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**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**

|   |  |                        |   |   |  |
|---|--|------------------------|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PERA/URBAN WEST CORP.<br>Doing Business As  |                        |   | <b>D</b> Employer identification number<br>36-4029358   |  |
|   | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>C/O JONES LANG LASALLE, 200 E RANDOLPH DRI |                        | <b>E</b> Telephone number<br>(312) 782-5800                         |   |  |
|   | City or town, state or country, and ZIP + 4<br>CHICAGO, IL 60601   |                        |   | <b>G</b> Gross receipts \$ 3,233,445.   |  |
|   | <b>F</b> Name and address of principal officer JENNIFER PAQUETTE<br>1300 LOGAN STREET DENVER, CO 80203                             |                        |   | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) N/A |  |
| <b>I</b> Tax-exempt status<br><input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 25) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>J</b> Website ▶ N/A |   |   | <b>H(c)</b> Group exemption number ▶ N/A |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |                        | <b>L</b> Year of formation 1995 <b>M</b> State of legal domicile DE |   |  |

**Part I Summary**

|  |   |             |                           |              |
|--|---|-------------|---------------------------|--------------|
| Activities & Governance  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SEE ATTACHMENT 1   |             |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |             |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3 6.        |                           |              |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4 5.        |                           |              |
|  | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | 5 0         |                           |              |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | 6 0         |                           |              |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | 7a 0        |                           |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34            | 7b 0  |             |                           |              |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)  |             | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   |             | 0                         | 0            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |             | 5.                        | 3.           |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |             | 560,061.                  | 844,631.     |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |             | 560,066.                  | 844,634.     |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |             | 0                         | 0            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |             | 0                         | 0            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |             | 0                         | 0            |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |             | 0                         | 0            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  |             | 0                         | 0            |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)             |   | 0           | 0                         |              |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) |   | 0           | 0                         |              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      |   | 560,066.    | 844,634.                  |              |
| Net Assets or Fund Balances  | <b>20</b> Total assets (Part X, line 16)  |             | Beginning of Current Year | End of Year  |
|  | <b>21</b> Total liabilities (Part X, line 26)   |             | 27,638,917.               | 29,369,019.  |
|  | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   |             | 11,767,927.               | 13,172,528.  |
|  |   | 15,870,990. | 16,196,491.               |              |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: *Wade Judge* Date: 11/13/2012

Type or print name and title: Wade Judge

**Paid Preparer Use Only**

Print/Type preparer's name: MARINA D. PEDERSEN Preparer's signature: *Marina D. Pedersen* Date: 11/7/12 Check  if self-employed PTIN: P00176388

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-556207

Firm's address ▶ 303 E. WACKER DRIVE CHICAGO, IL 60601 Phone no 312-665-1000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED DEC 04 2012

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission  
ATTACHMENT 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?  Yes  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 services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, 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 \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No  |
|--|-----|-----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | X   |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | X   |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>                           |     | X   |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | N/A |     |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | N/A |     |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | N/A |     |
| 25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>  |     | 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? <i>If "Yes," complete Schedule L, Part I.</i>  |     | N/A |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>  |     | X   |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X   |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X   |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X   |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  |     | X   |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  |     | X   |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X   |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | X   |
| 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? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X   |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>   | X   |     |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X   |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>  |     | X   |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     | N/A |
| 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? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X   |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | X   |     |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns for question number, description, sub-questions (1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, gaming winnings, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, contributions, and Form 990 filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 with a taxable entity during the year? 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(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
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LASALLE INVESTMENT MANAGEMENT 200 EAST RANDOLPH DRIVE, CHICAGO IL, 60601 312-782-5800

