Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047
2018
<u> </u>
Open to Public
Inspection

A	or the		018, and ending			, 20
		C Name of organization SEACLIFF VILLAGE SHOPPING CEN	TER, INC.	D En	iployer identif	fication number
B (Check if appli	C/O BARINGS, LLC			14-18477	88
	Address	Doing business as				
	Name ch	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Te	lephone numb	er
	Instial re	ONE FINANCIAL PLAZA	1700	(86	50) 509-	-2200
	Final ret	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>			
	. terminat Amende			G Gr	oss receipts \$	8,874,813.
\vdash	return Applicat		JEHAM		Is this a group re	
_	pending	C/O BARINGS, LLC, ONE FINANCIA, HARTFORD,		J H/IN	subordinates? Are all subordinate	\vdash
_	Tay ayan	25		1 ''		a list (see instructions)
÷		npt status 501(c)(3) X 501(c) (25) ◀ (insert no) 4947(a	1)(1) or 52	- / -	•	
			1 1 1 1 1		Group exemption	ate of legal domicile DE
		···· - · · · · · · · · · · · · · · · ·	L real of	i loimation 2	OOZ NI Sta	ate of legal domicile DE
	art l	Summary	T DDADEDTV	UOIDIN	C COMPAN	ıv
		riefly describe the organization's mission or most significant activities REA	L PROPERTI	попрти	3 COMPAN	
e e	_					
ra B	_			: 15D	_	
Activities & Governance	2 C	theck this box I if the organization discontinued its operations or organization discontinued its operation d	posed of more than		net assets	. 1
Ö	3 N	iumber of voting members of the governing body (Part VI, line Ta)	· · · · · · · · · · · · · · · · · · ·		-121 - 13	
S	4 N	lumber of independent voting members of the governing body (Part VI, line a	1	DENC:	10 4	
ŧ	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	OCT.0	4.4013	100 5	
ŧ	6 T	otal number of volunteers (estimate if necessary)			.]뜨 6	
⋖	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	NODE	111	$\begin{bmatrix} \cdot & \cdot & \end{bmatrix} \frac{76}{2}$	
	bΝ	et unrelated business taxable income from Form 990-T, line 38	OGDE	<u> </u>	7۱ ببب	b
		•		Pric	or Year	Current Year
9	8 C	contributions and grants (Part VIII, line 1h)			0 .	•
enn	9 P	rogram service revenue (Part VIII, line 2g)		8,	478,114.	
Revenue	10 In	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)			0 .	
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0 .	. 0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	8,	478,114.	8,874,813.
	13 G	Frants and similar amounts paid (Part IX, column (A), lines 1-3)			0 .	. 0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0.	. 0.
ģ	4	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1			0 .	. 0.
nse	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		-	0.	. 0.
Expenses	ЬТ	otal fundraising expenses (Part IX, column (D), line 25) ▶	0.			
ω	17 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,	012,623.	4,075,726.
	l .	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,	012,623.	4,075,726.
		evenue less expenses Subtract line 18 from line 12			465,491.	
e o	13 11			Beginning o	f Current Year	r End of Year
ets	20 T	otal assets (Part X, line 16)		144,	564,786.	145,875,119.
Ass	21 T	otal liabilities (Part X, line 26)			874,075.	
Net Assets or Fund Balances	22 N	let assets or fund balances Subtract line 21 from line 20			690,711.	
2	rt II	Signature Block		1		
		ties of perjury, I declare that I have examined this return, including accompanying so	hedules and staten	nents, and to	the best of m	v knowledge and belief, it is
true	e, correct,	, and complete Declaration of preparer (other than officer) is based on all information of	f which preparer has	s any knowled	ge	
	1				9/6	119
Sig	n	Signature of officer			Date /	/ · · · · · · · · · · · · · · · · · · ·
He		MICHAEL DOMAINGUE MANA	GER		•	
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Т.	Sheek I	PTIN
Paid	4	I di i a c			Check if self-employed	P00368784
Pre	parer ⊢	DD TODUS MEDILOUGHOOODED G. T.L.D.	ra 30,04/			-4008324
Use	Only				0.66	0-241-7000
Mai		Firm's address >185 ASYLUM STREET, SUITE 2400 HARTFORD, CT 06103-3404		Phone	3 no 00 C	1,
		RS discuss this return with the preparer shown above? (see instruction	ліs)		· · · · · ·	X Yes No
For	Panerw	ork Reduction Act Notice, see the separate instructions.				Form 990 (2018)

