Form **99'0**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

Fort	the 2016	6 calendar year, or tax year beginning 07/01, 2016,	and ending		06/30 , 20 17
2		C Name of organization		D Employer identifi	cation number
Check if		WINTON INDUSTRIAL CENTER, INC.		33-08713	88
	dress inge	Doing business as			
Nan	me change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone numbe	et .
Initi	ısıl return	UBS REALTY, 10 STATE HOUSE SQ	15TH FL	(860) 616-	9000
	al return/ minated	City or town, state or province, country, and ZIP or foreign postal code			
	ended	HARTFORD, CT 06103		G Gross receipts \$	5,914,468
App		F Name and address of principal officer JEFFREY G. MAGUIRE		H(a) Is this a group re	turn for Yes X No
pu		SAME AS C ABOVE HARTFORD, CT 06103		subordinates? H(b) Are all subordinate	s included? Yes No
Tax-e	exempt sta	rtus 501(c)(3) X 501(c) (25) ◀ (insert no) 4947(a)(1) o	r 527/6	If "No," attach a	list (see instructions)
	site: >			H(c) Group exemption	number -
Form	n of organi	zation X Corporation Trust Association Other	L Year of form	nation 1999 M Sta	
art l		mmary)	
1		describe the organization's mission or most significant activities. TITLE	HOLDING_CO	OMPANY	
1	Dileity	describe the organization's mission of most significant solivities.	()	ON	
1				- // /	
2	Chack	this box if the organization discontinued its operations or disposed	d of more than 3	E9/ of its pot accets	
51 -		er of voting members of the governing body (Part VI, line 1a)	o or in one main 2:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \] 2.
		er of independent voting members of the governing body (Part VI, line 1b)		\·\`\`> · · ³ ⁄ ₄	
1 -			····/	.\\	0.
4 5 6		number of individuals employed in calendar year 2016 (Part V, line 2a)	· · ·] · · · · · · · · · · · · · · · ·	5	
6	lotair	number of volunteers (estimate if necessary)	·//·/·	6	
		inrelated business revenue from Part VIII, column (C), line 12			+
 	b Net un	related business taxable income from Form 990-T, line 34	 /		
1 _			 	Prior Year	Current Year
8		butions and grants (Part VIII, line 1h)		0.	0.
9 10	Progra	m service revenue (Part VIII, line 2g)		5,199,957.	
10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		5,199,957.	+
13		and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14		ts paid to or for members (Part IX, column (A), line 4)		0.	0.
្ជ 15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16:	a Profes	sional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u> </u>		undraising expenses (Part IX, column (D), line 25) ▶0.	·		
17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,448,463.	1,493,207.
18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,448,463.	1,493,207.
19	Reven	ue less expenses Subtract line 18 from line 12		3,751,494.	4,421,261.
<u> </u>			Be	ginning of Current Year	End of Year
20	Total a	assets (Part X, line 16)		104,295,183.	125,159,558.
21		iabilities (Part X, line 26)		621,778.	649,087.
∯ 22	Net as	sets or fund balances Subtract line 21 from line 20		103,673,405.	124,510,471.
art II		ınature Block		·	
Inder p	enalties o	f perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
ue, cor	rrect, and	complete Declaration of preparer (other than officer) is based on all information of whice	h preparer has an	y knowledge	· · · · · · · · · · · · · · · · · · ·
		Card M-Kirda		3/	6/18
gn		Signature of officer		Date	
ere		Carol M. Kuta TREASURER			
	-	Type or print name and title			
		Type preparer's name Preparer's signature	Date	Obsert	PTIN
id		aura A. Carrubba Lava a. Camubba	1	Check if	P00368784
epare	r —	DD TORNAMDDUOUGEGOODDDG TTD	02/21/20	Firm's EIN ▶ 13-	
se Onl	ry			0.00	1-241-7000
lov the		address >185 ASYLUM STREET, SUITE 2400 HARTFORD, CT 06103-3404 cuss this return with the preparer shown above? (see instructions)		Phone no 860	
<u> </u>					X Yes No
or Pap	erwork i	Reduction Act Notice, see the separate instructions.			Form 990 (201

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Forn	n 990 (2016) Page 2
Pa	Int III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
	TITLE HOLDING COMPANY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
	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
	the total expenses, and revenses, if any, for each program estimate reported
_	
	(Code) (Expenses \$1,105,746 including grants of \$) (Revenue \$5,914,468)
	THE ORGANIZATION ACQUIRED AND HELD TITLE TO REAL PROPERTY,
	COLLECTED AND REMITTED THE INCOME THEREFROM TO ITS SHAREHOLDERS,
	VARIOUS STATE OF ALASKA PENSION PLANS (ALL OF WHICH ARE TAX-EXEMPT
	ENTITES).
45	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4D	(Code) (Expenses \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	/(Local
44	Other program services (Describe in Schedule O)
40	
	(Expenses \$ including grants of \$) (Revenue \$)
48	Total program service expenses ▶ 1,105,746.