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

Check if Schedule O contains a response to any question in this Part VII

**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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SEE ATTACHMENT 6  |  |   |                       |         |              |                              |        |  |   |   |
| (2)                   |  |   |                       |         |              |                              |        |  |   |   |
| (3)                   |  |   |                       |         |              |                              |        |  |   |   |
| (4)                   |  |   |                       |         |              |                              |        |  |   |   |
| (5)                   |  |   |                       |         |              |                              |        |  |   |   |
| (6)                   |  |   |                       |         |              |                              |        |  |   |   |
| (7)                   |  |   |                       |         |              |                              |        |  |   |   |
| (8)                   |  |   |                       |         |              |                              |        |  |   |   |
| (9)                   |  |   |                       |         |              |                              |        |  |   |   |
| (10)                  |  |   |                       |         |              |                              |        |  |   |   |
| (11)                  |  |   |                       |         |              |                              |        |  |   |   |
| (12)                  |  |   |                       |         |              |                              |        |  |   |   |
| (13)                  |  |   |                       |         |              |                              |        |  |   |   |
| (14)                  |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|--|--|----------------------|--|---|---|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .  | 1a                   |  |   |   |
|   | b  | Membership dues . . . . .  | 1b                   |  |   |   |
|   | c  | Fundraising events . . . . .   | 1c                   |  |   |   |
|   | d  | Related organizations . . . . .  | 1d                   |  |   |   |
|   | e  | Government grants (contributions) . . . . .  | 1e                   |  |   |   |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | 1f                   |  |   |   |
|   | g  | Noncash contributions included in lines 1a-1f \$ _____   |                      |  |   |   |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |                      | 0  |   |   |
| <b>Program Service Revenue</b>                                |  |  | <b>Business Code</b> |  |   |   |
|   | 2a   | _____  |                      |  |   |   |
|   | b  | _____  |                      |  |   |   |
|   | c  | _____  |                      |  |   |   |
|   | d  | _____  |                      |  |   |   |
|   | e  | _____  |                      |  |   |   |
|   | f  | All other program service revenue . . . . .  |                      |  |   |   |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |                      | 0  |   |   |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . <b>ATTACHMENT 2</b> ▶                              |                      | 3  |   | 3   |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . . ▶   |                      | 0  |   |   |
|   | 5  | Royalties . . . . . ▶  |                      | 0  |   |   |
|   |  |  | (i) Real             | (ii) Personal                                      |   |   |
|   | 6a   | Gross rents . . . . .  | 3,233,442            |  |   |   |
|   | b  | Less rental expenses . . . . .   | 2,388,811            |  |   |   |
|   | c  | Rental income or (loss) . . . . .  | 844,631              |  |   |   |
|   | d  | <b>Net rental income or (loss)</b> . . . . . ▶   |                      | 844,631  |   | 844,631   |
|   |  |  | (i) Securities       | (ii) Other   |   |   |
|   | 7a   | Gross amount from sales of<br>assets other than inventory . . . . .  |                      |  |   |   |
|   | b  | Less cost or other basis<br>and sales expenses . . . . .   |                      |  |   |   |
|   | c  | Gain or (loss) . . . . .   |                      |  |   |   |
|   | d  | <b>Net gain or (loss)</b> . . . . . ▶  |                      | 0  |   |   |
|   | 8a   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . a |                      |  |   |   |
|   | b  | Less direct expenses . . . . . b   |                      |  |   |   |
|   | c  | <b>Net income or (loss) from fundraising events</b> . . . . . ▶  |                      | 0  |   |   |
|   | 9a   | Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |                      |  |   |   |
|   | b  | Less direct expenses . . . . . b   |                      |  |   |   |
| c   | <b>Net income or (loss) from gaming activities</b> . . . . . ▶       |  | 0                    |  |   |   |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . . a |  |                      |  |   |   |
| b   | Less cost of goods sold . . . . . b                                  |  |                      |  |   |   |
| c   | <b>Net income or (loss) from sales of inventory</b> . . . . . ▶      |  | 0                    |  |   |   |
| <b>Miscellaneous Revenue</b>                                  |  | <b>Business Code</b>   |                      |  |   |   |
| 11a   | _____  |  |                      |  |   |   |
| b   | _____  |  |                      |  |   |   |
| c   | _____  |  |                      |  |   |   |
| d   | All other revenue . . . . .  |  |                      |  |   |   |
| e   | <b>Total.</b> Add lines 11a-11d . . . . . ▶                          |  | 0                    |  |   |   |
| 12  | <b>Total revenue.</b> See instructions . . . . . ▶                   |  | 844,634              |  |   | 844,634   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .   | 0                     |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .   | 0                     |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16, . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0                     |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 0                     |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                     |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 0                     |                                 |  |                             |
| 10 Payroll taxes . . . . .   | 0                     |                                 |  |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 0                     |                                 |  |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17   | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other . . . . .  | 0                     |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 0                     |                                 |  |                             |