JSA

_	m 990 (2018)			****		Page Z
P		of Program Service Ac				
_			sponse or note to any li	ne in this Part III	<u> </u>	. <u> </u>
1	,	IOLDING COMPANY				
	REAL PROPERTY	OLDING COMPANI				
		······································				
2	Did the organization	undertake any signific	ant program services d	uring the year which	h were not listed on t	he
	If "Yes," describe thes	e new services on Sch	nedule O			
3			or make significant c			
					• • • • • • • • • • • • •	Yes X No
	•	e changes on Schedul		or anch of its throa	largest program ser	vices, as measured by
4						d allocations to others,
			each program service re		amount or grante and	
	, , , , , , , , , , , , , , , , , , , ,	, ,		•		
4a	(Code 531120)	(Expenses \$ 4,04	6,906 including grants	of \$) (Revenue \$	8,874,813)
			HELD TITLE TO RE		_	
	COLLECTED AND F	REMITTED THE INC	OME THEREFROM TO	ITS OWNER-		
	THE LUCENT MAST	ER PENSION TRUS	ST (A TAX-EXEMPT	ENTITY).		
						
			 		· · · · · · · · · · · · · · · · · · ·	
			 		 	
4h	(Code)	(Expenses \$	including grants	of \$) (Revenue \$	<u> </u>
•••	,	(2,40,1000 4		····		

						-
				_		
			.		-	
40	(Codo)	/Evnences \$	including grants	of \$	\ / Pevenue \$	
40	(Code)	(Expenses #	including grants	υι Ψ		
	· · · · · · · · · · · · · · · · · · ·					
						
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_			 			
4d	· -	es (Describe in Schedu		\		
_	(Expenses \$	including gran) (Revenue \$)	
4e JSA	Total program service	expenses >	4,046,906.			
8E1	020 1 000 TG7115 2 270		v 18-5.	4 F		Form 990 (2018) PAGE 3
	TS7115 2870		v 10-3.	4 L		PAGE 3

Part	Checklist of Required Schedules	-		age O
21	Oncornist of required octication		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		-	
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	<u> </u> i		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ł	v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- 1	v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مد ا		v
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا مرا		v
•	If "Yes," complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		Х
ICA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Page 4

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
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	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b	i	Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ا .۔. ا		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Pari		1 30	- 1	
u člil	Check if Schedule O contains a response or note to any line in this Part V			
	Officery in deficulties of contains a response of flote to any line in this fact v	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0.		İ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and		İ	
,	reportable gaming (gambling) winnings to prize winners?	1c		_
SA		Form	990	(2018)

Form	990 (2018)		F	Page 5
Par	t V: Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	ا ۔ ا		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ا ۔ ا		X
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 6		l
_	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
L	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	required to file Form 8282?	7c		l
a	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	l
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, _		
	excess parachute payment(s) during the year?	15		
4-	If "Yes," see instructions and file Form 4720, Schedule N	4.	ļ	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O	Form	990	(2018)
				, /

Form	990 (2018) SEACLIFF VILLAGE SHOPPING CENTER, INC. 14-184	7788		Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	Х
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	<u> </u>	
þ	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	1	Λ
Sect	ion B. Policies (This Section B requests information about policies not required by the internal Revenue	Code	/ Yes	No
40.	Did the account of head should be about the should be a still be a	10a		X
	Did the organization have local chapters, branches, or affiliates?	104		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990			
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			l
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion 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 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(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. Other (explain in Schedule O)			
4.5				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MICHAEL DOMAINGUE C/O BARINGS, LLC, ONE FINANCIAL PLAZA HARTFORD, CT 06103 (860) 509-2200	s >		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor	any related	lorga	nıza	tion	ı coı	mpen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unle: er and	Pos heck ss pe	erson Irrect	e than or trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)PAMELA SCHMIDT BONEHAM	0.									
PRESIDENT	0.	Х		Х				0.	0.	0.
(2)MICHAEL E. ZAMMITTI	0.									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(3)JOHN KOLB	2.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)KELLY KINNON	1.00									
VICE PRESIDENT/SECRETARY	0.			Х				0.	0.	0.
(5)JOHN KENNEDY	0.									
VICE PRESIDENT	0.			Х				0.	0.	0.
(6)ROBERT GIFFIN	2.00									
VICE PRESIDENT	0.			Х	_			0.	0.	0.
(7)MICHAEL DOMAINGUE	2.00									
ASSISTANT TREASURER	0.			Х			<u> </u>	0.	0.	0.
(8)										-
(9)			-							
(10)										
(11)										
(12)										
(13)										
(14)										

