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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)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

Header section containing organization name (MIDNIGHT SUN, INC VI), EIN (30-0483987), address (10 STATE HOUSE SQUARE, 15TH FLOOR, HARTFORD, CT 06103-3604), and principal officer (JAMES B. MCCANDLESS).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for contributions, program service revenue, total revenue, total expenses, and net assets.

Part II Signature Block

Signature block containing signatures of the officer (James B. McCandleless) and preparer (Louis C. Cosentino), dated 5/10/13.

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

SCANNED JUN 21 2013

**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 \$ \_\_\_\_\_)

THE CORPORATION ACQUIRES, HOLDS TITLE TO, AND COLLECT INCOME FROM REAL PROPERTY THE ENTIRE AMOUNT OF INCOME (LESS EXPENSES) IS REMITTED TO ONE OR MORE ORGANIZATIONS DESCRIBED IN THE I.R.C. SECTION 501(C)(25), WHICH ARE SHAREHOLDERS.

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**

|   | 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 . . . . .   |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| 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 . . . . .  |     |    |
| 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 . . . . .   |     |    |
| 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 . . . . .  |     | 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 . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, 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 . . . . .   |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   |     | X  |
| 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   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | 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 . . . . .   |     | X  |
| c 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 . . . . .   |     | 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 . . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   |     | 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 . . . . .  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .   |     | 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, XII, and XIII is optional . . . . .  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .  |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .  |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |

**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? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | 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? If "Yes," complete Schedule I, Parts I and III . . . . .   |     | 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 . . . . .  |     | X  |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| 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? . . . . .   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   |     |    |
| 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 . . . . .  |     |    |
| 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? If "Yes," complete Schedule L, Part II . . . . .  |     | 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? If "Yes," complete Schedule L, Part III . . . . . |     | 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? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | 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? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  |     | 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? If "Yes," complete Schedule R, Part I . . . . .  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .   | 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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .  |     | X  |
| 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 . . . . .  |     |    |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   |     | 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. . . . .

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 questions about voting members, family relationships, management delegation, significant changes, assets, members, and governance decisions.

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 questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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
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.

**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  X

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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 |  |   |   |
| ATTACHMENT 2                        |  |   |                       |         |              |                              |        |  |   |   |
| (1) JAMES B. MCCANDLESS<br>DIRECTOR | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) CULLUM JEFERIES<br>DIRECTOR     | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) J. SCOTT HAFFNER<br>DIRECTOR    | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) DENE DOBENSKY<br>VICE PRESIDENT | 1.00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (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<br/>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. Add lines 1a-1f</b> . . . . . ▶  |                      | 0  |   |   |  |
| <b>Program Service Revenue</b>                                    | 2a   | RENTAL INCOME . . . . . Business Code<br>531120  | 2,616,098            | 2,616,098  |   |   |  |
|   | b  |  |                      |  |   |   |  |
|   | c  |  |                      |  |   |   |  |
|   | d  |  |                      |  |   |   |  |
|   | e  |  |                      |  |   |   |  |
|   | f  | All other program service revenue . . . . .  |                      |  |   |   |  |
|   | g  | <b>Total. Add lines 2a-2f</b> . . . . . ▶  |                      | 2,616,098  |   |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶  |                      | 0  |   |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . . ▶   |                      | 0  |   |   |  |
|   | 5  | Royalties . . . . . ▶  |                      | 0  |   |   |  |
|   |  |  | (i) Real             | (ii) Personal                                      |   |   |  |
|   | 6a   | Gross rents . . . . .  |                      |  |   |   |  |
|   | b  | Less rental expenses . . . . .   |                      |  |   |   |  |
|   | c  | Rental income or (loss) . . . . .  |                      |  |   |   |  |
|   | d  | Net rental income or (loss) . . . . . ▶  |                      | 0  |   |   |  |
|   |  |  | (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  | Net gain or (loss) . . . . . ▶   |                      | 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  | Net income or (loss) from fundraising events . . . . . ▶   |                      | 0  |   |   |  |
|   | 9a   | Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |                      |  |   |   |  |
|   | b  | Less direct expenses . . . . . b   |                      |  |   |   |  |
|   | c  | Net income or (loss) from gaming activities . . . . . ▶  |                      | 0  |   |   |  |
|   | 10a  | Gross sales of inventory, less<br>returns and allowances . . . . . a   |                      |  |   |   |  |
| b   | Less cost of goods sold . . . . . b                      |  |                      |  |   |   |  |
| c   | Net income or (loss) from sales of inventory . . . . . ▶ |  | 0                    |  |   |   |  |
|   |  | Miscellaneous Revenue  | Business Code        |  |   |   |  |
| 11a   |  |  |                      |  |   |   |  |
| b   |  |  |                      |  |   |   |  |
| c   |  |  |                      |  |   |   |  |
| d   | All other revenue . . . . .                              |  |                      |  |   |   |  |
| e   | <b>Total. Add lines 11a-11d</b> . . . . . ▶              |  | 0                    |  |   |   |  |
| 12  | <b>Total revenue. See instructions</b> . . . . . ▶       |  | 2,616,098            | 2,616,098  |   |   |  |