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Form 990 (2016)

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Part	V 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,"	ſ			
	complete Schedule A	. [1 _		_ X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	.[2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	. [3		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	. L	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			_	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	- 1			
	Part III	.[5	1	X
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	- 1		ĺ	
	"Yes," complete Schedule D, Part I	. [6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Γ			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. [7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Γ			
	complete Schedule D, Part III	. [8	,	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. [9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ſ			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. L	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		描		
	VII, VIII, IX, or X as applicable				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Ì			
	complete Schedule D, Part VI	. [11a		_X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	Ì	1	}	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. [11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	İ		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. [11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. [11d		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. [11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 1		
	Schedule D, Parts XI and XII	-	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	-		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		_X
	Did the organization maintain an office, employees, or agents outside of the United States?	·	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	-	İ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	- 1			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	.	14b		_ <u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				•
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. -	15		_ <u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	.	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				٠,,
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	.	17		_ <u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	٠,	18		_ <u>_x</u> _
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	ℷ⅃	19		<u> </u>

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oc	winion industrial center, inc. 33-08/1	.388	_	_ 4
Part				Page 4
rait	Checklist of Required Schedules (Continued)		Yes	No
`20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			 -
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		
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?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	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?			1
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			İ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34	X	 ,,-
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<u>-</u>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,	İ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	10015
		rom	JJU	(2016)

Par				_
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
		, [Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of rooms vv-2G included in line 1a Enter -0- in not applicable	┨		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>		
2 a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country. ▶			.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	, * *		``
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ X _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>_X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
_	gifts were not tax deductible?	_6b ⊮		> ₹,]
	Organizations that may receive deductible contributions under section 170(c).	_ ^ \	28 3	· '
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	in Colonial	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
٠	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	*		· /]
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		11000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
	Initiation fees and capital contributions included on Part VIII, line 12	-		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	 		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1	1	
42-	<u></u>	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	124		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			1
J	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	X
Sect	ion A. Governing Body and Management			
	,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	_2		
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- 3
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	ı 🗀		
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	•
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	,		
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	' 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
J	the year by the following	8	* <u>*</u>	
_	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	$\frac{1}{x}$	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	F		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	۱ g		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		e)	
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ş.	24,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	ĺ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	_		
·	describe in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	·	-	* *	-
13	Did the process for determining compensation of the following persons include a review and approval by	ı		,
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	130	 	
40-		.	1	>
16a	and the second of the participate in a joint venture of an angenton	16a	 -	x
_	with a taxable entity during the year?		 	
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	0)/3)-	only
10	available for public inspection. Indicate how you made these available. Check all that apply) 1 OC 1 (င်)(၁)န	Office
	Own website Another's website X Upon request Other (explain in Schedule O)			
40		-4		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nerest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ras 🕨		
JSA		Fam	990	(2016)
BE1042	1 000	. •		,,,

33-0871388

Form 990 (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII...........

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson Irect	e than course than control Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JEFFREY G. MAGUIRE	1.00									
PRES/DIRECTOR	0.	Х		Х			<u> </u>	0.	0.	
(2)PETER J. GILBERTIE SR VP/DIRECTOR	1.00	х		Х				0.	0.	0.
(3)THOMAS E. ENGER	1.00									
VICE PRESIDENT	0.			Х				0.	0.	0.
(4)TU-UYEN DO	1.00									
VICE PRESIDENT	0.			X				0.	0.	0.
(5)CAROL M. KUTA	1.00									
TREASURER	0.			X				0.	0.	0.
(6)STEVEN M. KAPILOFF	1.00									
SECRETARY	0.	ļ		Х				0.	0.	0.
_(7)		<u> </u> 								
(8)										
(9)										
(10)										
(11)					-		-			
(12)					-		-	-		
(13)										
(14)										
		L.	\Box				Щ.			

