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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)

OMB No 1545-0047

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning NOV 1, 2011 and ending OCT 31, 2012										
B	Check if applicab	C Name of organization	D Employer identifi	cation number						
г	Addre	SS CECOND CENTRIDY PIND INC. OF DETA								
片	chang Name chang		 06-1	389750						
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si								
Terminated and STATE STREET (203) 776-700										
Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$										
Application NEW HAVEN, CT 06511 H(a) is this a group return										
	F Name and address of principal officer DAVID WHITE for affiliates?									
	1060 STATE STREET, NEW HAVEN, CT 06511 H(b) Are all affiliates included? Yes No									
	I Tax-exempt status: 501(c)(3) X 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)									
		te: N/A	H(c) Group exemptio							
	orm o	organization: X Corporation Trust Association Other ► L Y	ear of formation:	M State of legal domicile: CT						
	T 4	Briefly describe the organization's mission or most significant activities: PROVIDED	HOUSTNG FOR	FDATEDNITTV						
S 2Adtivities & Governance	'	MEMBERS & MEETING ROOMS FOR ORGANIZATION MEE								
'n	2	Check this box I if the organization discontinued its operations or disposed of m								
Ve	3	Number of voting members of the governing body (Part VI, line 1a)	3	0						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0						
S	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0						
viţi.	6	Total number of volunteers (estimate if necessary)	6	0						
F	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	29,649.						
7	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.						
			Prior Year	Current Year						
∞ }	8	Contributions and grants (Part VIII, line 1h)	0.	0.						
	9	Program service revenue (Part VIII, line 2g)	0.	0.						
₩	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,128.	29,649.						
Expenses ANNED Revenue 2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.						
뿔	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,128.	29,649.						
3	13	Grants and similar amounts paid (Part IX, eolumn (A), lines 1-3)	0.	8,000.						
	14	Benefits paid to onfor members Part IX, column (A), line 4)	0.	0.						
Seg.	15	Salaries, other compensation, employee temefits (Part IX, column (A), lines 5-10) Professional fund asing fees (Partilly, column (A), line 11e)	0.	0.						
ben		Total fundraising expenses (Part IX, column ID), line 25)								
Ä	17	Other expenses (Part IX, column (A), times 1 a-11d, 11f-24e)	1,172.	10,186.						
		Total expenses Act in 13 7 (must equal Part IX, column (A), line 25)	1,172.	18,186.						
	19	Revenue less expenses Subtract line 18 from line 12	32,956.	11,463.						
Ses			Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)	730,790.	742,253.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0.	0.						
캳	22	Net assets or fund balances. Subtract line 21 from line 20 / .	730,790.	742,253.						
	art II	Signature Block / /	 							
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of property (other transfilling) by based on all information of which prep	arer has any knowledge.							
		Signature of officer	Date	/// /						
Her	е	DAVID WHITE, DIRECTOR Type or print name and title								
Paid	l	Print/Type preparer's name NORMA J. ZWART Preparer's signature	Date Check of self-employ	—L						
	arer	Firm's name ORANGE & MARTORELLI, LLP (RA'S	Firm's EIN	06-1362236						
	Only	Firm's address 50 CHERRY STREET	THIN O CH							
MILFORD, CT 06460 Phone no. 203-882-7171										
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No						
	01 01-2			Form 990 (2011)						

	1990 (2011) SECOND CENTURY FUND INC. OF BETA 06-1389750 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
•	
	PROVIDE HOUSING FOR FRATERNITY MEMBERS & MEETING ROOMS FOR
	ORGANIZATION MEETINGS AND SOCIAL ACTIVITIES, COMMUNITY ACTIVITES, AND
	INFORMAL FORUMS
2	Did the organization undertake any significant program services during the year which were not listed on
_	
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$
40	10.
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4.5	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
40	LOTAL DEDOCATE SERVICE AND AND ASSET

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 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	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		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 "Yes," complete Schedule D, Part I	6		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٦,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	<u>11a</u>		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	X	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
a	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
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		х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	L

Form 990 (2011) SECOND CENTURY FUND INC. OF BETA
Part IV Checklist of Required Schedules (continued)

