Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

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

Inspection

A	For th	he 2019	calendar year, or tax year beginning 07/01, 2019, and ending			06/30, 20	20
_			C Name of organization TR 120 S. LASALLE CORP		D Employer ider	ntification numb	er
В	Check if	applicable	C/O LPC REALTY ADVISORS I, LP		20-5234	4677	
Г	Add	iress one	Doing business as				
	7	ne change	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone nur	mber	
	⊣ .	al return	120 NORTH LASALLE STREET 2900		(312) 34	5-8784	
	Fina	al return/	City or town, state or province, country, and ZIP or foreign postal code			-	
	Ame	minated ended	CHICAGO, IL 60602		G Gross receipts	. \$	190,188.
· -		lication	F Name and address of principal officer JENIFER RATCLIFFE		H(a) Is this a grou		Yes X No
<u> </u>	pend	iding	120 N. LASALLE STREET #2900, CHICAGO, IL 60602		subordinates:	?	Yes No
· -		exempt sta		1		ach a list (see instr	
. i-	_	site.	12-10-10-10-10-10-10-10-10-10-10-10-10-10-		H(c) Group exemp		
🕌		of organ			on 1996 M s		nicile DE
	art I		mmary	iomiali	1001 100 100 100 100 100 100 100 100 10	State of legal dol	mone DE
			describe the organization's mission or most significant activities TO HOLD TITLE	<u>т</u> О 1	PROPERTY	COLLECT	TNCOME
4	1		REMIT NET INCOME TO THE TEACHERS RETIREMENT SYSTEM OF			СОВПВСТ	TITEOFIE
ğ			SOLE SHAREHOLDER				
Ë	1			- 0E0/	-6.411		_
Š	2		this box I if the organization discontinued its operations or disposed of more that		1	3	3.
9	3		er of voting members of the governing body (Part VI, line 1a)			4	3.
es	4		er of independent voting members of the governing body (Part VI, line 1b)			5	<u></u>
Ž	5		number of individuals employed in calendar year 2019 (Part V, line 2a)		• • • • • • •	6	
Activities & Governance	6		number of volunteers (estimate if necessary)		• • • • • •		0.
	10	i Total L	unrelated business revenue from Part VIII, column (C), line 12			7a	
		Net un			Prior Year	7b	ent Year
3		Camtrol	(4) Lead (1)			0.	0.
e e	8		butions and grants (Part VIII, line 1h)			0.	- 0.
F CUC Revenue	9		am service revenue (Part VIII, line 2g)		39,411,142		 0.
			ment income (Part VIII, column (A), lines \$, 4, and 70		552,07		186,427.
3	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	 -	38,859,06		186,427.
<u>-</u>	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	0.
Ē	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.	<u></u>
3	14		tts paid to or for members (Part IX, column (A), line 4)			0.	<u></u>
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5~10)	-		0.	<u></u>
en e	10 a		sional fundraising fees (Part IX, column (A), line 11e)			- 	
Ä	476		and along expenses (1 art 1x, colonia (5), into 20)			0.	- 0.
•			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	- 0.
,	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		38,859,068		186,427.
200	19	Reveni	ue less expenses Subtract line 18 from line 12		ing of Current Y		of Year
Sign	20	Total	Consta (Part V. Iva 46)	Degitti	-873,95		547,982.
et Assets nd Balanc	20 21		assets (Part X, line 16)	_	774,38		001,507.
g Ç	21		abilities (Part X, line 26)		-1,648,340		453,525.
	22		sets or furt balances Subtract line 21 from line 20		1,040,34	<u> </u>	133,323.
			f perjuly declare pat have examined this return, including accompanying schedules and statem	ents ar	nd to the hest of	my knowledge :	and helief it is
tru	e, corre	ect, and	somplete/Declaration of preparer (other than officer) is based on all information of which preparer has	any kn	owledge		
		١, `			15/14	1/2/	
Sig	jn	Si	of argue of officer will at the first the firs		Date	+	
He	ге		WANTHA KUUL'ALTH YOSUUAN				
		→ 1 √	/pe or print name and title				
-		<u> </u>	ype preparer's name Preparer's signature 1, Date		Check	ıf PTIN	
Pan	t	SARA	1 W 1to 2 1 51401	21	self-employe	 d P0107	8350
	parer	Eurm'n	White I I h		Firm's EIN ▶ 13		
Use	Only	·	address >200 EAST RANDOLPH STREET, STE 5500 CHICAGO, IL 60601			12-665-10	
Ma	y the		scuss this return with the preparer shown above? (see instructions)			X Ye	 -
			Reduction Act Notice, see the separate instructions.	· · ·	<u> </u>		990 (2019)
			,			071	· •••
JSA						466	