| 13 Office expenses . . . . .   | 0                     |                                 |  |                             |
| 14 Information technology . . . . .  | 0                     |                                 |  |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 0                     |                                 |  |                             |
| 17 Travel . . . . .  | 0                     |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0                     |                                 |  |                             |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 0                     |                                 |  |                             |
| 23 Insurance . . . . .   | 0                     |                                 |  |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a -----  |                       |                                 |  |                             |
| b -----  |                       |                                 |  |                             |
| c -----  |                       |                                 |  |                             |
| d -----  |                       |                                 |  |                             |
| e All other expenses -----   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 0                     |                                 |  |                             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|                                    |  | (A)<br>Beginning of year  |             | (B)<br>End of year |             |             |
|------------------------------------|--|---|-------------|--------------------|-------------|-------------|
| <b>Assets</b>                      | 1  | Cash - non-interest-bearing   | 0           | 1                  | 0           |             |
|                                    | 2  | Savings and temporary cash investments  | 369,047.    | 2                  | 335,967.    |             |
|                                    | 3  | Pledges and grants receivable, net  | 0           | 3                  | 0           |             |
|                                    | 4  | Accounts receivable, net  | 94,824.     | 4                  | 18,656.     |             |
|                                    | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  | 0           | 5                  | 0           |             |
|                                    | 6  | 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) | 0           | 6                  | 0           |             |
|                                    | 7  | Notes and loans receivable, net   | 0           | 7                  | 0           |             |
|                                    | 8  | Inventories for sale or use   | 0           | 8                  | 0           |             |
|                                    | 9  | Prepaid expenses and deferred charges   | 32,040.     | 9                  | 31,476.     |             |
|                                    | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a         | 24,997,832.        |             |             |
|                                    | b  | Less accumulated depreciation   | 10b         |                    | 10c         | 24,997,832. |
|                                    | 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   | 3,713,912.  | 15                 | 3,985,088.  |             |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 27,638,917.   | 16          | 29,369,019.        |             |             |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 176,032.    | 17                 | 88,201.     |             |
|                                    | 18   | Grants payable  | 0           | 18                 | 0           |             |
|                                    | 19   | Deferred revenue  | 150,550.    | 19                 | 133,995.    |             |
|                                    | 20   | Tax-exempt bond liabilities   | 0           | 20                 | 0           |             |
|                                    | 21   | Escrow or custodial account liability Complete Part IV of Schedule D  | 0           | 21                 | 0           |             |
|                                    | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   | 0           | 22                 | 0           |             |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  | 11,250,000. | 23                 | 12,750,000. |             |
|                                    | 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  | 191,345.    | 25                 | 200,332.    |             |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 11,767,927. | 26                 | 13,172,528. |             |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |             |                    |             |             |
|                                    | 27   | Unrestricted net assets   |             | 27                 |             |             |
|                                    | 28   | Temporarily restricted net assets   |             | 28                 |             |             |
|                                    | 29   | Permanently restricted net assets   |             | 29                 |             |             |
|                                    | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.    |   |             |                    |             |             |
|                                    | 30   | Capital stock or trust principal, or current funds  | 0           | 30                 | 0           |             |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  | 19,518,024. | 31                 | 19,654,930. |             |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  | -3,647,034. | 32                 | -3,458,439. |             |
| 33                                 | <b>Total net assets or fund balances</b>   | 15,870,990.   | 33          | 16,196,491.        |             |             |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 27,638,917.   | 34          | 29,369,019.        |             |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |   |   |             |
|---|---|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 844,634.    |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 0           |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | 844,634.    |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 15,870,990. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | -519,133.   |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 16,196,491. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?   |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | N/A |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | N/A |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | N/A |    |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