oage	8

Part VII Section A. Officers, Directors, Tru	1	y En	pic			and I	lig				<u>continue</u>	
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson Irect	e than o	an ee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed ations	com	(F) timated tount of other pensation om the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	3-MISC)	orga and	anization i related inizations
					ĺ							
								_				
1b Sub-total	ection A .						\mathbf{v}	0. 0.		0. 0.		0.
Total number of individuals (including but not reportable compensation from the organization.)	limited to the		liste				re	ceived more than	\$100,000	of	- ·	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf.	"Yes	," (complete Schedu	e J for	such	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	on 1	from	any	unr	elated organization	n or indiv	ıdual	5	X
Section B. Independent Contractors	30, 001119101	.0 001		70 0	, <u>, , , , , , , , , , , , , , , , , , </u>	ouom	0010		<u> </u>			I <u></u>
Complete this table for your five highest com- compensation from the organization. Report c year.												
(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) Compens	ation
ATTACHMENT 1												
2 Total number of independent contractors (in	ncluding bu	ıt not	lım	ııted	d to	thos	e lis	sted above) who	received			
more than \$100,000 in compensation from the								,				

Form	990 (2	O18) SEACLIFF VILLAGE SHOPPING CENTER, INC. 14-1847788									
	t VII										
	•	Check if Schedule O contains a respon	nse or note to a	ny line in this Part	VIII						
1	L			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
fts, Grants Amour ts	1a b	Federated campaigns		marous continuous marous A STATE OF THE STA	A supplied to the supplied of	in the state of th					
tions, Gifts, r Similar Ai	d e	Related organizations		The remarks in the straight of			79127				
Contributions, Giff and Other Similar	g	and similar amounts not included above	· · · · · · · · · · · · · · · · · · ·	The manufacture of the state of	in the second se	This begins on manima unununun se seun habi bai sel sepen meneremmannun sepen habi bai sel sepen meneremmannun sepen habi bai sel sepen meneremmannun sepen sel sel sel sel sel sel sel sel sel sel	mmumma a shiphara a shi kummun mmumma shiphara a shi kummuna a milyama shi ka a shi shi shi shi shi shi shi shi shi shi				
Revenue	2a	RENTAL INCOME	Business Code 531120	8,874,813	8,874,813.	Light and a quadratic mannamentum and	miniming of 1 1217 minimin				
Program Service Revenue	b c d e f	All other program service revenue									
<u>~</u>	<u>g</u> 3	Total. Add lines 2a-2f	nds, interest,	8,874,813	2	क्षेत्रस्य स्थापनेत्रः श्री र पूर्वि पूर्वि पुरुष	ठ ु () प्रशिवा 				
=	5	Royalties		0 0	See Section of the second major dentile	Tan i siinin ka ka ka ka ka ka ka ka ka ka ka ka ka	1.0000 1.00 T X X T X X T X X X X X X X X X X X X				
•	6a b	Cross rents	>	negamman parama bahan mara dalah	A 13 1 - A 19 19 19 19 19 19 19 19 19 19 19 19 19	ymėnuminėmpodoteinėjei injininėseemm 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Hilliahanjakan in femananan egyyte 2				
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(II) Ollier	nomica aksternia prima mana a		11. ** ** ** ** ** ** ** ** ** ** ** ** **	8 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	c d	Gain or (loss)		udar damatanadahan maniferan (**).	M selective of the Salin Section of Contraction	imaginan ajamunumumining balan (1747)	Shaper results in minimum intensity				
Othe: Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)		ข้าเก้าเราะ ที่เก็บกระด้างก่าว การเคลื่อเก็บกะสำน แกกที่เก็บเก็บกับกับกุลเคลื่อเกรนเขาเพลา เราะ เราะ เราะ เก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บการเก็บ	the right out and the right of	manningan yapatan yang terlebah salam salam salam salam salam salam salam salam salam salam salam salam salam s	tamanagumananilimmuquminiya				
Othes F	b	See Part IV. line 18 a Less direct expenses b Net income or (loss) from fundraising events	, i	manus programme of the control of th	The state of the s	a munimare in it sensing depends 111 112	a su ng antonomingung ngond a su ng antonomin Pupu su mind g				
ı		Gross income from gaming activities See Part IV, line 19	<u>.</u> <u>.</u> <u>.</u> <u>.</u> 0	นา นา นา นา นา นา นา นา นา นา นา นา นา น	सर्वाच्यास्त्रकाराम् व्याप्तास्त्रकाराम् व्याप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम् स्त्र स्त्राप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम् स्त्राप्तास्त्रकाराम्	manimina sa akasa sa manimina	2000 13 and 1 and 1				
	c 10a	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances.	>	0	Edward State of State	Sandhang 7 manaka midiga be barah.	1 3 9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
0	b c	Less cost of goods sold		, 0	March 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	•	,				
	11a b	· · · · · · · · · · · · · · · · · · ·	223,1000,5044		edinida time corre di upona. "A 21", " coss. st	, , , , , , , , , , , , , , , , , , , ,	a				
	С	All other revenue			-						