Form 990 (2016)

-

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from the organizati and relate organizatio	ion ed
											_	
		-	1									
					ļ <u>.</u>							
o Sub-total Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						* * *	0. 0.		0.		(
Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re	ceived more than	\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	uste ual	e,	key ∈	mp	loyee, or highes	t compensated	ı [_	Yes	N
For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le d	com	pen	sation	n ar	nd other compens	sation from the	, [
individual											4	2
for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Sch	nedu	ile J	for	such	per.	son	········		5]:
Complete this table for your five highest com compensation from the organization Report of year											ax	
(A) Name and business add	dress							(B) Description of se	ervices		(C) ensation	
TTACHMENT 1							<u> </u>					
Total number of independent contractors (iii	ncluding b	ut no	l lie	nite	d +	thor		sted shove) who	received			_
more than \$100,000 in compensation from the					ט נכ	3	e (WNO	received		om 990	

Part VIII

	Check if Schedule O contains a resp	onse or note to	any line in this Part	/III	33-087	1308
-			(A) Total revenue	Related or exempt	(C) Unrelated business	(D) Reven
	to the following process of the following proc			function revenue	revenue	excluded fr under sec
Č	b Membership dues					512-5
Siffs	C Fundraising events		1	ļ		
S.	d Related organizations 1d					
iţ.	e Government grants (contributions) . 1e		1			
بَيْ	f All other contributions, gifts, grants,					1
Į.	and similar amounts not included above . 1f		1			
	h Total Add I			}		
nua			0.			
æ	2a RENTAL INCOME	Business Code				
jć Š	b	531120	5,914,468.	5,914,468		
Sen	c			,,,,,,		
an an	e					
Program Service Revenue	f All other program					
4						
	3 Investment income (includes		5,914,468.			
	and other similar amounts)				<i>></i>	,
	Income from investment of tax-exempt bond prices	· · · · . •	0.	1	Γ	
	5 Royalties	oceeds	0			
- 1	i i ii Keai i	(II) Personal	0			
	b Less rental expenses	, <u>*</u>	0			
	C Rental income or (loss)					1
	Thet rental income or (loss)					
	Gross amount from sales of (1) Securities		0	militaria se - Maria Maria ana	- Salar - Salar	
	assets other than inventory	(ii) Guiei	¥ ***	, <u>*</u> * ; -		
	b Less cost or other basis		·			** .]
	and sales expenses			* * * *	.	1.67
	c Gain or (loss)		1	-	1	1
8 8	8a Gross income from fundraising	>	0.			*
aniiaaa	Coeffic (not including \$					·
	of contributions reported on the					T
	oce rait iv, line 18	0		1	1	
Į.			1	-		}
9a	a Gross income from sundraising events					
	Gross income from gaming activities See Part IV, line 19 b Less direct expenses		0.			
b		0.	1			
C	(ioss) from gaming activities	0			1	
10a	Gross sales of inventory, less	··•	0			
_	, clums and allowances	0				
c b	Less cost of goods sold	0	1	1	1	7
	Miscellaneous Revenue	▶	-	1	1	
11a	Busines	s Code	0.			
b						
C						J
q	All other revenue					
						
1 000	Total revenue. See instructions		0.			
		. 🗪 1	914,468 5.03	I	1	

Part IX Statement of Functional Expenses

Section 501	(c)(3) and 501(c)(4)	organizations mus	t complete all col	umns All other	organizat	ions mu	st com	olete (colum	n (A)	1
	Check if Schedule	O contains a respo	onse or note to an	y line in this Par	IX				· · ·		

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign		Į.		
individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salanes and wages				
The state of the s				
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	0.	<u> </u>		
9 Other employee benefits	0.			
10 Payroll taxes	U.			
11 Fees for services (non-employees).				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	0.			
f Investment management fees	0.			
9 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.			
	0.			
	0.			
17 Travel				
18 Payments of travel or entertainment expenses	0.			
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				
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)				
aRENTAL EXPENSES	1,105,746.	1,105,746.		
bADVISORY FEES	371,761.		371,761.	
cCONSULTING/PROF FEES	11,232.		11,232.	
dAPPRAISAL FEES	4,250.		4,250.	
e All other expenses	218.		218.	
25 Total functional expenses. Add lines 1 through 24e	1,493,207.	1,105,746.	387,461.	
26 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and		ļ		
fundraising solicitation. Check here	İ	1		
following SOP 98-2 (ASC 958-720)	0.			
JSA	··-			Form 990 (