PERA/URBAN WEST CORP.

Employer identification number

36-4029358

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year   |  |                              |
| 2 Aggregate contributions to (during year)  | N/A  |                              |
| 3 Aggregate grants from (during year)   |  |                              |
| 4 Aggregate value at end of year  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c N/A                          |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

|  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

|  |            |     |
|--|------------|-----|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ | N/A |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |     |

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

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance and expenses

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations, (ii) related organizations

Small table with Yes/No columns for 3a(i), 3a(ii), and 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A) -----   |                | N/A   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶       |                |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                | N/A   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) DEFERRED LEASE COMMISSIONS   | 3,258,347.     |
| (2) ACQUISITION FEES/COSTS   | 643,820.       |
| (3) DEFERRED FINANCING FEES  | 82,921.        |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ 3,985,088. |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) SECURITY DEPOSITS  | 141,736.       |
| (3) MANAGEMENT FEE PAYABLE   | 7,326.         |
| (4) DUE TO ADVISOR   | 2,607.         |
| (5) ACCRUED INTEREST PAYABLE   | 48,663.        |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 200,332. |                |

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |   |  |    |     |
|----|---|--|----|-----|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                |  | 1  |     |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                 |  | 2  |     |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                            |  | 3  |     |
| 4  | Net unrealized gains (losses) on investments  |  | 4  |     |
| 5  | Donated services and use of facilities  |  | 5  | N/A |
| 6  | Investment expenses   |  | 6  |     |
| 7  | Prior period adjustments  |  | 7  |     |
| 8  | Other (Describe in Part XIV)  |  | 8  |     |
| 9  | Total adjustments (net) Add lines 4 through 8   |  | 9  |     |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 |  | 10 |     |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |  |    |    |     |
|---|--|----|----|-----|
| 1 | Total revenue, gains, and other support per audited financial statements       |    | 1  |     |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |    |    |     |
| a | Net unrealized gains on investments  | 2a |    |     |
| b | Donated services and use of facilities   | 2b |    |     |
| c | Recoveries of prior year grants  | 2c |    |     |
| d | Other (Describe in Part XIV)   | 2d |    |     |
| e | Add lines 2a through 2d  |    | 2e |     |
| 3 | Subtract line 2e from line 1   |    | 3  |     |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |    |    |     |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |    |     |
| b | Other (Describe in Part XIV)   | 4b |    |     |
| c | Add lines 4a and 4b  |    | 4c | N/A |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  |     |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |   |    |    |     |
|---|---|----|----|-----|
| 1 | Total expenses and losses per audited financial statements                      |    | 1  |     |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                |    |    |     |
| a | Donated services and use of facilities  | 2a |    |     |
| b | Prior year adjustments  | 2b |    |     |
| c | Other losses  | 2c |    |     |
| d | Other (Describe in Part XIV)  | 2d |    |     |
| e | Add lines 2a through 2d   |    | 2e |     |
| 3 | Subtract line 2e from line 1  |    | 3  |     |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:              |    |    |     |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |     |
| b | Other (Describe in Part XIV)  | 4b |    |     |
| c | Add lines 4a and 4b   |    | 4c |     |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | N/A |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

N/A

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PERA/URBAN WEST CORP.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

36-4029358

**Part I Questions Regarding Compensation**

|   | Yes   | No   |   |  |  |   |   |  |  |  |
|---|---|--|---|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |   |  |  |   |   |  |  |  |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  | <b>1b</b>   |  |   |  |  |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>  | <b>2</b>  |  |   |  |  |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                                |  |   |  |  |   |   |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |  |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>   | <b>4b</b>  |   |  |  |   |   |  |  |  |
|   |   | X  |   |  |  |   |   |  |  |  |
|   |   | X  |   |  |  |   |   |  |  |  |
|   |   | X  |   |  |  |   |   |  |  |  |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>  | <b>5a</b>   | <b>5b</b>  |   |  |  |   |   |  |  |  |
|   |   |  |   |  |  |   |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>  | <b>6a</b>   | <b>6b</b>  |   |  |  |   |   |  |  |  |
|   |   |  |   |  |  |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>  | <b>7</b>  |  |   |  |  |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>   | <b>8</b>  |  |   |  |  |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |  |   |  |  |   |   |  |  |  |

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

|    | (A) Name         | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----|------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|    |                  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1  | SEE ATTACHMENT 7 | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 2  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 3  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 4  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 5  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 6  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 7  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 8  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 9  |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 10 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 11 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 12 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 13 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 14 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 15 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |
| 16 |                  | (i) -----<br>(ii) -----                            | -----                               | -----                               | -----  | -----                   | -----                           | -----   |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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  
PERA/URBAN WEST CORP.