Total. Add lines 11a-11d . . . Total revenue. See instructions

8,874,813

Part IX Statement of Functional Expenses

36	Charles Schodule O centerns a rest				
_	Check if Schedule O contains a resp		(B)	(c)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	_			
	and domestic governments. See Part IV, line 21	0.		1 1 2 2 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
2	Grants and other assistance to domestic			Language and the	
	ındıvıduals See Part IV, line 22	0.		1 1 1 1 1 1 1 1 1 1	, T 3 and T 4 and T 5
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals See Part IV, lines 15 and 16	· 0.		1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
4	Benefits paid to or for members	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A de la
5	Compensation of current officers, directors,				
	trustees, and key employees	0.	<u> </u>		
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.			,
?	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)	0.			
9		0.			
10	Payroll taxes	0.		-	
11	Fees for services (non-employees)	0			
	Management	0.			
	Legal	· 0.		ļ	
	Accounting	0.			
	Lobbying	0.		ا ا ا	
	Professional fundraising services See Part IV, line 17,	0.		, ,	
	f Investment management fees	<u> </u>			
g	Other (If line 11g amount exceeds 10% of line 25, column	0.			
	(A) amount, list line 11g expenses on Schedule O)	0.			
	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	. 0.			
15	Royalties	0.	-		·
16	Occupancy	0.			
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials	0.		15	
40	Conferences, conventions, and meetings	0.			
19		0.	-		
20 21	Interest	0.			
	Depreciation, depletion, and amortization	0.			_
22 23	Insurance	0.	,		-
	Other expenses Itemize expenses not covered		, ,	21.2	- 1 11 11 1
24	above (List miscellaneous expenses in line 24e If		,		
	line 24e amount exceeds 10% of line 25, column	ر اسور دراگارات عالم المحادث عارف و از را		Special 1 1 7 1 10	
	(A) amount, list line 24e expenses on Schedule O)				
9	RENTAL EXPENSES	4,046,906.	4,046,906.		, , , , , , , , , , , , , , , , , , , ,
	CONSULTING/PROFESSIONAL FEES	20,809.		20,809.	
-	OTHER NON-OPERATING EXPENSES	8,011.	-	8,011.	
d		. i			
	All other expenses	· ·			
	Total functional expenses. Add lines 1 through 24e	4,075,726.	4,046,906.	28,820.	
26					
	from a combined educational campaign and				
	fundraising solicitation Check here [Institute of the content of	^	,		
	following SOP 98-2 (ASC 958-720)	0.			