8£1052 1 000

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa		• • •	
	1	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments	66,115.	2	593,054
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	52,489.	4	91,443
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
		0.	5	C
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	C
8 7	Notes and loans receivable, net	0.	7	C
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	76,579.	9	75,061
1	Land, buildings, and equipment cost or			<u> </u>
'04	other basis Complete Part VI of Schedule D			
.	Less accumulated depreciation	0.	10c	C
11	Investments - publicly traded securities	0.		
12	Investments - other securities See Part IV, line 11	0.	12	
13	Investments - program-related See Part IV, line 11	104,100,000.		124,400,000
- 1	·	0.	14	
14	Intangible assets	0.	_	
15	Other assets See Part IV, line 11	104,295,183.		125,159,558
16	Total assets. Add lines 1 through 15 (must equal line 34)	71,002.		74,746
17	Accounts payable and accrued expenses			(
18	Grants payable			
19	Deferred revenue		.,	(
20	Tax-exempt bond liabilities	0.		(
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
g 22	Loans and other payables to current and former officers, directors,			
Ĭ	trustees, key employees, highest compensated employees, and	0		,
	disqualified persons Complete Part II of Schedule L	0.	22	(
23	Secured mortgages and notes payable to unrelated third parties			
24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	550 776		[E74 241
	of Schedule D	550,776. 621,778.		574,341 649,087
26	Total liabilities. Add lines 17 through 25	621,776.	26	649,067
Ses	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	Unrestricted net assets		27	
g 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ಭ 30	Capital stock or trust principal, or current funds	0.	30	(
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund	45,030,813.		45,030,813
انذ	Retained earnings, endowment, accumulated income, or other funds	58,642,592.		79,479,658
≦ 32				
32 2 33	Total net assets or fund balances	103,673,405.	33	124,510,471

om 99	90 (2016)				Pa	ge 12
Part	XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response or note to any line in this Part XI		. .			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,9	14,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	93,2	207.
3	Revenue less expenses Subtract line 2 from line 1	3		4,4	21,2	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	03,6	73,4	05.
5	Net unrealized gains (losses) on investments	5	_	19,5	56,3	80.
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		-3,1	40,5	75.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	24,5	10,4	71.
Part	XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both.					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı ın			
	Schedule O				•	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı ın			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

3b Form 990 (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

WIN	TON INDUSTRIAL CENTER, INC.	33-0871388
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
5	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 f	
ŭ	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		of a historically important land area
		of a certified historic structure
	Preservation of open space	or a certained mistoric structure
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
а	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	
٠	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terming	
•	tax year	nated by the organization during the
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	tion handling of
•	violations, and enforcement of the conservation easements it holds?	* 1 I I I
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	
•	>	iodi sation caccinomia aaring tiic year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	•
	organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on 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
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that des	ication, or research in furtherance of
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
b	works of art, historical treasures, or other similar assets held for public exhibition, edu	evenue statement and balance sneet leation, or research in furtherance of
	public service, provide the following amounts relating to these items	or recourse in further and of
	(i) Revenue 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	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> s
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financi	al derivatives		
	r-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
	nn (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVE	STMENT IN REAL ESTATE	124,400,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)		<u> </u>	
	on (b) must equal Form 990, Part X, col (B) line 13)	124,400,000.	
Part IX	Other Assets.	"\/aa" an Farm 000	Dort IV line 44d Cas Forms 000 Dort V line 45
			, Part IV, line 11d See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(5)			·
(6)			
(7)			
(8)			
(9)			
	lumn (b) must equal Form 990, Part X, col (B) li	ne 15)	
Part X	Other Liabilities.		
		"Yes" on Form 990	, Part IV, line 11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	eral income taxes	(0, 200, 02	<u> </u>
	SORY FEES	57,	699.
	RITY DEPOSITS	500,	
	RUED ESCALATION TRUE-UP		246.
(5)		_ _	
(6)			
(7)			
(8)	-		
(9)			
	mn (b) must equal Form 990, Part X, col (B) line 25)	▶ 574,	341.
			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

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Part XIII Supplemental Information (continued)