_				
	Delilie de la companya de la company		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	١	7.	
~~	United States 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 and other assistance to individuals in the United States on Part IX,			37
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			37
- 4	Schedule J	23_		<u> </u>
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			7.7
	Schedule K. If "No", go to line 25	24a		<u> </u>
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	١		
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
D	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			37
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I			x
32		31		
JZ.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity?	33		
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	30a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		- 22
-	If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Treation of the state of the st		990 (2011\
			1	

	990 (2011) SECOND CENTURY FUND INC. OF BETA T V Statements Regarding Other IRS Filings and Tax Compliance	06-1389	<u>750</u>	P	age 5
	Check if Schedule O contains a response to any question in this Part V			-	$oxed{oxed}$
				Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b 0			
С		reportable gaming	_		ĺ
	(gambling) winnings to prize winners?	. i .	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				ĺ
_	filed for the calendar year ending with or within the year covered by this return	2a 0			ĺ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)			v
	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," 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	•	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accounty?	4a		
D	If "Yes," enter the name of the foreign country:	A			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	F-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	_5b_		_^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not toy deductible?	ne organization solicit	6-		x
L	any contributions that were not tax deductible?	tions or offs	_6a_		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gitts	C.		1
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	arwana providad to the never?			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	una rani urad	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?	vas required	7-		
د.	If "Yes," indicate the number of Forms 8282 filed during the year		7с		-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7d	70	,	1
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization.		7e 7f		_
	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		- ' ' ' '		
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	• • •	8		
9	Sponsoring organizations maintaining donor advised funds.	tany and during the year		-	
а	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				ļ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 0.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0.			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b	<u> </u>		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	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		
-	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 the				
~	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	14b		

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		
<u>Sec</u>	tion A. Governing Body and Management							
					Yes	No_		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0					
	If there are material differences in voting rights among members of the governing body, or if the governing	İ						
	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	0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other					
	officer, director, trustee, or key employee?			2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X		
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?			7a_		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or					
	persons other than the governing body?			7b_		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b_	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a		X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," de	escлbe					
	in Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1						
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>		
b	Other officers or key employees of the organization			15b_		<u> </u>		
	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 arrange	ment w	vith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ite its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE		<u>_</u> _		-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	avaılab	le			
	for public inspection. Indicate how you made these available. Check all that apply.	•						
	Own website Another's website Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (of interest policy, an	d finar	ncıal			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organiza	tion 🕨	•			
	THE ORGANIZATION - 203-776-7000			P				
	1060 STATE STREET NEW HAVEN CT 06511							

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rorm	990	(2011)	

SECOND CENTURY FUND INC. OF BETA

<u>06-138975</u>0

Page 7

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

(A) Name and Title	(B) Average hours per week	ge (C) Position (do not check more than one box, unless person is both an				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DOUGLAS HAUSLADEN								_	_		
DIRECTOR	0.00		<u> </u>		_	├-		0.	0.	0.	
(2) DAVID WHITE	1 0 00								_	0	
DIRECTOR	0.00		\vdash					0.	0.	0.	
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		_	ļ								
		-									
		ł									
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	_				<u> </u>	ļ			_		
	 	ļ	ļ								
	1	l .	1	l	ı	1	Ì	I	l e		