Page **11**

Check if Schedule O contains a response or note to any line in this Personal Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11	(A) Beginning of year 0. 583,066. 0. 163,216. 0. 67,833.	1 2 3 4 5 6 7 8 9	(B) End of year 0. 126,320. 0. 122,701. 0. 0. 0. 86,340.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 583,066. 0. 163,216. 0. 0. 0. 67,833.	2 3 4 5 6 7 8 9	0. 126,320. 0. 122,701. 0. 0. 0. 0. 86,340.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	583,066. 0. 163,216. 0. 0. 0. 67,833.	2 3 4 5 6 7 8 9	126,320. 0. 122,701. 0. 0. 0. 86,340.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 163,216. 0. 0. 0. 67,833.	3 4 5 6 7 8 9	0 122,701 0 0 0 0 0 86,340
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 0. 0. 0. 67,833.	5 6 7 8 9	0 0 0 0 86,340
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 0. 0. 0. 67,833.	5 6 7 8 9	0 0 0 0 86,340
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 0. 0. 67,833.	6 7 8 9	0 0 0 86,340
Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - other securities See Part IV, line 11	0. 0. 0. 67,833.	6 7 8 9	0 0 0 86,340
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net	0. 0. 0. 67,833.	6 7 8 9	0 0 0 86,340
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net	0. 67,833. 0. 0.	7 8 9	0 0 86,340
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation	0. 67,833. 0. 0.	8 9	86,340
Inventories for sale or use	67,833. 0. 0.	9 10c	86,340
Prepaid expenses and deferred charges	0.	10c	-
other basis Complete Part VI of Schedule D Less accumulated depreciation	0.		
Less accumulated depreciation	0.		
Investments - publicly traded securities	0.		
Investments - other securities See Part IV, line 11			
	Λ	11	0
'nvestments - program-related. See Part IV. line 11	<u> </u>	12	0
	143,700,001.		145,500,001
ntangible assets			0
		_	39,757
		· · ·	145,875,119.
			148,017
			137 070
			177,070
fax-exempt bond liabilities			0
	· · · · · · · · · · · · · · · · · · ·	21	
7 - 5			-
	<u> </u>		0
	53.215.937		53,286,893
			0
		24	
·	253,703.	25	353,730.
	53,874,075.		53,965,710.
Organizations that follow SFAS 117 (ASC 958), check here ▶			
Unrestricted net assets	, ' <u> </u>	27	
Temporarily restricted net assets		28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
Capital stock or trust principal, or current funds	0.	30	0
Paid-in or capital surplus, or land, building, or equipment fund	57,853,468.	31	57,853,468.
Retained earnings, endowment, accumulated income, or other funds	32,837,243.	32	34,055,941.
	90,690,711.	33	91,909,409.
Total liabilities and net assets/fund balances	144,564,786.	34	145,875,119.
CTAGOTELINGSUCSSTICS UTS OF CORT	omplete lines 27 through 29, and lines 33 and 34. Inrestricted net assets emporarily restricted net assets fermanently restricted net assets Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that do not follow SFAS 117 (ASC 958), check here Irganizations that	otal assets. See Part IV, line 11 otal assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 15 (must equal line 34) local assets. Add lines 1 through 25 (most equal line) local assets. Add lines 17 through 25 (most equal line) local assets. In add lines 17 through 25 (most equal lines 33) local liabilities. Add lines 17 through 25 (most equal lines 33) local liabilities assets. In and local lines 30 through 34. local assets ermanently restricted net assets. In an and local lines 30 through 34. local assets assets ermanently restricted net assets. In an	otal assets. See Part IV, line 11 otal assets. Add lines 1 through 15 (must equal line 34) 144,564,786. 16 144,786. 16 148,017. 17 arints payable and accrued expenses. oligitary approaches and lines apyable and accrued expenses. oligitary apyable and accrued and acc

Form 9	90 (2018) `					ge 14
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,8	74,8	313.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,0	75,	726.
3	Revenue less expenses Subtract line 2 from line 1	3		4,7	99,0	087.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90,6	90,	711.
5	Net unrealized gains (losses) on investments	5		1,2	05,	511.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,7	86,0	000.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		91,9	09,4	109.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both		_			
	Separate basis X Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	жр.с				
2 ~	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
o d	the Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3ь		
					990	(2018)