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

THE ACCOUNT'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 ENTITIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAX, EXCEPT FOR THOSE ENTITIES WHICH ARE SUBJECT TO TAX ON UNRELATED BUSINESS TAXABLE INCOME ("UBTI"). FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, THE ADVISOR IS NOT AWARE OF ANY UBTI EARNED BY THE ACCOUNT; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE ACCOUNT'S ENTITIES MAY BE SUBJECT TO CERTAIN STATE AND LOCAL INCOME, EXCISE OR FRANCHISE TAXES. AS OF JUNE 30, 2017 AND 2016, THE ACCOUNT HAD NO SIGNIFICANT TAX LIABILITY OR BENEFIT RELATED TO SUCH TAXES RECORDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE ACCOUNT HAS EVALUATED THE UNCERTAINTIES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN BASED ON THE PROBABILITY OF WHETHER IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED UPON AUDIT BASED ON TECHNICAL MERIT FOR OPEN TAX YEARS. THE ACCOUNT CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY ADDITIONAL TAX LIABILITIES FOR ANY UNCERTAIN TAX POSITIONS. CERTAIN OF THE ACCOUNT'S ENTITIES FILE TAX RETURNS IN FEDERAL AND VARIOUS STATE AND LOCAL JURISDICTIONS. A NUMBER OF YEARS MAY ELAPSE BEFORE AN UNCERTAIN TAX POSITION IS AUDITED AND FINALLY RESOLVED. TAX YEARS SINCE 2013 ARE OPEN AND REMAIN SUBJECT TO FEDERAL, STATE AND LOCAL EXAMINATIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2016
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

WINTON INDUSTRIAL CENTER, INC.

Employer Identification number

33-0871388

FORM 990, PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE:

FORM 990, PART VI, LINE 2 - BUSINESS RELATIONSHIP - ALL OFFICERS AND

DIRECTORS OF THE ORGANIZATION ARE EMPLOYEES OF UBS REALTY INVESTORS LLC

WHICH PROVIDES REAL ESTATE MANAGEMENT SERVICES TO THE ENTITY ON BEHALF OF

ALASKA RETIREMENT MANAGEMENT BOARD.

FORM 990, PART VI, LINE 3 - UBS REALTY INVESTORS LLC HAS BEEN ENGAGED BY ALASKA RETIREMENT MANAGEMENT BOARD TO PERFORM ALL MANAGEMENT DUTIES.

FORM 990, PART VI, LINE 6 - THE SOLE SHAREHOLDER, ALASKA RETIREMENT MANAGEMENT BOARD, HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE AND TO RECEIVE DISTRIBUTIONS FROM THE ORGANIZATION IN ACCORDANCE WITH ITS EXEMPT PURPOSE. (SEE PART III, LINE 4A)

FORM 990, PART VI, LINE 7A - THE SOLE SHAREHOLDER, ALASKA RETIREMENT MANAGEMENT BOARD, ELECTS DIRECTORS.

FORM 990, PART VI, LINE 11B - 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 REALTY INVESTORS LLC, ITS MANAGER, REVIEWED THE FORM 990 PRIOR TO SIGNING AND FILING WITH THE IRS.

FORM 990, PART VI, LINES 12A, 13 & 14 - THE MEMBERS OF THE GOVERNING BODY ARE EMPLOYEES OF THE MANAGEMENT COMPANY AND ARE SUBJECT TO THE CONFLICT OF INTEREST AND OTHER POLICIES OF THE MANAGEMENT COMPANY. ANNUALLY, THE UBS REALTY LLC COMPLIANCE OFFICER CONFIRMS OFFICER COMPLIANCE WITH THESE POLICIES. THE COMPLIANCE POLICY WILL BE PROVIDED UPON REQUEST.

FORM 990, PART VI, LINES 15A & 15B - THE ORGANIZATION HAS NO EMPLOYEES

Name of the organization
WINTON INDUSTRIAL CENTER, INC.

Employer identification number 33-0871388

AND DOES NOT PAY COMPENSATION TO ITS OFFICERS OR DIRECTORS.

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

FORM 990, SCHEDULE R - RELATED ORGANIZATIONS:

SCHEDULE R INCLUDES ALL RELATED ORGANIZATIONS MANAGED BY UBS REALTY INVESTORS, LLC.