Employer identification number  
36-4029358

SEE ATTACHMENT 8

ATTACHMENT 1

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

PERA/URBAN WEST CORP. IS A SECTION 501(C)(25) ORGANIZATION. IT WAS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF ACQUIRING REAL PROPERTY, HOLDING TITLE TO AND COLLECTING INCOME FROM SUCH PROPERTY, AND REMITTING THE ENTIRE AMOUNT OF THE INCOME FROM SUCH PROPERTY (LESS EXPENSES) TO THE SHAREHOLDER OF THIS CORPORATION. THE SOLE SHAREHOLDER OF THIS CORPORATION IS THE PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION OF COLORADO, WHICH IS A TAX-EXEMPT PENSION FUND WHICH MEETS THE REQUIREMENTS OF SECTION 414(D). ALL DISTRIBUTIONS WERE PAID TO THE PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION OF COLORADO. THIS SHAREHOLDER RECEIVED THE 2011 NET INCOME OF PERA/URBAN WEST CORP.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>(A)<br/>TOTAL<br/>REVENUE</u> | <u>(B)<br/>RELATED OR<br/>EXEMPT REVENUE</u> | <u>(C)<br/>UNRELATED<br/>BUSINESS REV.</u> | <u>(D)<br/>EXCLUDED<br/>REVENUE</u> |
|--------------------|----------------------------------|--|--|-------------------------------------|
| INTEREST INCOME    |                                  | 3.   |  | 3.                                  |
| TOTALS             |                                  | <u>3.</u>                                    |  | <u>3.</u>                           |

Name of the organization  
PERA/URBAN WEST CORP.

Employer identification number  
36-4029358

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u>        | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> |
|---------------------------|---------------------------------|------------------------------|
| PREPAID INSURANCE         | 30,203.                         | 28,901.                      |
| PREPAID REAL ESTATE TAXES | 0.                              | 24.                          |
| PREPAID EXPENSES-OTHER    | 1,837.                          | 2,551.                       |
| TOTALS                    | <u>32,040.</u>                  | <u>31,476.</u>               |

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|---------------------------------|------------------------------|
| PREPAID RENT       | 150,550.                        | 133,995.                     |
| TOTALS             | <u>150,550.</u>                 | <u>133,995.</u>              |

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: PRUDENTIAL INSURANCE COMPANY OF AMERICA  
 ORIGINAL AMOUNT: 12,750,000.  
 INTEREST RATE: 4.610000  
 DATE OF NOTE: 06/2011  
 MATURITY DATE: 06/05/2021  
 PURPOSE OF LOAN: TO INCREASE RETURN ON PROPERTY  
 DESCRIPTION AND FMV: CASH  
 OF CONSIDERATION:

|   |                    |
|---|--------------------|
| BEGINNING BALANCE DUE .....                       | 11,250,000.        |
| ENDING BALANCE DUE .....                          | 12,750,000.        |
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | <u>11,250,000.</u> |
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE    | <u>12,750,000.</u> |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

2011

Open to Public Inspection

Name of the organization

PERA/URBAN WEST CORP.

Employer identification number 36-4029358

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Table with 7 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity?

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

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) N/A   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) N/A   |                         |  |                                  |  |                              |                                    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

|  | Yes | No |
|--|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |     | X  |
| b Gift, grant, or capital contribution to related organization(s)                                |     | X  |
| c Gift, grant, or capital contribution from related organization(s)                              |     | X  |
| d Loans or loan guarantees to or for related organization(s)                                     |     | X  |
| e Loans or loan guarantees by related organization(s)  |     | X  |
| f Sale of assets to related organization(s)  |     | X  |
| g Purchase of assets from related organization(s)  |     | X  |
| h Exchange of assets with related organization(s)  |     | X  |
| i Lease of facilities, equipment, or other assets to related organization(s)                     |     | X  |
| j Lease of facilities, equipment, or other assets from related organization(s)                   |     | X  |
| k Performance of services or membership or fundraising solicitations for related organization(s) |     | X  |
| l Performance of services or membership or fundraising solicitations by related organization(s)  |     | X  |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |     | X  |
| n Sharing of paid employees with related organization(s)   |     | X  |
| o Reimbursement paid to related organization(s) for expenses                                     |     | X  |
| p Reimbursement paid by related organization(s) for expenses                                     |     | X  |
| q Other transfer of cash or property to related organization(s)                                  |     | X  |
| r Other transfer of cash or property from related organization(s)                                |     | X  |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|--|
| (1) | N/A                               |                               |                        |  |
| (2) |                                   |                               |                        |  |
| (3) |                                   |                               |                        |  |
| (4) |                                   |                               |                        |  |
| (5) |                                   |                               |                        |  |
| (6) |                                   |                               |                        |  |