SCHEDULE D (Form.990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

SEACLIFF VILLAGE SHOPPING CENTER, INC. Name of the organization

Employer identification number

C/0	BARINGS, LLC		14-1847788
Pa	rt Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	6
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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
9	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		• • • • • • • • • • • • • • • • • • • •
Ü	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		1 1 1
D,	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990 Part IV line	7
1	Purpose(s) of conservation easements held by the		·
•	Preservation of land for public use (e.g., recr	·	vation of a historically important land area
	Protection of natural habitat		vation of a certified historic structure
	Preservation of open space	Treserv	ation of a certified historic structure
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribu	tion in the form of a conservation
~	easement on the last day of the tax year	id a qualified conservation contribu	Held at the End of the Tax Year
_	Total number of conservation easements		
a b	Total acreage restricted by conservation easements		
_	Number of conservation easements on a certified h		
c d	Number of conservation easements included in (c)		
u	historic structure listed in the National Register	·	
3	Number of conservation easements modified, trans		
,	tax year	sicirca, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg		
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect		
Ü	>	ing, nationing of violations, and emotor	ng conservation casements during the year
7	Amount of expenses incurred in monitoring, inspect	ng handling of violations and enfor	cing conservation easements during the year
•	►\$	mg, name mg or more actions, and ormor	omg concernation decomposite desiring the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	conservation easements in its reven	ue and expense statement, and
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered	'Yes" on Form 990, Part IV, line	8.
1a	If the organization elected as permitted under SE	AS 116 (ASC 958) not to report	n its revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition	, education, or research in furtherance of
_			
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other simila public service, provide the following amounts relating		, education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1.		▶ €
	(ii) Assets included in Form 990, Part X		
•	If the organization received or held works of an	historical transuras or other a	nular accete for financial dain provide the
2			
_	following amounts required to be reported under SF Revenue included on Form 990. Part VIII, line 1,		
а	- Nevernie included on Form 990 Fall VIII. INC 1		

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

b Assets included in Form 990, Part X.......

Schedule D (Form 990) 2018

	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organi	zations listed as require	ed on Schedule R?.		3b
4	Describe in Part XIII the intended uses of th	ie organization's endo	wment funds		
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on For	m 990, Part IV, lin	e 11a See Form	990, Part X, line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
	I. Add lines 1a through 1e (Column (d) musi		X, column (B), line 10	0c) . ▶	

Schedule D (Form 990) 2018

Yes

No

organization by

Part VII Investments - Other Securities.	"Voe" on Form 000	Part IV line 11h See Form 000 Part V line 12
	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives	· · · · ·	
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)	· ·	
(G)		
(H) Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN REAL ESTATE	145,500,001.	FMV
(2)		
(3)		
(4)		·
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	145,500,001.	
Part IX Other Assets.	"Vos" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15
	cription	(b) Book value
(1)	-	(b) book value
(2)		
(3)		
(4)		
(5)		
(6)	*	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15)	
Part X Other Liabilities.		
	"Yes" on Form 990,	, Part IV, line 11e or 11f See Form 990, Part X,
1 (a) Description of liability	(b) Book value	
(1) Federal income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2) TENANT SECURITY DEPOSITS	154,4	91.
(3) OTHER LIABILITIES	199,2	
(4) OTHER DEPOSITS		ONE
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 353,7	30.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 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 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Amounts included on line 1 but not on Form 990, Part IX, line 25 2c c Other losses...... 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . Part XIII Supplemental Information. 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information SEE PAGE 5

JSA 8E1271 1 000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

990, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE:

THE PARTICIPATING PLANS OPERATE WITH THE INTENTION TO QUALIFY AS PENSION PLANS UNDER SECTION 401(A) OF THE CODE, AND THE MPT THEREUNDER IS ENTITLED TO EXEMPTION FROM FEDERAL INCOME TAX UNDER THE PROVISION OF SECTION 501(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAX HAS BEEN MADE.

