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Form **990**

SCANNED JUL 1 0 2017.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

<u>A</u>	ror the	2010 calendar year, or tax year beginning NOV 1, 2010 and	enaing_ (CT 31, 2011											
В	Check if applicable	C Name of organization		D Employer identific	ation number										
	Addre chang	SECOND CENTURY FUND INC. OF BETA													
	Name chang	Doing Business As		06-13	389750										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number											
	Termir	1000 SIAIE SIKEEI		(203)	<u> 776-7000</u>										
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	34,128.										
	Application	NEW HAVEN, CT U0511		H(a) Is this a group re											
	pendii	F Name and address of principal officer:DAVID WHITE		for affiliates?	Yes X No										
		1060 STATE STREET, NEW HAVEN, CT.06511		H(b) Are all affiliates incl	uded? Yes No										
		mpt status: 501(c)(3)X_ 501(c)(7) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	ist. (see instructions)										
		e:▶N/A		H(c) Group exemption	number >										
	Form of art I	organization: X Corporation	L Year	of formation:	State of legal domicile; CT										
ø	1	Briefly describe the organization's mission or most significant activities PROV	IDE HO	USING FOR FI	RATERNITY										
Activities & Governance		MEMBERS & MEETING ROOMS FOR ORGANIZATION													
ern	2	Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.													
õ		Number of voting members of the governing body (Part VI, line 1a)		3	0										
∞ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0										
ies	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0										
₹		Total number of volunteers (estimate if necessary)		6	0										
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	34,128.										
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.										
ine		Continue and conto (Dot VIII has 46)	<u> </u>	Prior Year	Current Year										
		Contributions and grants (Part VIII, line 1h)			0.										
Revenue		Program service revenue (Part VIII, line 2g)	-	102,128.	<u>0.</u>										
æ		investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	664,182.	34,128. 0.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\vdash	766,310.	34,128.										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.	0.										
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.										
þe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.												
ŭ	17	Other expenses (Part IX, column (A), lines 11a(11d, 1)(241)		75,624.	1,172.										
	1	Total expenses, Add lines 13-17 (must equal Part IX, column Are line 25)		125,624.	1,172.										
	19	Revenue less expenses. Subtract line 18 from line 12		640,686.	32,956.										
293		Total assets (Part X line 16)	Be	ginning of Current Year	End of Year										
sets	20	Total assets (Part X, line 16)		697,834.	730,790.										
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.										
캺	22_	Net assets or fund balances. Subtract line 21 from line 20		697,834.	730,790.										
P	art II	Signature Block	 												
		ities of perjury, I declare that I have examined this return, including accompanying schedules		9	knowledge and belief, it is										
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.											
		Sanatura of all and	_/_												
Sig	n	Signature of officer	\mathscr{D}	Date	16 2 11										
Hei	re	DAVID WHITE, DIRECTOR Type or print name and title	<u> </u>	6-/	1-101										
			<u> </u>	Date Check	PTIN										
D-·		Print/Type preparer's name NORMA J. ZWART Profaler's signature	,5/1 1	2 /2 ₄ / # -	- :										
Paid			100 T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>- L</u>										
	parer	Firm's name ORANGE & MARTORELLI, LLP Cha's		Firm's EIN											
use	Only	Firm's address 50 CHERRY STREET MILFORD, CT 06460		Dhana - 24	12 002 7171										
Ma		S discuss this return with the preparer shown above? (see instructions)		Phone no. 20	03-882-7171 X Ves No										

	rt III Statement of Program Service Accomplishments	<u>_</u>
Га		ר
_	Check if Schedule O contains a response to any question in this Part III	<u>1</u>
1	Briefly describe the organization's mission:	
	PROVIDE HOUSING FOR FRATERNITY MEMBERS & MEETING ROOMS FOR	_
	ORGANIZATIONAL MEETINGS AND SOCIAL ACTIVITIES, COMMUNITY ACTIVITIES	_
	AND INFORMAL FORUMS	_
	<u> </u>	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	ı
	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?	i
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	_
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$))
	PROVIDED HOUSING FOR FRATERNITY MEMBERS AND MEETING ROOMS FOR	
	ORGANIZATIONAL MEETINGS UNTIL SALE OF BUILDING IN SEPTEMBER 2010.	_
		_
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		_
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
70	(Code:) (Levelide \$) (Neveride \$)	,
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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		_
4d	Other program services. (Describe in Schedule O.)	_
. 🕶	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses	-

L			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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 167 If "Yes," complete Schedule D, Part IX	11d	х	1
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			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	İ		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	i		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	l	
		Form	990 (2010