**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   | 613,871.              |                                 |  |                             |
| b   | Legal  | 28,841.               |                                 |  |                             |
| 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  | 3,155                 |                                 |  |                             |
| 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   | <u>REAL ESTATE TAXES</u>   | 244,859.              |                                 |  |                             |
| b   | <u>MAINTENANCE &amp; REPAIRS</u>   | 31,229.               |                                 |  |                             |
| c   | <u>MISCELLANEOUS EXPENSES</u>  | 23,770.               |                                 |  |                             |
| d   |  |                       |                                 |  |                             |
| e   | All other expenses   |                       |                                 |  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e.   | 945,725.              |                                 |  |                             |
| 26  | <b>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). | 0                     |                                 |  |                             |

**Part X Balance Sheet**

|                                    |  | (A)<br>Beginning of year  |             | (B)<br>End of year |             |
|------------------------------------|--|---|-------------|--------------------|-------------|
| <b>Assets</b>                      | 1  | Cash - non-interest-bearing   | 236,508     | 1                  | 357,094.    |
|                                    | 2  | Savings and temporary cash investments  | 0           | 2                  | 0           |
|                                    | 3  | Pledges and grants receivable, net  | 0           | 3                  | 0           |
|                                    | 4  | Accounts receivable, net  | 3,493       | 4                  | 0           |
|                                    | 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   | 56,748.     | 9                  | 62,841.     |
|                                    | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a         | 65,006,400.        |             |
|                                    | b  | Less accumulated depreciation   | 10b         |                    | 10c         |
|                                    | 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   | 0           | 15                 | 0           |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 53,854,149.   | 16          | 65,426,335.        |             |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 95,001      | 17                 | 114,945.    |
|                                    | 18   | Grants payable  | 0           | 18                 | 0           |
|                                    | 19   | Deferred revenue  | 731,195.    | 19                 | 854,064.    |
|                                    | 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  | 0           | 23                 | 0           |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  | 0           | 24                 | 0           |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  | 0           | 25                 | 0           |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 826,196     | 26                 | 969,009.    |
| <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  | 10          | 30                 | 10.         |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  | 48,789,622. | 31                 | 48,789,622. |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  | 4,238,321.  | 32                 | 15,667,694. |
| 33                                 | <b>Total net assets or fund balances</b>   | 53,027,953.   | 33          | 64,457,326.        |             |
| 34                                 | <b>Total liabilities and net assets/fund balances.</b>   | 53,854,149.   | 34          | 65,426,335.        |             |

| <b>Part XI Reconciliation of Net Assets</b>                                       |   | <input checked="" type="checkbox"/> |
|---|---|-------------------------------------|
| 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) . . . . .   | 2,616,098.                          |
| 2   | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | 945,725.                            |
| 3   | Revenue less expenses Subtract line 2 from line 1 . . . . .   | 1,670,373.                          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                     | 53,027,953.                         |
| 5   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | 9,759,000.                          |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 64,457,326.                         |

| <b>Part XII Financial Statements and Reporting</b>                                 |  | <input type="checkbox"/> |    |
|--|--|--------------------------|----|
| 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 | X                        |    |
| 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 checked="" 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? . . . . .   |                          | X  |
| 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   |                          |    |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

MIDNIGHT SUN, INC. VI

30-0483987

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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

Table with 2 columns: Amount. Rows include: 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, 1b 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, 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