	m 990 (2019)			Page 2
Pa	Statement of Program Service	Accomplishments response or note to any line in this Part I	11	x
1	Briefly describe the organization's mission		<u>"</u>	A
	ATTACHMENT 1			
				
2	Did the organization undertake any signif	icant program services during the year	which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
2	If "Yes," describe these new services on So		uv it conducts one program	
3	Did the organization cease conducting, services?			Yes X No
	If "Yes," describe these changes on Sched	ule O		
4	Describe the organization's program ser expenses Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any, for	4) organizations are required to repo		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	NOT APPLICABLE			
				
			-	
			···-	
				_
	-	·		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		<u> </u>		
				
				
	<u> </u>			
	-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
			<u> </u>	
				
4d	Other program services (Describe on Sche	dule O)		
	(Expenses \$ including grain			
4e	Total program service expenses ▶			
JDA				- 000 (0040)

Form 990 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ļ.
	complete Schedule A	1_		X
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
	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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			N/A
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
	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		X
ı	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
tŀ	ne environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
C	complete Schedule D, Part III	8		Х
I	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
C	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
d	ebt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
ľ	f the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	II, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	mplete Schedule D, Part VI	11a		X
	id 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
	id 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
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			۱
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		х
	Schedule D, Parts XI and XII	12a	_	^
	Was the organization included in consolidated, independent audited financial statements for the tax year? If		х	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	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		
	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	445		Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 1
	Oid 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
	of any foreign organization? If Tes, complete scredule P, Parts II and IV	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	-	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		18		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		<u> </u>
		40		х
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	N/	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	13//	
	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
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Par	t IV 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		res	No
22	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			\vdash
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	<u>A</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		N/	4
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/	^
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		N/A	A
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	,,	 `
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		NI/	
	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/	ſ^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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			1
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34	Х	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	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	N/	Α
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	N/	Α
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ 		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
	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		ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X aan	(2019)
9E 1030	2 000	COILL	J J U	(2017)

|--|

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N//	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_	_N/ <i>i</i>	4
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	İ		ı
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_
b	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>A</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ľ	v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6	N/	Α
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			•
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	N/	Δ
h	and services provided to the payor?	7b	N/	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		171/	A
·	required to file Form 8282?	7c	N/	Α
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	N	Ā
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	N	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	N	<u>A</u>
	Sponsoring organizations maintaining donor advised funds.			لـــا
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_N	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/	<u>A</u>
	Section 501(c)(7) organizations. Enter	- 1		- 1
	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		·
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1]
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			}
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		-	
		12a	N	$\overline{\Delta}$
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	124	- 1	$\frac{2}{1}$
	· · · · · · · · · · · · · · · · · · ·	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	N	/ <u>A</u> _
	Is the organization licensed to issue qualified health plans in more than one state?			77
	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			}
	Enter the amount of reserves on hand		1	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-+	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b	N	/A_
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16]	<u>x</u>
	f "Yes," complete Form 4720, Schedule O			
		E.	aan	(2019)

Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI . See.Attachment.2			x
<u></u>		• • •		
Sec	tion A. Governing Body and Management		Yes	No
		<u></u>	165	 100
1a	Enter the number of voting members of the governing body at the end of the tax year	┨		
	if the governing body delegated broad authority to an executive committee or similar		_	.
_	committee, explain on Schedule O			
D	Enter the humber of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
•	any other officer, director, trustee, or key employee?	<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	x	
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		x
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organizations assets	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
14	one or more members of the governing body?	7a		х
b				
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Х	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		N	/A
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			لبہ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		\ ,,	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u>x</u>
13	Did the organization have a written whistleblower policy?	13	х	<u>^</u>
14	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		}	٠ ١
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a	The organization's CEO, Executive Director, or top management official	15a	х	^
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?	104		 -
D	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			
	organization's exempt status with respect to such arrangements?	16b	-Ņ	A
Secti	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	1900	tion F	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(360	וכ ווטוו	J 1(U)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	into-	act -	o kov
13	and financial statements available to the public during the tax year	miler	est b	oncy,
20		: .		
	State the name, address, and telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization's books and record telephone number of the person who possesses the organization is the person of the pers			
JSA		Form	990(2019)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors See Attachment 2

Тх

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. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor	any related	orga	nıza	atıor	n 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	(do a box, office	not c unle er an	Pos heck ss pe	C) sition more erson direc	e than o	one 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 below dotted line)	Individual trustee or director	Institutional trustee	er .	Key employee	Highest compensated employee	ner			related organizations
(1) JENIFER RATCLIFFE	1.40									
PRESIDENT	38.60	Х		Х				0.	0.	0.
(2) GREGORY COURTWRIGHT VP/ TREASURER	1.00	x		х				0.	0.	0.
(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 (2019)

JSA

Part VII Section A. Officers, Directors, Tre		y En	ipic			and i	nıyı		T	ee5 (
(A)	(B)				C)			(D)	(E)	No.	(F)
Name and title	Average hours per	(do	not cl		sition mor	e than c	one	Reportable compensation	Reportation Compensation		Estimated amount of
	week (list any					is both		from	related		other
	hours for related				_	tor/tru <u>s</u> f		the	organizati		compensation from the
	organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	organization
	below dotted	dual	ltion	4) pic	st a	۳	(11-271000-111100)			and related
	line)	T g	alto		yee	ğ		}]		organizations
		e e	trustee		-	See					
			[®]			l ed					
	l				l		l	İ			_
											
	 										
	ļ				L.						
	ļ _	ļ						j	J		
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	 		ĺĺ		ľ				l		
								 _			·
	} -							ļ			
			\vdash	-	-						
											
1b Sub-total	l						•	0.		0.	0
c Total from continuation sheets to Part VII, So	ection A						•	0.		0.	0
d Total (add lines 1b and 1c)							▶	0.		0.	0
2 Total number of individuals (including but not							re	ceived more than	\$100,000 o	f	
reportable compensation from the organization	1 🕨	0.									
											Yes No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ıvıdu	ıal							3 X
4 For any individual listed on line 1a, is the s											
organization and related organizations gre											
ındıvıdual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Ye	es," complet	e Scn	eau	ie J	tor	sucn	pers	<u>son</u>	· · · · <u>· · · · · · · · · · · · · · · </u>	<u>· · · </u>	5 X
Section B. Independent Contractors 1 Complete this table for your five highest com-							41	hat assemble assemble	45-a- \$100	000 -	
compensation from the organization Report of											
year	omponoutic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ų.		.a. , o.	u, 0	maning with or with	iii tiio organ	Lutio	TO TOX
- <u>-</u>			_				1			_	(C)
(A) Name and business add	ress						İ	(B) Description of se	rvices	С	(C) compensation
							t^-	•	 -		
							\top				
							1	 -			
							\vdash	·		_	
			-			•					· · · · · -
2 Total number of independent contractors (in	icludina bii	t not	lım	ited	l to	thos	e lis	sted above) who	received		
more than \$100,000 in compensation from the				_	0						