Pai	T VII Section A. Officers, Directors, Tr		mple	уеє	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			•	C)			(D)	(E)		(1	F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estin	nated	
		hours per	box	, unle	ss pe	erson	on is both an ottor/trustee)		compensation	compensation			unt of	
		week	<u> </u>	Cerar	I	III ect	Jiruus	T-0	from	from related	i			
		(describe hours for	recto	ĺ	i				the	organizations	ͺ	•	nsation	1
		related	b or d	ee			sated		organization	(W-2/1099-MISC	"		the	
		organizations	ruste	trus		8	e e		(W-2/1099-MISC)			_	ization elated	
		ın Schedule	lual t	tiona	١.	ploy	를 하는	_					zations	
		0)	Individual trustee or director	institutional trustee	Officer	ey en	Highest compensated employee	Former				0.gu		
			_	_	Ť	Ť	 -	-						_
							İ							
														_
					-						\dashv			_
		· · ·												
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						_					_			_
														_
	Out total						Ļ		0		\rightarrow			
	Sub-total				•				0.		0.			•
	Total from continuation sheets to Part V	II, Section A							0.		0.		0	
d						l					0.		0	•
2	Total number of individuals (including but recompensation from the organization	iot ilmited to th	ose	IISTE	ea ai	DOV	e) wr	io re	eceived more than \$100	,000 of reportable				0
		-										Y	es No	<u> </u>
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee,	or i	highest compensated e	mployee on				_
	line 1a? If "Yes," complete Schedule J for s										L	3	X	•
4	For any individual listed on line 1a, is the si									the organization				
_	and related organizations greater than \$15										⊢	4	X	<u>. </u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elate	ed organization or indivi	dual for services		_	v	,
Sec	tion B. Independent Contractors	<u>ipiete Scrieduit</u>	2 J 1	or se	ICH	pers	son					5	<u> </u>	-
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of comp	ensa	tion from	n	_
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ıthır	the organization's tax	ear.				_
	(A) Name and business	address	37/	\ \$TT	-				(B) Description of s	envices	Co	(C) mpens	ation	
			IAC	INC	<u>. </u>			\dashv	2000 PHOTO O	0111000		лірспо	111011	_
		···										_		
								-						_
												_		
														_
2	Total number of independent contractors (ncludina but n	ot lir	nite	d to	tho	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organi	-	"			(0							

Page 9

	III V	iii Statement of Revel	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 :	a Federated campaigns	1a					
Gra	ı	b Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	•	c Fundraising events	1c					
팔	•	d Related organizations	1d					
S.E	•	 Government grants (contribut 	· ——					
e ë	1	f All other contributions, gifts, gran	its, and					
듗		sımılar amounts not ıncluded abo	ve 1f					
age O	9	Noncash contributions included in lines	s 1a-1f \$					
<u>ਨੂੰ ਵ</u>		h Total. Add lines 1a-1f	-	▶				
				Business Code		:		
ice	2 8							
erv ue	ŀ	·						
m S	•	·		<u> </u>	 -			
gra	•	<u> </u>						
Program Service Revenue	•	All other program service reve	200	-		-	<u> </u>	
		Total. Add lines 2a-2f	nue	•				
_	3	Investment income (including	dividends inter					
	Ü	other similar amounts)	dividends, inter	est, and	25,549.		25,549.	
	4	Income from investment of ta	x-exempt bond	proceeds	23,343.		23,343.	
	5	Royalties	. c.cpt bond	>				
		•	(ı) Real	(ii) Personal				
	6 a	a Gross rents	V					
	k	Less: rental expenses						
	•	Rental income or (loss)						
	•	d Net rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	4,100.					
	Ł	Less. cost or other basis						
		and sales expenses	0.					
	C	Gain or (loss)	4,100.					
		l Net gain or (loss)			4,100.		4,100.	
e n	8 a	Gross income from fundraising						
en en		including \$:		
Other Revenue		contributions reported on line	1c). See					
Ę		Part IV, line 18	a					
ō		Less: direct expenses	b	'L				
		Net income or (loss) from fund	-	P				
	9 6	 Gross income from gaming ac Part IV, line 19 						
		Less: direct expenses	a b					
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances	a					
	t	Less: cost of goods sold	. b					
		Net income or (loss) from sale	*					
Ī		Miscellaneous Revenu		Business Code				···
Ī	11 a							
İ	b							· · · · · · · · · · · · · · · · · · ·
	c							
	c	All other revenue						
	e	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.	. <u>- </u>		29,649.	0.	29,649.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	ise to any question in th	ıs Part IX		
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the United States. See Part IV, line 21	8,000.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States 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 accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	- F 000		 	
þ	Legal	5,000.			
C	Accounting	1,000.	• •		-
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	3,470.			
9	Other	<u> </u>		•	
12	Advertising and promotion	-			
13	Office expenses	716.			
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 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d	All sales and a second				
	All other expenses	10 100		 	
25_	Total functional expenses. Add lines 1 through 24e	18,186.	- ·	 	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	-			
	ir rollowing SOP 98-2 (ASC 958-720)				1