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
c Beginning balance
d Additions during the year
e Distributions during the year
f 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 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance. 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. 3b 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 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

**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)   |                |   |
| (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)                                |                |   |
| (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)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| (10)            |                |

Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶

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

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes        |                |
| (2) UNEARNED REVENUE            |                |
| (3)                             |                |
| (4)                             |                |
| (5)                             |                |
| (6)                             |                |
| (7)                             |                |
| (8)                             |                |
| (9)                             |                |
| (10)                            |                |
| (11)                            |                |

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

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  |  |
| 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 |  |
| 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  |  |

**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.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## INCOME TAXES

THE COMPANY'S ENTITIES WERE ORGANIZED TO ACQUIRE AND HOLD TITLE TO REAL PROPERTY. THEY ARE WHOLLY OWNED BY STATE OF ALASKA PENSION PLANS WHICH ARE QUALIFIED PLANS UNDER SECTION 401(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED ("IRC"), AND WHICH ARE SUBJECT TO THE FIDUCIARY RESPONSIBILITY OF ARMB FOR INVESTMENTS OF THE COLLECTIVE FUNDS THAT IT MANAGES AND ADMINISTERS.

THE COMPANY'S ENTITIES HAVE RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AS TITLE-HOLDING COMPANIES UNDER IRC SECTION 501(C)(25) IN GENERAL, COMPANIES THAT MEET CERTAIN ORGANIZATIONAL AND OPERATIONAL REQUIREMENTS IN A TAXABLE YEAR UNDER IRC SECTION 501 ARE EXEMPT FROM FEDERAL INCOME TAX EXCEPT FOR TAX ON UNRELATED BUSINESS TAXABLE INCOME ("UBTI"). FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THE ADVISOR IS NOT AWARE OF ANY UBTI EARNED BY THE COMPANIES AND BELIEVES THAT THE COMPANIES WILL CONTINUE TO QUALIFY FOR TAX EXEMPTION; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE COMPANY'S ENTITIES MAY BE SUBJECT TO CERTAIN STATE AND LOCAL INCOME, EXCISE OR FRANCHISE TAXES. FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THE COMPANY HAD NO SIGNIFICANT TAX LIABILITY OR BENEFIT RELATED TO SUCH TAXES RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

MIDNIGHT SUN, INC. VI

Employer identification number

30-0483987

**Part I Questions Regarding Compensation**

**1a** 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

- |  |  |
|--|--|
| <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) |

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     |    |
| 5b |     |    |
| 6a |     |    |
| 6b |     |    |
| 7  |     |    |
| 8  |     |    |
| 9  |     |    |

**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

1b

**2** 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?

2

**3** 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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** 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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

4a

4b

4c

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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

- a** The organization?
- b** Any related organization?

5a

5b

If "Yes" to line 5a or 5b, describe in Part III

**6** 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

- a** The organization?
- b** Any related organization?

6a

6b

If "Yes" to line 6a or 6b, describe in Part III

**7** 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

7

**8** 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

8

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

**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        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 2        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 3        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 4        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 5        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 6        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 8        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9        | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16       | (i)  |                                     |                                     |  |                         |                                 |   |
|          | (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.

Area with horizontal dashed lines for supplemental 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**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

MIDNIGHT SUN, INC. VI

30-0483987

PART VI, SECTION A, QUESTION 3

UBS AGRIVEST LLC HAS BEEN ENGAGED BY ALASKA RETIREMENT MANAGEMENT BOARD  
TO PERFORM ALL MANGEMENT DUTIES.

PART VI, SECTION A, QUESTION 6

THE COMMON STOCK OF MIDNIGHT SUN VI, INC. IS OWNED BY THE ALASKA  
RETIREMENT MANAGEMENT BOARD ("ARMB"). THE ARMB IS THE TRUSTEE FOR THE  
ASSETS OF ALASKA'S STATE PENSION PLANS AND INVESTS IN REAL ESTATE ON  
BEHALF OF THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM, TEACHERS' RETIREMENT  
SYSTEM, AND JUDICIAL RETIREMENT SYSTEM. THE SHAREHOLDER HAS THE RIGHT TO  
PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE AND TO RECEIVE DISTRIBUTIONS  
FROM THE ORGANIZATION IN ACCORDANCE WITH ITS EXEMPT PURPOSES (SEE PART  
III, LINE 4A)

PART VI, SECTION A, QUESTION 7B

THE BUSINESS OF THE CORPORATION SHALL BE MANAGED BY ITS INSTITUTIONAL  
TRUSTEE. ALL DECISIONS MADE BY THE INSTITUTIONAL TRUSTEE ARE AUTHORIZED  
BY THE SHAREHOLDERS.

