Similar A	Assets (continued)
3	Using the organization's acquisition	, accession, and	other recor	ds, check any of th	e following that a	are a significant use of its
	collection items (check all that apply)		_		
а	Public exhibition		d	Loan or exchange	programs	
b	Scholarly research		е	Other N/A		
С	Preservation for future genera	tions				
4	Provide a description of the organization	zation's collection	ns and expla	ain how they further	the organization	s exempt purpose in Part
	XIII					
5	During the year, did the organization	solicit or receive	donations o	f art, historical treas	ures, or other simil	ar
	assets to be sold to raise funds rathe	r than to be main	tained as pa	rt of the organization	n's collection?	Yes No
Pa	rt IV Escrow and Custodial Arr Complete if the organizati 990, Part X, line 21.	rangements. on answered "Y	es" on For	m 990, Part IV, line	9, or reported a	n amount on Form
1a	Is the organization an agent, trustee	. custodian or otl	ner intermed	lary for contributions	or other assets no	ot .
	included on Form 990, Part X?					
b	If "Yes," explain the arrangement in					
			•	_		Amount
С	Beginning balance			1c		
d	Additions during the year			1d	N/A	
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amo				ustodial account lia	ability? Yes No
b	If "Yes," explain the arrangement in	Part XIII Check	here if the e	xplanation has been p	rovided on Part XII	1
	rt V Endowment Funds.			<u>.</u>		
	Complete if the organizati	on answered "\	'es" on For	m 990, Part IV, line	e 10.	
		(a) Current year	(b) Prio	r year (c) Two yea	rs back (d) Three y	ears back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains,					
	and losses		i			
d	Grants or scholarships	 -				
	Other expenditures for facilities			37./3		
Ū	and programs		1	N/A		
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage o	f the current veal	r end balanc	e (line 1g, column (a)	held as	
a	Board designated or quasi-endowme	ent ▶	%	,	,	
b	Permanent endowment ▶	%	-			
С	Temporarily restricted endowment	<u> </u>	, D			
	The percentages on lines 2a, 2b, an		I 100%			
3 a	Are there endowment funds not in the	ne possession of	the organiza	ition that are held ar	nd administered for	the
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					
ь	If "Yes" on line 3a(ii), are the related					
4	Describe in Part XIII the intended us					
_	rt VI Land, Buildings, and Equi Complete if the organizat	pment. iion answered "`	Yes" on Fo	m 990, Part IV, lin	e 11a. See Form	990, Part X, line 10.
	rt VI Land, Buildings, and Equi Complete if the organizat Description of property	ion answered "` (a) Cost	Yes" on For	m 990, Part IV, lin (b) Cost or other basis (other)	e 11a. See Form (c) Accumulated depreciation	990, Part X, line 10. (d) Book value

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											
4 Describe in Part XIII the intended uses of the organization's endowment funds											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value							
1a Land											
b Buildings											
c Leasehold improvements											
d Equipment											
e Other											
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	0c). <u></u> ▶								
				Schedule D (Form 990) 20							

⊃ລ	~	•	

Part VII	Investments - Other Securities.	l "Yes" on Form 990), Part IV, line 11b See Form 990, Part X, line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	,	Cost or end-of-year market value	
	al derivatives			
	-held equity interests			
(A) (B)			N/A	
(C)			14/11	-
(D)				
(E)				
(F)				
(G)				
(H)				-
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)			N/A	
(4)	·			
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col (B) line 13)			
Part IX		"Yes" on Form 990 scription), Part IV, line 11d. See Form 990, Part X, line 15 (b) Book valu	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) I	ine 15)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book valu	ne l	
	ral income taxes	,,=====		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			•	
(9)	(A)	`-	 	
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions. In Part XIII, provide the s's liability for uncertain tax positions under FIN 48		e organization's financial statements that reports the if the text of the footnote has been provided in Part XIII	
JSA 270 1 000			Schedule D (Form 990	0) 201

JSA 8E 1271 1 000 Part XIII Supplemental Information (continued)

SCHEDULE L

Transactions With Interested Persons

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

TR 120 S. LASALLE CORP

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ▶Go to www.irs gov/Form990 for instructions and the latest information Inspection