Form 990 (2010) SECOND CENTURY FUND INC. OF BETA
Part IV Checklist of Required Schedules (continued)

04	Did the experience report many than \$5,000 of annual adults and the second seco		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21_		X
44 .	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ŀ		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		_X_
20	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
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?			
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," 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)? X 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations, Enter: 0 a Initiation fees and capital contributions included on Part VIII, line 12 10a 0. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10h Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11<u>a</u> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2010)

'Form 990 (2010) SECOND CENTURY FUND INC. OF BETA 06-1389750 Page 6 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 0 1a b Enter the number of voting members included in line 1a, above, who are independent O 1b 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Does the organization have members or stockholders? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? Х 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <u>THE ORGANIZATION - (203) 776-7000</u>

06511

1060 STATE STREET, NEW HAVEN, CT

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SECOND CENTURY FUND INC. OF BETA

06-1389750

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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

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	órganizations (W-2/1099-MISC)	compensation from the organization and related organizations	
DOUGLAS HAUSLADEN DIRECTOR								0.	0.	0	
DAVID WHITE								•	0.		
DIRECTOR			L		L			0.	0.	0	
	1										
		-	-			\vdash					
	4								<u>.</u> .		
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<u> </u>	 		<u> </u>	-	\vdash	-					
		-	-		\vdash	-	-				

Par	t VII Section A. Officers, Directors, Tru		nple	oyee			High	est						
	(A)	(B)	(C) Position						(D)	(E)		_	(F)	
	Name and title	Average hours per	l (c				ı app	Iv)	Reportable compensation	Reportable compensatio	n		stimate nount	
		week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the	from related organization: (W-2/1099-MIS	s i	com fr org an	other pensarom the panizate d relate	tion e ion ed
												_		
						ļ								
														
	V-9-1-													
	Sub-total	1				<u> </u>	>	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					>		0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 in reportabl	е			0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		Stee	е, ке	y em	трю	yee,	or r	nignest compensated er	npioyee on		3		Х
4	For any individual listed on line 1a, is the si	•							•	the organization		_		v
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
	rendered to the organization? If "Yes," com	-				-						5		Х
	etion B. Independent Contractors								that received more than	\$100,000 of nor		ation :	f	
	Complete this table for your five highest continuous the organization NONE	mpensated in		enue	erit C	Onu	racio	י פונ		\$100,000 di coli	iperis			
	(A) Name and business	address							(B) Description of s	services	C		C) ensatio	n
		·												
					-									·
								-						_
	Total number of independent contractors (including but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organi	_					0							

Form 990 (2010)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a Membership dues 1b b Fundraising events 1c 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 721310 f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 34,128. 34,128. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue e Total. Add lines 11a-11d 34,128. 34,128. 0. Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must con	nplete column (A) but are (A)	e not required to comple (B)	te columns (B), (C), and (D). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	.,			:
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	•				
	Accounting				
d	Lobbying				
е	•		<u>.</u>		_
f	Investment management fees				
g					
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22 ~~	Depreciation, depletion, and amortization	-			·
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.) ACCOUNTING FEES	900.			
a b	OPPICE BURBLICE	207.			
C	MANAGEMENT FEES	65.			
d			<u> </u>	-	· · · · · · · · · · · · · · · · · · ·
e			<u>.</u>		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,172.			
<u>25</u> 26	Joint costs. Check here I if following SOP			-	
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) (B) End of year Beginning of year 47,834 80,790. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 650,000. 650,000. Other assets. See Part IV, line 11 15 15 730,790. 697,834 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees. 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 0 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 30 30,457. 30,457. Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 667,377. 700,333. 32 32 730,790. 730,790. 697,834. Total net assets or fund balances 33 33 697,834 Total liabilities and net assets/fund balances 34

Form 990 (2010)

COIII	SECOND CENTURY FUND INC. OF BETA	00-138	19/50	Pac	je l∠		
Pa	rt 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 1	34	1,1	28.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,1'	72.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69'	7 , 8	$\overline{34.}$		
5							
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
			Ī	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		ĺ			
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:			ŀ			
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2	2010)		

Department of the Treasury Internal Revenue Service

(Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	SECUND CENTURY FUND INC. OF BETA	06-1389/50
Га		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 (dunng 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?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?	Yes No
Pa	rt 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).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an histori	cally important land area
	Protection of natural habitat Preservation of a certified	d historic structure
	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
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 org	ganization 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 durin	g 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)	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	
	conservation easements.	-
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er 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	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
	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 ga	in. provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	, p
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	s
_	\cdot	· · · · · · · · · · · · · · · · · · ·