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

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

---

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

---

## PART VII - A - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES

| (A)  | (B)                    | (C)      | (D)   | (E)  | (F)  |
|--|------------------------|----------|---|--|--|
| Name and Title   | Average Hours per Week | Position | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of other compensation from the organization and related organizations |
| WADE JUDGE - PRESIDENT<br>C/O LASALLE INVESTMENT MANAGEMENT<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601                            | 1 00%                  | OFFICER  | NONE  | NONE   | NONE   |
| STEVE INGLIS - VICE PRESIDENT/ASSISTANT SECRETARY<br>C/O LASALLE INVESTMENT MANAGEMENT<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601 | 2 50%                  | OFFICER  | NONE  | NONE   | NONE   |
| STEVE SCHNUR - VICE PRESIDENT<br>C/O LASALLE INVESTMENT MANAGEMENT<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601                     | 8 33%                  | OFFICER  | NONE  | NONE   | NONE   |
| PETER H SCHAFF - SECRETARY<br>C/O LASALLE INVESTMENT MANAGEMENT<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601                        | 1.00%                  | OFFICER  | NONE  | NONE   | NONE   |
| KIMBALL C WOODROW - TREASURER<br>C/O LASALLE INVESTMENT MANAGEMENT<br>200 EAST RANDOLPH DRIVE<br>CHICAGO, IL 60601                     | 1 00%                  | OFFICER  | NONE  | NONE   | NONE   |
| JENNIFER PAQUETTE - DEPUTY EXECUTIVE DIRECTOR  |                        |          |   |  |  |
| PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION OF COLORADO<br>1301 PENNSYLVANIA STREET<br>DENVER, CO 80203                                   | 100%                   | OFFICER  | NONE  | \$ 412,602   | \$ 14,147  |

PERA URBAN WEST CORP.

FEIN: 36-4029358

SCHEDULE J - PART II - OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES

| (A)   | (B)                          |   | (C)   | (D)                          | (E)                    | (F)                               |   |
|---|------------------------------|---|---|------------------------------|------------------------|-----------------------------------|---|
| Name  | (i) Base<br>Compensati<br>on | (ii) Bonus &<br>Incentive<br>Compensati<br>on | (iii) Other<br>Reportable<br>Compensati<br>on | Deferred<br>Compensati<br>on | Nontaxable<br>Benefits | Total of<br>Columns<br>(B)(i)-(D) | Compensati<br>on Reported<br>on Prior<br>Year Form<br>990 |
| JENNIFER PAQUETTE<br>CHIEF INVESTMENT OFFICER<br>PUBLIC EMPLOYEES' RETIREMENT<br>ASSOCIATION OF COLORADO<br>1300 LOGAN STREET<br>DENVER, CO 80203 | \$ 354,971                   | \$ 34,610                                     | \$ 8,874                                      | \$ -                         | \$ 45,207              | \$ 443,662                        | \$ 463,855  |

**SCHEDULE O**

**Part VI-Governance, Management, and Disclosure**

**Line 6:** The sole member of PERA/Urban West Corp.. is Public Employees' Retirement Association of Colorado (COPERA). COPERA is a tax exempt pension fund that meets the requirements of section 414(d).

**Line 7:** COPERA has the authority to elect one or more members of the governing body/board of directors. The affairs and management of PERA/Urban West Corp.. will be under the control of the board of directors. The board of directors consists of the individuals below:

Jennifer Paquette - Executive Director

Wade Judge - President

Steve Inglis - Vice President/Assistant Secretary

Peter H. Schaff - Secretary

Kimball C. Woodrow - Treasurer

The director of PERA/Urban West Corp., Jennifer Paquette, is the Chief Investment Officer of COPERA. The officers of PERA/Urban West Corp.. are all employed by LaSalle Investment Management, Inc (LaSalle). LaSalle provides investment management services to COPERA.