20-5234677 C/O LPC REALTY ADVISORS I, LP 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 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) N/A (2) (3) (4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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 (g) In default? (h) Approved (I) Written (b) Relationship (d) Loan to or (e) Original (f) Balance due (a) Name of interested person (c) Purpose of agreement? with organization from the principal amount by board or committee? organization? No Yes Nο Yes Yes From Nο То (1)N/A (2)(3) (4)(5)(6)(7)(8)(9) (10)

Grants or Assistance Benefiting Interested Persons. Part III

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

	Complete if the	organization answered res			
(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)	N/A				
(3)					
(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) 2018

Total

2942374

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

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi; reven	-
				Yes	No
1) LPC REALTY ADVISORS I, LP	MGMT COMPANY	36,804.	ASSET MANAGEMENT FEE		х
2)					
3)					
[4]					ļ
5)					L
6)					<u> </u>
7)					<u> </u>
(8)					<u> </u>
9)					<u> </u>
0)					

JSA 8E1507 1 000 5894GB 1353

Liquidation, Termination, Dissolution, or Significant Disposition of Assets (Form 990 or 990-EZ) **SCHEDULE N**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

OMB No 1545-0047 2018 Open to Pub Inspection

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-5234677 Go to www.irs.gov/Form990 for the latest information. TR 120 S. LASALLE CORP C/O LPC REALTY ADVISORS I, LP Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.

	(g) IRC section of recipient(s) (if tax-exempt) or type of entity					t	
	(f) Name and address of recipient						
	(e) EIN of recipient						
	(d) Method of determining FMV for asset(s) distributed or transaction expenses						
pepeau	(c) Fair market value of asset(s) distributed or amount of transaction expenses						
tional space is	(b) Date of distribution						
Part I can be duplicated if additional space is needed	1 (a) Description of asset(s) distributed or transaction expenses paid						

2 Did or will any officer, director, trustee, or key employee of the organization	a Become a director or trustee of a successor or transferee organization?
7	

Become an employee of, or independent contractor for, a successor or transferee organization? ۵

c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

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

Schedule N (Form 990 or 990-EZ) 2018

2d

2p 2c

2a

, JSA

V 18-7.6F

26 Yes No			ization answered	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	AVAILABLE UPON REQUEST				20X			2d X	Schedule N (Form 990 or 990-EZ) 2018
(B), line 16 (Total assets), and line	Iquidate, or terminate?	g during the year?	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	(f) Name and address of recipient	SLATE U S ACQUISITIONS LLC ADDRESS AVAILABLE UPON REQUEST						Zation?	disposition of assets?	Schedule N (
Part X, column (B), line	cribe in Part III tent to dissolve,	during the tax year in accordance	ization's Asse	(e) EIN of recipient	AVAILABLE UPON REQUEST							ation's significant ie of the person	
uring the tax year, then Form 990,	its governing instrument(s)? If "No," describe in Part III other appropriate state official of its intent to dissolve	g during the year?	of More Than 25% of the Organization's Assets. Complete thin 1-EZ, line 36. Part II can be duplicated if additional space is needed	(d) Method of determining FMV for asset(s) distributed or transaction expenses	SETTLEMENT STATEMENT						feree organı	i as a result of the organiza rough 2d, provide the nam	
ets during the tax	with its governing instrumeral or other appropriate standard or other appropriate standard or other st		nsfer of More TI 1 990-EZ, line 36	(c) Fair market value of asset(s) distributed or amount of transaction expenses	154,819,097.					ree of the organizations .	or, a successor or tr ransferee organizatik	er similar payments tions on lines 2a th	
d all of its ass	ets in accordance the attorney gene such notice?	f all of its liabilities Empt bonds outst scharge or defease how the organizer	, or Other Tra	(b) Date of distribution	08/30/2018					e, or key employ ccessor or transfe	dent contractor for a successor or the	pensation or othe	
Note: If the organization distributed all of its assets during	(Total liabilities), should equal -0 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	but the organization discrininge or pay all or its liabilities in a b If "Yes" to line 6a, did the organization discharge or defease all of c If "Yes" on line 6b, describe in Part III how the organization		1 (a) Description of asset(s) distributed or transaction expenses paid	SALE OF 120 S. LASALLE STREET					 Did or will any officer, director, trustee, or key employee of the organization a Become a director or trustee of a successor or transferee organization? 	 b Become an employee of, or independent contractor for, a successor or transferee organization? c Become a direct or indirect owner of a successor or transferee organization? 	 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III 	

Page 3

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

2942374

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 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