PART VI, SECTION B, QUESTION 11

THE TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND A COPY  
OF THE ORGANIZATION'S FINAL FORM 990 WAS DISTRIBUTED TO THE GOVERNING  
BODY PRIOR TO ITS FILING WITH THE IRS. UBS AGRIVEST LLC, ITS MANAGER AND  
SOLE TRUSTEE, REVIEWED THE FORM 990 PRIOR TO SIGNING AND FILING WITH THE

|   |  |
|---|--|
| Name of the organization<br>MIDNIGHT SUN, INC. VI | Employer identification number<br>30-0483987 |
|---|--|

IRS.

PART VI, SECTION B, QUESTIONS 12, 13 & 14

THERE ARE NO SEPARATE WRITTEN POLICIES FOR MIDNIGHT SUN VI, INC. HOWEVER, EMPLOYEES OF THE MANAGEMENT COMPANY AND INSTITUTIONAL TRUSTEE, UBS AGRIVEST LLC, ARE SUBJECT TO THE CONFLICT OF INTEREST AND OTHER POLICIES OF THE MANAGEMENT COMPANY ANNUALLY, THE UBS COMPLIANCE OFFICER CONFIRMS OFFICER COMPLIANCE WITH THESE POLICIES. THE COMPLIANCE POLICY WILL BE PROVIDED UPON REQUEST

PART VI, SECTION B, QUESTIONS 15A & 15B

THE ORGANIZATION HAS NO EMPLOYEES.

PART VI, SECTION C, QUESTION 19

THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

PART X, LINE 10B AND SCH D, PART VI

THE INVESTMENTS IN LAND AND BUILDING ARE RECORDED AT FAIR VALUE ON THE TRIAL BALANCE. THE BALANCE SHEET IS NOT ADJUSTED TO REFLECT HISTORICAL COST LESS ACCUMULATED DEPRECIATION. THE AMOUNT OF ANY CURRENT CHANGE IN UNREALIZED APPRECIATION/DEPRECIATION IS ADJUSTED DIRECTLY THROUGH EQUITY WITH NO CURRENT IMPACT ON NET INCOME.

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OF FUND BALANCES:

UNREALIZED GAIN 11,449,000

|  |  |
|--|--|
| Name of the organization<br>MIDNIGHT SUN, INC VI | Employer identification number<br>30-0483987 |
|--|--|

DISTRIBUTIONS (1,690,000)

9,759,000

PART XII, QUESTION 2B

THERE ARE NO SEPARATE AUDITED FINANCIAL STATEMENTS FOR MIDNIGHT SUN VI, INC. HOWEVER, THE INVESTMENT IN MIDNIGHT SUN VI, INC. IS AUDITED AS PART OF THE COMBINED FINANCIAL STATEMENTS OF MIDNIGHT SUN.

SCHEDULE R

AS THE INSTITUTIONAL TRUSTEE ENGAGED TO MANAGE CERTAIN PROPERTIES OF ARMB, AND RESPONSIBLE FOR THE FILING OF THIS RETURN, WE ARE LISTING THE ENTITIES THAT WE KNOW OF, THAT WE ALSO MANAGE. WE DO NOT HAVE DIRECT KNOWLEDGE OF THE ARMB OTHER INVESTMENT HOLDING ENTITIES THAT MIGHT BE CONSIDERED BROTHER/SISTER ENTITIES TO THIS TAXPAYER, NOR DO WE HAVE ACCESS TO THIS INFORMATION SUFFICIENT TO INCLUDE THEM ON SCHEDULE R.

ATTACHMENT 1

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

THE CORPORATION IS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF ACQUIRING, HOLDING TITLE TO, AND COLLECTING INCOME FROM REAL PROPERTY. THE ENTIRE AMOUNT OF INCOME (LESS EXPENSES) IS REMITTED TO ONE OR MORE ORGANIZATIONS DESCRIBED IN THE IRC SECTION 501 (C) (25), WHICH ARE SHAREHOLDERS.

