



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (MIDNIGHT SUN, INC. VI), EIN (30-0483987), address (10 STATE HOUSE SQUARE, HARTFORD, CT), and principal officer (JAMES B. MCCANDLESS).

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (2,852,835), and expenses (1,814,054).

Part II Signature Block

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

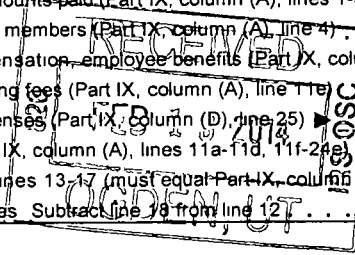
Signature block containing the signature of Louis C. Cosentino, dated 2/11/14, and his title as Preparer.

Preparer information section including name (Louis C. Cosentino), firm (KPMG LLP), address (3001 SUMMER STREET STAMFORD, CT), and phone number (203-356-9800).

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAP 7 2011



13

**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 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

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and controlled entities.

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, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, contributions, and 501(c)(7), (12), (19), and (29) organizations.

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O)
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

**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 (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JAMES B. MCCANDLESS<br>DIRECTOR | 0<br>1.00  | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) J. SCOTT HAFNER<br>DIRECTOR     | 0<br>1.00  | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (3) CULLUM JEFFERIES<br>DIRECTOR    | 0<br>1.00  | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) DENE DOBENSKY<br>VICE PRESIDENT | 0<br>1.00  |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) -----                           |  |  |                       |         |              |                              |        |  |   |   |
| (6) -----                           |  |  |                       |         |              |                              |        |  |   |   |
| (7) -----                           |  |  |                       |         |              |                              |        |  |   |   |
| (8) -----                           |  |  |                       |         |              |                              |        |  |   |   |
| (9) -----                           |  |  |                       |         |              |                              |        |  |   |   |
| (10) -----                          |  |  |                       |         |              |                              |        |  |   |   |
| (11) -----                          |  |  |                       |         |              |                              |        |  |   |   |
| (12) -----                          |  |  |                       |         |              |                              |        |  |   |   |
| (13) -----                          |  |  |                       |         |              |                              |        |  |   |   |
| (14) -----                          |  |  |                       |         |              |                              |        |  |   |   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 2'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 2

Part VIII

Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512, 513, or 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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)

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 . . . . .  | 717,824.              |                                 |  |                             |
| b Legal . . . . .   | 30,862.               |                                 |  |                             |
| c Accounting . . . . .  | 0                     |                                 |  |                             |
| d Lobbying . . . . .  | 0                     |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  | 0                     |                                 |  |                             |
| f Investment management fees . . . . .  | 0                     |                                 |  |                             |
| g Other (if line 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O), . . . . .  | 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 . . . . .  | 2,507.                |                                 |  |                             |
| 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 REAL ESTATE TAXES -----   | 255,425.              |                                 |  |                             |
| b MAINTENANCE & REPAIRS -----   | 2,774.                |                                 |  |                             |
| c MISCELLANEOUS EXPENSES -----  | 29,389.               |                                 |  |                             |
| d -----   |                       |                                 |  |                             |
| e All other expenses -----  |                       |                                 |  |                             |
| 25 Total functional expenses Add lines 1 through 24e  | 1,038,781.            |                                 |  |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)  |             | (B)         |             |             |
|-----------------------------|--|--|-------------|-------------|-------------|-------------|
|                             |  | Beginning of year  |             | End of year |             |             |
| Assets                      | 1  | Cash - non-interest-bearing  | 357,094.    | 1           | 490,693.    |             |
|                             | 2  | Savings and temporary cash investments   | 0           | 2           | 0           |             |
|                             | 3  | Pledges and grants receivable, net   | 0           | 3           | 0           |             |
|                             | 4  | Accounts receivable, net   | 0           | 4           | 0           |             |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L  | 0           | 5           | 0           |             |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 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  | 62,841.     | 9           | 67,298.     |             |
|                             | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a         | 75,782,349. |             |             |
|                             | b  | Less accumulated depreciation  | 10b         |             | 10c         | 75,782,349. |
|                             | 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)   | 65,426,335.  | 16          | 76,340,340. |             |             |
| Liabilities                 | 17   | Accounts payable and accrued expenses  | 114,945.    | 17          | 118,396.    |             |
|                             | 18   | Grants payable   | 0           | 18          | 0           |             |
|                             | 19   | Deferred revenue   | 854,064.    | 19          | 924,615.    |             |
|                             | 20   | Tax-exempt bond liabilities  | 0           | 20          | 0           |             |
|                             | 21   | Escrow or custodial account liability Complete Part IV of Schedule D   | 0           | 21          | 0           |             |
|                             | 22   | Loans and other 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  | 969,009.    | 26          | 1,043,011.  |             |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), 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          | 48,808,571. |             |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds   | 15,667,694. | 32          | 26,488,748. |             |
| 33                          | <b>Total net assets or fund balances</b>   | 64,457,326.  | 33          | 75,297,329. |             |             |
| 34                          | <b>Total liabilities and net assets/fund balances.</b>   | 65,426,335.  | 34          | 76,340,340. |             |             |

**Part XI Reconciliation of Net Assets**

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

|    |   |    |             |
|----|---|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 2,852,835.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 1,038,781.  |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 1,814,054.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 64,457,326. |
| 5  | Net unrealized gains (losses) on investments  | 5  | 0           |
| 6  | Donated services and use of facilities  | 6  | 0           |
| 7  | Investment expenses   | 7  | 0           |
| 8  | Prior period adjustments  | 8  | 0           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 9,025,949.  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 75,297,329. |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited 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                | 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   |    |
| 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