ASC 740, INCOME TAXES PROVIDES AUTHORITATIVE GUIDANCE FOR UNCERTAINTY IN TAX POSITIONS. THE MPT PERIODICALLY EVALUATES TAX POSITIONS THAT IT HAS TAKEN, EXPECTS TO TAKE OR THAT ARE OTHERWISE RELEVANT TO THE MPT FOR PURPOSES OF DETERMINING WHETHER ANY RELEVANT TAX POSITIONS WOULD "MORE-LIKELY-THAN-NOT" BE SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT HAS ANALYZED SUCH TAX POSITIONS AND HAS CONCLUDED THAT NO UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED FOR UNCERTAIN TAX POSITIONS FOR ALL OPEN TAX YEARS. THE MPT IDENTIFIES ITS MAJOR TAX JURISDICTIONS AS JURISDICTIONS WHERE IT OPERATES AND FOREIGN JURISDICTIONS WHERE IT CONDUCTS INVESTING ACTIVITY. MANAGEMENT IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS. TAX POSITIONS THAT ARE NOT DEEMED TO MEET A MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS TAX EXPENSE IN THE ACCOMPANYING STATEMENTS OF CHANGES IN NET ASSETS. IF THE TAX LAW REQUIRES INTEREST AND/OR PENALTIES TO BE PAID ON AN UNDERPAYMENT OF INCOME TAXES, THE MPT RECORDS SUCH INTEREST AND PENALTIES AS INCOME TAXES IN THE FINANCIAL STATEMENTS, IF APPLICABLE. FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, THE MPT DID NOT INCUR ANY INTEREST OR PENALTIES.

Part XIII Supplemental Information (continued)

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE MPT AND HAS

CONCLUDED THAT AS OF DECEMBER 31, 2018, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE MPT HAS RECOGNIZED NO

INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE MPT IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS HOWEVER, THERE ARE

CURRENTLY NO AUDITS FOR TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT

IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

SCHEDULE O (Form:990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

Inspection:

Department of the Treasury Internal Revenue Service

SEACLIFF VILLAGE SHOPPING CENTER, INC.

Employer identification number

OMB No 1545-0047

C/O BARINGS, LLC

14-1847788

990, PART VI, LINE 2 - ALL OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE EMPLOYEES OF BARINGS, LLC WHICH PROVIDES REAL ESTATE MANAGEMENT SERVICES TO THE ENTITY ON BEHALF OF LUCENT MASTER PENSION TRUST.

990, PART VI, LINE 3 - BARINGS, LLC HAS BEEN ENGAGED BY LUCENT MASTER PENSION TRUST TO PERFORM ALL MANAGEMENT DUTIES.

990, PART VI, LINE 6 - THE SOLE SHAREHOLDER, LUCENT MASTER PENSION TRUST,
HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE AND TO
RECEIVE DISTRIBUTIONS FROM THE ORGANIZATION IN ACCORDANCE WITH ITS EXEMPT
PURPOSE. (SEE PART III, LINE 4A)

990, PART VI, LINE 7A - THE SOLE SHAREHOLDER, LUCENT MASTER PENSION TRUST ELECTS DIRECTORS.

990, PART VI, LINE 11A - A COPY OF THE ORGANIZATION'S FINAL FORM 990 WAS DISTRIBUTED TO LUCENT MASTER PENSION TRUST AND TO EACH VOTING MEMBER OF THE GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS. THE ASSISTANT TREASURER REVIEWED THE FORM 990 PRIOR TO SIGNING AND FILING WITH THE IRS.

990, PART VI, LINES 12A, 13 & 14 - THE MEMBERS OF THE GOVERNING BODY ARE EMPLOYEES OF THE MANAGEMENT COMPANY AND ARE SUBJECT TO THE CONFLICT OF INTEREST AND OTHER POLICIES OF THE MANAGEMENT COMPANY.

Name of the organization

C/O BARINGS, LLC

SEACLIFF VILLAGE SHOPPING CENTER, INC.

Employer Identification number

14-1847788

990, PART VI, LINES 15A & 15B - THE ORGANIZATION HAS NO EMPLOYEES AND DOES NOT PAY COMPENSATION TO ITS OFFICERS OR DIRECTORS.

990, PART VI, LINE 19 - THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS:

DISTRIBUTIONS

(4,786,000)

ATTACHMENT	1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ORANGE COUNTY TREASURER PO BOX 1438 SANTA ANA, CA 92702	TAX COLLECTOR	902,171.
EXTERIOR ENTERPRISES, INC PO BOX 727 SAN DIMAS, CA 91773	PROPERTY CONTRACTOR .	183,603.
MARSH USA, INC PO BOX 846015 DALLAS, TX 75284-6015	INSURANCE	148,104.
HALKAT INC. DBA SECURENET 2700 N. MAIN STREET SUITE 508 SANTA ANA, CA 92705	PROTECTION SERVICES	182,399.
KDC CONSTRUCTION INC 1442 E LINCOLN AVE #334 ORANGE, CA 92865	CONSTRUCTION	163,865.