Par	rt VII	_						
		Check if Schedule O co	ontains a respor	nse or note to a	ny line in this Part \ (A) Total revenue	/III	(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 Fundraising events Related organizations		\$				
a C	h	Total. Add lines 1a-1f			0			
Program Service Revenue	2a b c			Business Code				
<u>Б</u> т	е		.					
Φ.	f	All other program service rev			0			
	3	Total. Add lines 2a-2f Investment income (include other similar amounts) Income from investment of	ding dividends,	interest, and	0			
	5	Royalties			0		_	
	}	7,111	(ı) Real	(ii) Personal				
	6a	Gross rents 6a	190,188]			
	ь	Less rental expenses 6b	3,761					
	c	Rental income or (loss) 6c	186,427			_		· · · · · · · · · · · · · · · · · · ·
	d	Net rental income or (loss).		<u> ▶</u>	186,427			<u> </u>
Revenue	7a b	Gross amount from sales of assets other than inventory 7a Less cost or other basis and sales expenses	(i) Securities	(II) Other				
8	d	Gain or (loss)		<u> </u>	0			-
Other	8a	Gross income from frevents (not including \$ of contributions reported 1c) See Part IV, line 18	on line	0				,
	þ	Less direct expenses Net income or (loss) from fu						- '
	9a	Gross income from activities See Part IV, line 19	gaming	0				
	ь	Less direct expenses		0				
	С 10а	Net income or (loss) from given Gross sales of inventor returns and allowances	ory, less	0	0			1
	b	Less cost of goods sold	<u>10ь</u>	0				!
	С	Net income or (loss) from sal	es of inventory		0			-
SI				Business Code				<u> </u>
Miscellaneous Revenue	11a							
Ilar	b							
Rev	С			<u> </u>		_		
Mis	d	All other revenue						
	е_	Total. Add lines 11a-11d		<u></u> ►	0		<u> </u>	

Form **990** (2019)

20-5234677

Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mu								
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations			3					
'	and domestic governments. See Part IV, line 21	٥.							
_	_								
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	0.							
	individuals See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.		 					
5	Compensation of current officers, directors, trustees, and key employees	0.							
6	Compensation not included above to disqualified			1					
	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								
-	section 401(k) and 403(b) employer contributions)	0.			1				
9		0.							
10	_ ' '	0.		†					
	Fees for services (nonemployees)			<u> </u>					
	Management	0.							
	b Legal	0.							
	Accounting	0.							
	Lobbying	0.							
	Professional fundraising services See Part IV, line 17.	0.							
	f Investment management fees	0.							
	Other (If line 11g amount exceeds 10% of line 25, column								
Ī	(A) amount, list line 11g expenses on Schedule O)	0.							
12	Advertising and promotion	0.	<u> </u>						
13		0.							
14	Information technology	0.							
15	Royalties	0.							
16	Occupancy	0.							
	Travel	0.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.	-						
		0.							
	Payments to affiliates	0.							
	Depreciation, depletion, and amortization	0.							
	Insurance	0.							
	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e If	•			j				
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)								
а									
		•							
			•	_					
	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 if following SOP 98-2 (ASC 958-720)	0.							

For	, m 990 (TR 120 S. LASALLE CORP		20-	5234677 Page 11
_	art X				- age 11
		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	348,984.	1	547,982.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	141.	4	0.
	5	Loans and other receivables from any current or former officer, director,		<u> </u>	
		trustee, key employee, creator or founder, substantial contributor, or 35%			-
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
ssets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment cost or other		1	
	ŀ	basis Complete Part VI of Schedule D 10a		<u> </u>	
	ь	Less accumulated depreciation 10b	0.	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	0.	14	0.
	15	Other assets See Part IV, line 11	-1,223,084.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	-873,959.	16_	547,982.
	17	Accounts payable and accrued expenses	774,381.	17	1,507.
	18	Grants payable	0.	18	0.
	19	Deferred revenue,	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to any current or former officer, director,	•		
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	<u></u>	24	
	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	0.	25	2,000,000.
	26	Total liabilities. Add lines 17 through 25	774,381.	26	2,001,507.
ses	20	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.	,301.	20_	
au	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ➤ X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	82,899,900.	30	82,908,287.
Assets	31	Retained earnings, endowment, accumulated income, or other funds	-84,548,240.	31	-84,361,812.
Net /	32	Total net assets or fund balances	-1,648,340.	32	-1,453,525.
z	33	Total liabilities and net assets/fund balances	-873,959.	33	547,982.
		<u> </u>			Form 990 (2019)

Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990

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

Open to Public Inspection

Name of the organization Employer identification number TR 120 S. LASALLE CORP C/O LPC REALTY ADVISORS I, LP 20-5234677 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 N/A 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 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 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 (for example, 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 2b b N/A 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........... 2d 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 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 Part III 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 FASB 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 FASB 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

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

Assets included in Form 990, Part X. .

Schedule D (Form 990) 2019

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 FASB ASC 958 relating to these items

Par	Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	e 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				
С	Leasehold improvements				
d	Equipment				
е	Other				
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10)c.) ▶	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		N/A
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al (Column (b) must equal Form 990, Part X, col (B) line 12).		
Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
)	-	
)		N/A
)		
)		
)		
)		
al (Column (b) must equal Form 990, Part X, col (B) line 13) .		
art IX Other Assets. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
)		
)		
)		
)		
)		
<u>) </u>		
al. (Column (b) must equal Form 990, Part X, col (B)	line 15)	<u></u> ▶
art X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f See Form 990, Part X,
	otion of liability	(b) Book value
) Federal income taxes		
SECURITY DEPOSIT		
)		
)		
)		
	· -	
)		
)		-
)		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 25)	· · · · · · · · · · · · · · · · · · ·	
Liability for uncertain tax positions. In Part XIII, provide the		
liability for uncertain tax positions. In Part XIII, provide the anization's liability for uncertain tax positions under FASB.		
anization's hability for oncertain tax positions under FASB	, 100 T TO GHOOK HOTE II	Schedule D (Form 990)

JSA 9E1271 1 000 TR 120 S. LASALLE CORP

20-5234677

Page 5

Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued)

Schedule D (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization

TR 120 S. LASALLE CORP

Employer identification number

c/o	LPC REALTY ADVI	SORS I, L	P						20-	5234	677			
Par								501(c)(29) organı 25a or 25b, or For			art V,	line 4)b	
1	(a) Name of disqualified	oorson	(b) Relatio	nship l	oetween	disqualified pers	on and	(c) Des	cription	of trans	action		(d)	Corrected?
		person			organiz	zation		(c) Des	cription	OI II al 15	action		Ye	s No
(1)	N/A													┸
(2)													_	.
(3)														
(4)														_
(5)														
(6)			<u> </u>											<u> </u>
2	Enter the amount of t		_			-		-	-		. •			
	under section 4958 .										_			
3	Enter the amount of ta	ax, if any, on iii	ne 2, above,	reimi	oursec	by the orga	nizatioi	n			\$_			
Dor	Loans to and/or	Erom Intoro	tod Doroone											
Par					Form	990-EZ Pa	art V. lu	ne 38a or Form 99	0. Parl	IV. lin	e 26	or if th	ne.	
	organization rep								, , , a, ,		.0 20,	O, 1, t.		
		T					ſ	(A.D.)	(-) (-	d = £= ILO	/ b \		(.) 14(
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or i	(e) Origin principal am		(f) Balance due	(g) in (default?		proveo ard or	agreer	ritten nent?
				organi	zation?						comn	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)										İ				
(2)	N/A													
(3)														•
(4)														
(5)														
(6)														
(7)														
(8)	<u></u>													
(9)														
(10)														
Total		<u> </u>			<u></u>	<u> </u>	<u> ▶</u>	\$						1
Pari	Grants or Assis	tance Benefit	ing Intereste	ed Pe	rsons.									
	Complete if the	1												
(a)	Name of interested person		between interest the organization) Amou	int of assistance	(d) Type of assistance		(e)	Purpos	e of ass	istance	•
(4)		pordon and	-										-	
(1)	NI/A													
(2)	_N/A													
(3)														
(4)									-+					
(5) (6)				+		<u> </u>								
(7)				+					-					
(8)				\dashv										
(9)				\dashv										
(10)				_										
	perwork Reduction Act	Notice, see the	Instructions	for Fo	rm 990	or 990-EZ.	·		Sche	dule L	(Form	990 or	990-EZ	2019

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Part IV Business Transactions Involving Interested Persons.