C/O LPC REALTY ADVISORS I, LP

2018

OMB No 1545-0047

Open to Public
gov/form990 Inspection
Employer identification number

20-5234677

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 VI	I- COMPENSATION	\mathbf{OF}	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HARVARD MAINTENANCE 59 MAIDEN LANE NEW YORK, NY 10038	JANITORIAL CONTRACT	204,638.
LINCOLN PROPERTY COMPANY 120 N LASALLE #2900 CHICAGO, IL 60606	LEASE COMMISSIONS	145,150.
CENTRAL BUILDING AND PRESERVATION 1071 W. FRY STREET CHICAGO, IL 60642	MASONRY REPAIR	141,535.
AVISON YOUNG ONE SOUTH WACKER DRIVE, STE 3000 CHICAGO, IL 60606	RE DEVELOPMENT	119,227.
TITAN SECURITY 616 WEST MONROE CHICAGO, IL 60661	SECURITY CONTRACT	113,632.

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization TR 120 S. LASALLE CORP	Employer identification number
C/O LPC REALTY ADVISORS I, LP	20-5234677

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING BOOK VALUE ENDING BOOK VALUE

PREPAID INSURANCE

DESCRIPTION

155,447.

NONE

TOTALS

155,447.

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.

	to seem for many/Examples for another and the latest infermation
	gui suc
	401
o.	7000
rm 99	40.00
h to Form 9	
Attach	20,00
À	0
	2//

TR 120 S. LASALLE CORP

C/O LPC REALTY ADVISORS I,

Name of the organization

2018

OMB No 1545-0047

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

Open to Public Inspection Employer identification number

20-5234677

(g) Section 512(b)(13) controlled (f)
Direct controlling entity ŝ entity Yes 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. (f) Direct controlling (e) End-of-year assets entity N/A Public chanty status (if section 501(c)(3)) (d) Total income <u>e</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Θ Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization (1) SEE ATTACHMENT Part II Part I (4) (2) 4 9 (2) ପ୍ Ξ 3 (3) (5)

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

9

5

Schedule R (Form 990) 2018

Page 2

TR 120 S. LASALLE CORP

Schedule R (Form 990) 2018 Part III

(k) Percentage ownership (J) General or managing partner? ŝ 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. Yes Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No Ξ (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling | (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization MA Part IV 9 Ξ 3 ව 4 (5) 3

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of enhty	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp S corp, or trust)		end-of-year assets ownership controlled controlled entity?	ownership	ontrolled entity?
								Yes No
(1)								
NIA								
(2)								
		-				,		
(3)								
,								
(4)				i I				-
		·						
(5)								
(6)								
(1)								
						Schedule R (Form 990) 2018	R (Form 99) 2018

oge **∂**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	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	S 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?	ated organizations list	ed in Parts II-IV?		;
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			 18	×
			\sqcup	×
d Loans or loan guarantees to or for related organization(s)			4	× >
e Loans or loan guarantees by related organization(s)			- 1 - 1 - 1	4
f Dividends from related organization(s)			=	×
			19	×þ
h Purchase of assets from related organization(s),			‡ ;	< >
 Exchange of assets with related organization(s)			= =	×
				` ×
K Lease of racinities, equipment, or other assets from related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				×
			= 4	××
o Sharing of paid employees with related organization(s)			:	:
p Reimbursement paid to related organization(s) for expenses.			1 1	×
q Reimbursement paid by related organization(s) for expenses				×
			*	- ×
s Other transfer of cash or property from related organization(s)			╄	×
	including	covered relationships and transaction thresholds	action thresholds	
(a) None of solitod accounting	(b) Transaction	(c)	(b)	
ימוויכ טי הממכם טופטויגמוטי	type (a-s)		amount involved	R
(2)				
(2)				
(4)				
(5)				
(9)				
485		Sch	Schedule R (Form 990) 2018	0) 2018

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

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

(a) (b) (c) (c) (d) (e)	(q)	(c)	(p)	(a)	(j)	(6)	3		(5)	
Name, address and Env of enury	Primary adivity	(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total mome	end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	9 ownership
				Yes No			Yes No	_	Yes	Ŷ.
(1)										
							1			
(2)										_
(3)	- 1		_							
(4)										
	.									
(5)										
(9)										
(2)										
(8)										
(6)										_
(10)										
(11)									-	
(12)							!	-		
(13)										
(14)										
(15)			_							
(16)							_			
								Scl	nedule R (Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

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

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.