Related Organizations and Unrelated Partnerships

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

SEACLIFF VILLAGE SHOPPING CENTER, INC.

14-1847788

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

C/O BARINGS, LLC

Part I

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

Open to Public 2018 Inspection

OMB No 1545-0047

Employer identification number

14-1847788

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
				_	

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

(a) Name, address, and EIN of related organization	elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed
							Yes	No
(1) LUCENT MASTER PENSION TRUST (PARENT)	22-3463544							
600 MOUNTAIN AVENUE	MURRAY HILL, NJ 07974	PENSION	ρN	501 (A) & (C) N/A	N/A	N/A		×
(2) RANCHO CUCAMONGA II, INC	04-3243602							
C/O BARINGS, LLC,1 FINANCIAL P	HARTEORD, CT 06103	HOLDING CO	МА	501(C)(25) N/A	N/A	LMPT (PARENT)		×
(3) TEXAS MR, INC	26-3059661							
C/O BARINGS, LLC, 1 FINANCIAL P	HARTFORD, CT 06103	HOLDING CO	TX	501 (C) (25)	N/A	LMPT (PARENT)		×
(4) 1263 GLEN AVENUE, INC	20-3722399							
C/O BARINGS, LLC, 1 FINANCIAL P	HARTFORD, CT 06103	HOLDING CO	DE	501(C)(25)	N/A	NJ IND PORT		×
(5) LT SACRAMENTO MF, LLC C/O BARINGS, LLC	LLC 46-3841394							
ONE FINANCIAL PLAZA	HARTEORD, CT 06103	HOLDING CO	CA	501 (C) (25) N/A	N/A	LMPT (PARENT)		×
(9)								
(7)							-	
							·	

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PAGE 22

Schedule R (Form 990) 2018

Page 2

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	or of	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Oisproportorata alboatora?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentagé ownership
			,					Yes No		Yes No	
(1)											
(2)											
(3)											
(4)			•								
(5)											
(9)											
(7)				_							
Part IV Identificati	on of Relate	Identification of Related Organizations Taxabl	Taxable	as a Corporati	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV	ete if the orgar	ization answer	ed "Yes	on Form 990,	Part IV	_
	cause It had	one or more rela	ated ord:	anizations treate	line 34. Decause it had one or more related organizations treated as a corporation or trust diriting the fax year	ב התוזיום לצויון זי	De tax vear				

line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

		-		,				
(a) Name_address_and_EIN_of related organization	(b) Primary activity	(c)	(d) Direct controlling	(e) Type of entity	(f) Share of total	(9) Share of	(h) Dercentage	(i) Section
		(state or foreign country)		(C corp, S corp, or trust)	income	end-of-year assets ownership controlled controlled	ownership	12(b)(13) controlled
								Yes No
(1) 80 SOUTH EIGHTH STREET CORP								
C/O BARINGS, LLC, 1 FINANCIAL PL HARTFORD, CT 06103	LIQUOR LICENS	MΝ	N/A	C CORP				
(2) EIGHTH STREET HOTEL CORP 36-3800674								-
C/O BARINGS, LLC,1 FINANCIAL PL HARTFORD, CT 06103	LEASING	DE	N/A	REIT				
(3) MARQUETTE MPT, INC 20-2602787								_
C/O BARINGS, LLC,1 FINANCIAL PL HARTFORD, CT 06103	HOTEL MGMT	DE	N/A	C CORP				
(4)								_
(5)								
					-			
(9)								
						-		
(2)								_
						Schedule R (Form 990) 2018	(Form 99) 2018

:

8E13081000 TS7115 2870

Yes No

×

×

 \times

 $\times | \times$

×

×

Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 1a 4 4 79 9 7 4 19 + # Purchase of assets from related organization(s)................................. Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity........ Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule s Other transfer of cash or property from related organization(s) Name of related organization æ ပ **c** ۵ Ξ

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(3)

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V · UB! amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	(k) Percentage ownership
				Yes			Yes	ON ON	Yes	S No	
(2)									<u> </u>	ļ	
(3)											
(4)											
(5)										-	
(9)											
(7)											
(8)	,										
(6)											
(10)											
(11)											
(12)											
(13)										<u> </u>	
(14)											
(15)											
(16)											
									Schedul	e R (Forr	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.