Schedule L (Form 990 or 990-EZ) 2019

Page 2

Complete if the organization and	swered "Yes" on Form 990, Part	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	aring of zation's nues?
				Yes	No
(1) LPC REALTY ADVISORS I, LP	MGMT COMPANY	12,429	ASSET MANAGEMENT FEE		х
(2)		_			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Part V Supplemental Information

(10)

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 Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. 120 S. LASALLE CORP

Employer identification number

OMB No 1545-0047

Open to Public

20-5234677

Inspection

ATTACHMENT 1

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

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C/O LPC REALTY ADVISORS I, LP

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.

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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.

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OMB No 1545-0047 2019

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

Open to Public Inspection

Employer identification number 20-5234677 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. TR 120 S. LASALLE CORP C/O LPC REALTY ADVISORS I, LP Department of the Treasury Internal Revenue Service Name of the organization Part I

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity N/A Part II Ξ 3 2 3 9 9

(a)	(2)	(2)	9	(e)	6	5)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Ехепр	Public of (if section)	Direct	Section 512(b)(13) controlled entity	12(b)(13) olled ty?
	İ					Yes	Š
(1) SEE ATTACHMENT 4							
					N/A		
(2)							
(3)							
			_				
(4)							
(5)							
(9)							
(2)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 99	o.				Schedule R	(Form 99	90) 2019
(7) For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0					Schedule R	Schedule R (Form 990) 2019

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

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Schedule R (Form 990) 2019

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. Part III

(h) (h) (i) (l) (k) (k) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Yes No									as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,
(g) Share of end-of- year assets										ganization answere
Share of total										omplete if the or
(e) Predominant Income (related, unrelated, excluded from tax under sections 512 - 514)										ation or Trust. C
(d) Direct controlling entity										le as a Corpor
(c) Legal domicile (state or foreign									-	ons Taxab
(b) Primary activity										ted Organizatic
(a) Name, address, and EIN of related organization		N/A								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ansi
N		E N	(2)	(3)	(4)	(2)	(9)	(1)		Part IV

	<u> </u>	√ 8 (13) √ 8 (2)	9	:	1		1		1			1		19
	Sed	512(b) contro entity	Yes			_		-						90) 20
	(h) Percentage	ownership												R (Form 9
	(g) Share of	end-of-year assets ownership controlled controlled entity?												Schedule R (Form 990) 2019
	(f) Share of total													
ig ine tax year.	(e) Type of entity	C corp S corp, or trust)												
an or trust durin	(d) Direct controlling	entity											-	
corporation	(c) Legal domicile	(state or foreign country)						-						
ons nealed as a	(b) Primary activity													
inic 34, because it liad one of illore related organizations treated as a corporation of trust during the tax year.	(a) Name, address, and EIN of related organization			N/A										
				Ð	2		(3)		(4)	2	(9)	5		

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Schedule R (Form 990) 2019 Method of determining Yes ×× × |×، × amount involved 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 9 Ī 1s 9 9 * 7 5 19 Purchase of assets from related organization(s), Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved 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) Performance of services or membership or fundraising solicitations for related organization(s) 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 Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s). Name of related organization Dividends from related organization(s) 9E13091000 5894GB 1353 **=** 0 Ε ¥ 9 **₹** 9 ල Ξ 3

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domcile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale aflocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes	No	
(1)											
(2)									<u> </u>		
(3)											
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Schedule R (Form 990) 2019

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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.