**Line 9:** The organization's mailing address is the same as LaSalle Investment Management, Inc. As such, Jennifer Paquette is the only member of the board of directors who cannot be reached at the organization's mailing address. Her address is:

Jennifer Paquette  
Public Employees' Retirement Association of Colorado  
1300 Logan Street  
Denver, CO 80203

**Line 15:** Jennifer Paquette, the Executive Director, is the only board member that receives compensation from a related organization (COPERA). A study is conducted and an independent consultant gives input to determine reasonable compensation for an employee in the Executive Director position. Once reasonable compensation is determined, the compensation committee and board of directors must grant their approval.

**Line 18:** The organization's Form 990 is available upon request.

**Line 19:** The organization does not make governing documents, conflict of interest policies, and financial statements available to the public.

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

Jennifer Paquette is a full time employee of COPERA. She devotes 100% of her time to COPERA as the Chief Investment Officer.

## PERA URBAN WEST CORP.

FEIN: 36-4029358

## SCHEDULE R - PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

| (A)  | (B)  | (C)            | (D)                 | (E)                   | (F)                       |
|--|--|----------------|---------------------|-----------------------|---------------------------|
| Name, address, EIN or related organization   | Primary activity                           | Legal domicile | Exempt Code Section | Public charity status | Direct controlling entity |
| Public Employees' Retirement Association of Colorado<br>1300 Logan Street<br>Denver, CO 80203<br>FEIN 26-0339650             | Pension Fund                               | CO             | § 115               | N/A                   | N/A                       |
| PERA Bowles, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 20-2529747           | Title Holding Company<br>for Real Property | CO             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA Lee Branch, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 26-0339650       | Title Holding Company<br>for Real Property | CO             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA City Plaza Tampa, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 20-1837116 | Title Holding Company<br>for Real Property | CO             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA Willow Creek, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 06-1607002     | Title Holding Company<br>for Real Property | DE             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA Castlepark, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 16-1641642       | Title Holding Company<br>for Real Property | CO             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA 7825 Fay Ave, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 20-4303602     | Title Holding Company<br>for Real Property | DE             | § 501(c)(25)        | N/A                   | N/A                       |
| PERA Montrose, Inc<br>C/O Jones Lang Lasalle, Inc<br>200 East Randolph Drive<br>Chicago, IL 60601<br>FEIN 20-4727501         | Title Holding Company<br>for Real Property | CO             | § 501(c)(25)        | N/A                   | N/A                       |

### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|   |  |  |
|---|--|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions<br><b>PERA/URBAN WEST CORP.</b>                                 | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>36-4029358</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>C/O JONES LANG LASALLE, 200 E RANDOLPH DRIVE</b> | Social security number (SSN)<br><input type="checkbox"/>   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>CHICAGO, IL 60601</b>          |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**SENT TO MAY 10 2012**

• The books are in the care of ► LASALLE INVESTMENT MANAGEMENT **IRS**

Telephone No ► 312 782-5800 FAX No. ► 312 601-1443

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 2011 or

►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

|   |       |      |
|---|-------|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                    | 3a \$ | NONE |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | NONE |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c \$ | NONE |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**.  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions</small> | Name of exempt organization or other filer, see instructions<br><br>PERA/URBAN WEST CORP.                                  | Enter filer's identifying number, see instructions<br>Employer identification number (EIN) or<br><br><input checked="" type="checkbox"/> 36-4029358 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><br>C/O JONES LANG LASALLE, 200 E RANDOLPH DRIVE | Social security number (SSN)<br><br><input type="checkbox"/>  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br>CHICAGO, IL 60601          |   |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  LASALLE INVESTMENT MANAGEMENT  
 Telephone No.  312 782-5800 FAX No.  312 601-1443
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2012

5 For calendar year 2011, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension INFORMATION NEEDED TO PROVIDE A FULL AND COMPLETE TAX RETURN UNAVAILABLE AT THE CURRENT TIME

|   |       |      |
|---|-------|------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a \$ | NONE |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | NONE |
| c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | 8c \$ | NONE |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Marina D. Pedersen Title  CPA Date  8/8/12

**SENT TO**  
**AUG 09 2012**  
**IRS**