		CENTURY FU				O4b -		<u> 16-13</u>		
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, ched	k any of the	following the	at are a si	gnıficant ı	use of its	collection	tems
	(check all that apply)									
а	Public exhibition	c	'		hange progr	rams				
b	Scholarly research	e	: L	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co				_			se in Parl	XIV.	
5	During the year, did the organization solicit or				-	ner sımılar	assets	_	,	
-	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatio	on answered	"Yes" to I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par					···········				
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	r contributior	ns or other a	ssets not	included		٦.,	<u> </u>
	on Form 990, Part X?			4-1-1-					Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.						
	D								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f O-	Ending balance	orm 000 Bort V line	010	•			1f]		Yes	No
	Did the organization include an amount on Fo if "Yes," explain the arrangement in Part XIV	omi 990, Part A, iine	1217						」 tes	NO
Par		f the organization ar	swered	"Yes" to Fo	rm 990 Parl	t IV line 10				
	T T T T T T T T T T T T T T T T T T T	(a) Current year		Prior year	(c) Two year	-	d) Three y	ears hack	(a) Four	years back
15	Beginning of year balance	(a) Current year	(0)	noi year	(6) 1110 300	113 Duck	uj mico y	cars back	(e) rour	yours back
b	[<u> </u>				
_	Net investment earnings, gains, and losses	,								
	Grants or scholarships			-						
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment	 %								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administ	ered for th	ne organiz	ation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	D, Part	K, line 10.						
	Description of investment	(a) Cost or o		1 ''	t or other		cumulate	d	(d) Book	value
	· · · · · · · · · · · · · · · · · · ·	basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings .								<u> </u>	
	Leasehold improvements			 	 	-				
d	Equipment			ļ		 				
e				<u> </u>	10/11				_	0
Tatal	Add lines 1a through 1a (Column (d) must a	aust Form 000 Dad	Y colu	mn (P) line	7/1/61 1					(1

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 SECOND CEI Part VII Investments - Other Securities.	NTURY FUND INC	C. OF BETA	06-	-1389750	Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat		
(1) Financial derivatives			,		
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)					-
(H) (I)					
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>				
Part VIII Investments - Program Related		e 13.			
(a) Description of investment type	(b) Book value		(c) Method of valuat		
(1)					
(2)					
(3)					
(4)				· · · · · · · · · · · · · · · · · · ·	
(5)					
(6)					
(8)					
(9)		-			
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, I				·	
	(a) Description			(b) Book va	lue
(1) NOTE RECEIVABLE-CHABAD		 .			000.
(2)					
(3)					
(4)					
(5)					
(6)					
	-				
(9)					
(10)	les 451			650	,000.
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part				030	,000.
1. (a) Description of liability	, 20	(b) Amount			
(1) Federal income taxes			7		
(2)			7		
(3)					
(4)					
(5)					
(6)					
(7)			_		
(8)			4		
(9)			4		
(10)			4		
			4		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	tine 25.) Interest to the organization's financial st	atements that reports the orga	anization's liability for uncertain	n tax positions under	

$\overline{}$	dule D (Form 990) 2010 SECOND CENTURY FUND INC. OF			06-1389750	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities .		5		
6	Investment expenses .		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a		4	
b	Donated services and use of facilities	2b		4	
C	Recoveries of prior year grants	2c		4 1	
d	Other (Describe in Part XIV)	2d		4	
е	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:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b		-	
_C	Add lines 4a and 4b			4c	
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Eyne	nece por	Doturn	
		ins with Expe	ilises per	1 1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.			1	
2	Donated services and use of facilities	ا ما			
a	Prior year adjustments	2a		1	
b	Other losses	2b	 -	-	
ď	Other (Describe in Part XIV.)	2c		†	
e	Add lines 2a through 2d	20		1 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			
	Other (Describe in Part XIV)	4b	<u> </u>	1	
	Add lines 4a and 4b	-10		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pai	t XIV Supplemental Information			1.0	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.					
			_		
		- ·			

*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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** SECOND CENTURY FUND INC. OF BETA 06-1389750 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTIVITIES, COMMUNITY ACTIVITES AND INFORMAL FORUMS FORM 990, PART VI, SECTION A, LINE 8A: N/A FORM 990, PART VI, SECTION A, LINE 8B: N/A FORM 990, PART VI, SECTION B, LINE 11: DOCUMENTS AVAILABLE UPON WRITTEN REQUEST. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION WILL MAKE DOCUMENTS AVAILABLE UPON REQUEST.