**2012**

**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  
MIDNIGHT SUN, INC. VI

Employer identification number  
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.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 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? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

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

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

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

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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

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 %
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table for 3a(i) unrelated organizations, 3a(ii) related organizations, 3b

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

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

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

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1. (1) Federal income taxes, (2) through (11), and Total.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII. [ ]

**Part XI 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 XIII)   | 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 XIII)   | 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 XII 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 XIII)  | 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 XIII)  | 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 XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

-----  
 SEE PAGE 5  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----  
 -----

**Part XIII** 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 AMEMDED ("IRC"), AND WHICH ARE SUBJECT TO THE FIDUCIARY RESPONSIBILTY OF ALASKA RETIREMENT MANAGEMENT BOARD 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 CURRENT TAX AND PRIOR TAX YEARS, 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 CURRENT TAX AND PRIOR TAX YEARS, THE COMPAMY 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

**2012**

**Open to Public Inspection**

Name of the organization **MIDNIGHT SUN, INC. VI**  
**C/O UBS AGRIVEST LLC**

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) |

**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

**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?

**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, but 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?
- 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?
- 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?
- 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

**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

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

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

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

Schedule J (Form 990) 2012

**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 and Title | (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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MIDNIGHT SUN, INC. VI

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

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 THE COMPANY 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 BOARD OF  
DIRECTORS. ALL DECISIONS MADE BY THE BOARD OF DIRECTORS 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

MIDNIGHT SUN, INC. VI

Employer identification number

30-0483987

IRS

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

THERE ARE NO SEPARATE WRITTEN POLICIES FOR MIDNIGHT SUN VI, INC.

HOWEVER, THE MEMBERS OF THE GOVERNING BODY ARE EMPLOYEES OF THE MANAGEMENT COMPANY, UBS AGRIVEST LLC, AND 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.

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

## PART XI, LINE 5

## OTHER CHANGES IN NET ASSETS OF FUND BALANCES:

|                 |                  |
|-----------------|------------------|
| CONTRIBUTION    | 18,949           |
| UNREALIZED GAIN | 10,757,000       |
| DISTRIBUTIONS   | (1,750,000)      |
|                 | <u>9,025,949</u> |

## 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 PROERTY. 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.

|   |  |
|---|--|
| Name of the organization<br>MIDNIGHT SUN, INC. VI | Employer identification number<br>30-0483987 |
| <u>ATTACHMENT 2</u>                               |  |

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              | 717,824.            |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MIDNIGHT SUN, INC. VI

▶ 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

Employer identification number  
30-0483987

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2012**  
Open to Public Inspection

**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 (if applicable) 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>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 41-2153934      | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (2) MIDNIGHT SUN, INC II<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 74-3258052   | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (3) MIDNIGHT SUN, INC III<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 30-0483984  | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (4) MIDNIGHT SUN, INC IV<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 32-0248989   | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (5) MIDNIGHT SUN INC V<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 61-1563035     | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (6) MIDNIGHT SUN, INC VII<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 80-0198669  | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |
| (7) MIDNIGHT SUN, INC VIII<br>10 STATE HOUSE SQUARE, 15TH FL HARTFORD, CT 06103 30-0617570 | HOLDING CO              | DE   | 501(C) (25)                |   | ARMB                             |  | X  |

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

Schedule R (Form 990) 2012

**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

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)

| (1) | (a)<br>Name, address, and EIN (if applicable) 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)

| (1) | (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) | ALASKA RETIREMENT MANAGEMENT BOARD<br>333 WILLOUGHBY AVENUE<br>JUNEAU, AK 99801<br>92-0121775 | PENSION                 | AK   | 501(C)(25)                 |   | N/A                              |  | X     |
| (2) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (3) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (4) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (5) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (6) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (7) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |

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

Schedule R (Form 990) 2012

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)

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (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 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)

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

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

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

|   |   | Yes | No |
|---|---|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| 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 | Dividends from related organization(s)  |     |    |
| g | Sale of assets to related organization(s)   |     | X  |
| h | Purchase of assets from related organization(s)   |     | X  |
| i | Exchange of assets with related organization(s)   |     | X  |
| j | Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| k | Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| l | Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| m | Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| o | Sharing of paid employees with related organization(s)  |     | X  |
| p | Reimbursement paid to related organization(s) for expenses  |     | X  |
| q | Reimbursement paid by related organization(s) for expenses  |     | X  |
| r | Other transfer of cash or property to related organization(s)   |     |    |
| s | Other transfer of cash or property from related organization(s)   |     |    |

| 2   | (a)<br>Name of other organization  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|------------------------------------|-------------------------------|------------------------|--|
| (1) | ALASKA RETIREMENT MANAGEMENT BOARD | Q                             | 1,750,000.             |  |
| (2) | ALASKA RETIREMENT MANAGEMENT BOARD | R                             | 18,949.                |  |
| (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.

| (a)<br>Name, address and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under section 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (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 |  | Yes                                 | No |                             |
| (1) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) -----                             |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

---

**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  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

Enter filer's identifying number, see instructions

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

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

| Application Is For                      | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 4720- (Individual)                 | 03          | 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          |

- 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 07/01, 2012, and ending 06/30, 2013

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

|   |       |
|---|-------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c \$ |

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.