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

DISTRIBUTIONS

(3,140,575)

TOTAL

(3,140,575)

ATTACHMENT	1	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMERICAN ASPHALT REPAIR & RESURFACING CO PO BOX 3367 HAYWARD, CA 94540	ASPHALT WORK	426,377.
COLLIERS INTERNATIONAL ONE ALMADEN BLVD STE 300 SAN JOSE, CA 95113	LEASING COMMISSIONS	316,935.
CBRE INC CBRE 608844 PO BOX 848844 LOS ANGELES, CA 90084	PROPERTY MANAGEMENT	143,586.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WINTON INDUSTRIAL CENTER, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Open to Public 2016

OMB No 1545-0047

Employer identification number

33-0871388

Part	Identification of Disregard	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e organization ansv	vered "Yes" on F	orm 990, Part IV	/, line 33.			
	Name, address, and EIN	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
E									
(2)									
<u>6</u>								ļ	
(4)								:	
(5)									
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2				,					
Part II	Identification of Related T	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	Complete if the orgine tax year	yanization answe	red "Yes" on Fc	orm 990, Part IV,	line 34 because if	t had	
	(a) Name, address, and EIN of related organization	ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
								Yes	કૃ
(1) MEMPH 10 ST	(1) MEMPHIS INDUSTRIAL PARK INVESTORS INC 10 STATE HOUSE SQUARE, 15TH FL	C 06-1566509 HARTFORD, CT 06103	HOLDING CO	Ţ.	501 (7) (25)		A PMP (PAPENT)		>
(2) QUINC	QUINCY OFFICE INVESTORS INC	38-3727497		1	(02) (0) 100		(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	10 STATE HOUSE SQUARAE, 15TH F	HARTFORD, CT 06103	HOLDING CO	DE	501(C)(25)		ARMB (PARENT)		×
(3) WESTF 10 ST	WESTFORD VALLEY MARKETPLACE INC 10 STATE HOUSE SQUARE, 15TH FL	33-0850675 HARTFORD, CT 06103	HOLDING CO	40	501(0)(05)		(TNEGRO) GMOR		>
TSNIM (4)	WINSTON PARK CENTER INC	33-0825666		1	107 (0) 100		ANITO (FANENT)	Ì	۱
	10 STATE HÖUSE SQUARE, 15TH FL	HARTFORD, CT 06103	HOLDING CO	DE	501(C)(25)		ARMB (PARENT)		×
(5) ALASK 333 W	ALASKA RETIREMENT MANAGEMENT BOARD 333 WILLOUGHBY STREET, 11TH FL	92-0121775 JUNEAU, AK 99811	PENSION	AK	COVT UNIT		N/A		×
(e) 330 N	330 NORTH BRAND INC	20-0521721							
	10 STATE HOUSE SQUARE- 15TH FL	HARTFORD, CT 06103	HOLDING CO	DE	501 (C) (25)		ARMB (PARENT)		×

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

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(k) -Percentage ownership managing partner? Yes No Identification of Related Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 3 Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportorate altocations? Yes No (g) Share of end-ofyear assets (f) Share of total (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity N/A (c) Legal domicile (state or foreign country) E (b) Primary activity 10 STATE HOUSE SQ, HTFD, CT HA REAL ESTATE (1) 300 GATEWAY PARKWAY 06-1550217 (a)
Name, address, and EIN of related organization Part III 2 3 **3** 9 (9)

(2)

(h) (l)
Percentage Section
ownership controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets (f) Share of total псоте (e)
Type of entity
(C corp, S corp, or trust) (d)
Direct controlling
entity (c)
Legal domicile
(state or foreign
country) (b) Primary activity (a) Name, address, and EIN of related organization Part IV ₹ € (2) (3) 9 9 3

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	٦
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?	lated organizations lis	sted in Parts II-IV?	21	***	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				\downarrow	× :
b Gift, grant, or capital contribution to related organization(s)			<u>위</u> :::	+	× [:
			위 : :	+	×
d Loans or loan guarantees to or for related organization(s)			<u>위</u> ::	1	×۱
e Loans or loan guarantees by related organization(s)					×
				4 19	***
f Dividends from related organization(s)			11		l
			5		ļ×
			7 4	+	۱×
Purchase of assets from related organization(s),			<u>티</u> :	1	٦ [٦
i Exchange of assets with related organization(s)			= : :		×١
j Lease of facilities, equipment, or other assets to related organization(s)			=		צ
				N.	7
k Lease of facilities, equipment, or other assets from related organization(s)	•		14 14		×
1 Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s).			- T		×
			=		l×
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			<u>라</u> ::::	1	٠[۶
q Reimbursement paid by related organization(s) for expenses			: : :	9.0	~ ဨ
			1	1	1
r Other transfer of cash or property to related organization(s)			<u>+ </u> :	×	j
s Other transfer of cash or property from related organization(s)			18	!	×I
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s line, including cove	ered relationships and transa	action threshol	qs	l
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining	
	(o.e.) odf.				I
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(2)					
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No	0		Yes	ş		Yes	Ŷ	
(1)												
(2)												
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.