ATTACHMENT 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

|  |  |
|--|--|
| Name of the organization<br>MIDNIGHT SUN, INC VI | Employer identification number<br>30-0483987 |
|--|--|

ATTACHMENT 2 (CONT'D)

|                     |      |
|---------------------|------|
| JAMES B. MCCANDLESS |      |
| DIRECTOR            | 1.00 |
| CULLUM JEFERIES     |      |
| DIRECTOR            | 1.00 |
| J. SCOTT HAFFNER    |      |
| DIRECTOR            | 1.00 |
| DENE DOBENSKY       |      |
| VICE PRESIDENT      | 1.00 |

ATTACHMENT 3

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

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| UBS AGRIVEST LLC<br>10 STATE HOUSE SQUARE, 15TH FLOOR<br>HARTFORD, CT 06103-3604 | ADVISORY SERVICES              | 613,871.            |
| TOTAL COMPENSATION   |                                | <u>613,871</u>      |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

▶ 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.

Name of the organization

MIDNIGHT SUN, INC. VI

Employer identification number  
30-0483987

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**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)

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) MIDNIGHT SUN, INC<br>41-2153934<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103      | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (2) MIDNIGHT SUN, INC II<br>74-3258052<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103   | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (3) MIDNIGHT SUN, INC III<br>30-0483984<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103  | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (4) MIDNIGHT SUN, INC IV<br>32-0248989<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103   | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (5) MIDNIGHT SUN INC V<br>61-1563035<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103     | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (6) MIDNIGHT SUN, INC VII<br>80-0198669<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103  | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |
| (7) MIDNIGHT SUN, INC VIII<br>30-0617570<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 | HOLDING CO              | DE   | 501(C)(25)                 |   | ARMB                             |  | X  |

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

Schedule R (Form 990) 2011

30-0483987

MIDNIGHT SUN, INC. VI

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

MIDNIGHT SUN, INC. VI

Employer identification number 30-0483987

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

Table with 6 columns: (a) Name, address, and EIN 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. Rows 1-6 are empty.

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 (state or foreign country); (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: ALASKA RETIREMENT MANAGEMENT BOARD, 333 WILLOUGHBY AVENUE, JUNEAU, AK 99801, EIN 92-0121775, Primary activity PENSION, Legal domicile AK, Exempt Code section N/A, Public charity status N/A, Direct controlling entity N/A, Section 512(b)(13) controlled entity? No.

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

Schedule R (Form 990) 2011

**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) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (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 |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |   |                              |                                    |                             |
| (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   | (a)<br>Name of other organization  | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|------------------------------------|-------------------------------|------------------------|--|
| (1) | ALASKA RETIREMENT MANAGEMENT BOARD | Q                             | 1,690,000.             |  |
| (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 10 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 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)

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)...

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

Form section with fields for Name of exempt organization, Employer identification number (EIN), Number, street, and room or suite no, Social security number (SSN), City, town or post office, state, and ZIP code.

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 990-T, Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

The books are in the care of JAMES B. MCCANDLESS

Telephone No 860 616-9200 FAX No

- 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)...

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above...

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

Table with 2 columns: Description and Amount. Rows include tentative tax, refundable credits, and balance due.

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>  | Name of exempt organization or other filer, see instructions                            | Enter filer's identifying number, see instructions |   |
|   | MIDNIGHT SUN, INC. VI   | <input checked="" type="checkbox"/>                | Employer identification number (EIN) or<br>30-0483987 |
|   | Number, street, and room or suite no. If a P.O. box, see instructions                   | <input type="checkbox"/>                           | Social security number (SSN)                          |
| File by the due date for filing your return. See instructions | 10 STATE HOUSE SQUARE, 15TH FLOOR   |  |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |   |
|   | HARTFORD, CT 06103-3604   |  |   |

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  **JAMES B. MCCANDLESS**  
Telephone No  860 616-9200 FAX No
- 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) \_\_\_\_\_ 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

- I request an additional 3-month extension of time until 05/15, 2013
- For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 2011, and ending 06/30, 2012
- If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

|  |       |
|--|-------|
| 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 \$ |
| 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 \$ |
| 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 \$ |

**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  Title  Date