Pa	rt X	Balance Sheet	SIA	00-	1303730 Page II
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	80,790.	1	1.
	2	Savings and temporary cash investments		2	236,193.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	[4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	- 1 1 1 2	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	506,059.
	13	Investments - program-related See Part IV, line 11	_	13	000,0000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	650,000.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	730,790.	16	742,253.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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 of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here and complete			
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	30,457.	31	30,457.
¥,	32	Retained earnings, endowment, accumulated income, or other funds	700,333.	32	711,796.
ž	33	Total net assets or fund balances	730,790.		742,253.
_	34	Total liabilities and net assets/fund balances	730,790.	34	742,253.
		· · · · · · · · · · · · · · · · · · ·			74272331

742,253. Form **990** (2011)

orn	1990 (2011) SECOND CENTURY FUND INC. OF BETA	<u> 06-138975</u>	0	Page 12
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	<u> 29</u>	,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	11	<u>,463.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 7	30	<u>,790.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0.
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 7	<u>42</u>	,253.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Y	es 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	ŀ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a	X_
b	Were the organization's financial statements audited by an independent accountant?	21	<u> </u>	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	_20	3	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t		
	separate basis, consolidated basis, or both			
	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 Sir	igle Audit		
	Act and OMB Circular A-133?	38	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3		
		For	m 9 9	90 (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SECOND CENTURY FUND INC. OF BETA

Employer identification number

06-1389750 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		CENTURY FU								0 Page 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	ck any of th	e following th	at are a	significan	t use of its	collection	ı items
	(check all that apply):									
а	Public exhibition	(d 🔲	Loan or ex	kchange prog	rams				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further	the organiza	tion's exe	empt pur	pose in Par	t XIV.	
5	During the year, did the organization solicit of									
,	to be sold to raise funds rather than to be ma								Yes_	□ No
Pa	rt IV Escrow and Custodial Arran	gements. Comp	lete if th	e organiza	tion answered	l "Yes" to	Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributi	ons or other a	ssets no	t include	d		
	on Form 990, Part X?			_					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			•
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIV			_						
Pai	rt V Endowment Funds. Complete	f the organization ar	nswered	l "Yes" to F	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) F	orior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships	·								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	lg, column	(a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held	and administ	ered for t	the organ	nization	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required of	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 X	(, line 10						
	Description of property	(a) Cost or o			st or other	(c) A	ccumula	ted	(d) Book	value
		basis (investr	nent)	bası	s (other)	de	preciatio	n		
1a	Land					<u></u>				
b	Buildings					ļ				
c	Leasehold improvements									
d	Equipment									
	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colui	mn (B), line	10(c).)					0.

SECOND CENTURY FUND INC.

OF BETA

Schedule D (Form 990) 2011

06-1389750 Page 3

	dule D (Form 990) 2011 SECOND CENTURY FUND INC. O	F BE	TA		0	<u>5 – 1</u>	<u> 38975</u>	0 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ted Finar	ncial S	Statem	ents	3	
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	Pnor 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	nd 9		10	-			
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Reve	nue p	er Reti	um		
1	Total revenue, gains, and other support per audited financial statements				<u> </u>	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1			ı		
a	Net unrealized gains on investments	_2a						
b	Donated services and use of facilities	2b						
С.	Recoveries of prior year grants	2c						
đ	Other (Describe in Part XIV.)	_2d_						
e	Add lines 2a through 2d				2			
3	Subtract line 2e from line 1				-3	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 Other (Describe in Part XIV.)	4a						
b	Add lines 4a and 4b	_4b				_		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					<u>c </u>		
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expe	enses			n	
1	Total expenses and losses per audited financial statements		VIII. EDG5		<u> </u>	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					•		
a	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d				2	e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b				4	c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				. •	5		
Par	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II $_2$, Part XI, line 8; Part XII, lines 2d and 4b. Also comp							
						-		
				-				
					-			
							_	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. OF BETA INC. SECOND CENTURY FUND General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

OMB No 1545-0047 Open to Public

% X Employer identification number 06 - 1389750Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization

(book, if applicable cash grant assistance or government or government assistance or government) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Ö Enter total number of section 501(c)(3) and government organizations listed in the line 1 table criteria used to award the grants or assistance? 1 (a) Name and address of organization URBAN RESOURCES INITIVE 195 PROSPECT STREET NEW HAVEN, CT 06511 Part

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2011) SECOND CENTURY FUND INC. OF BETA
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

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Page 2

06-1389750

Schedule I (Form 990) (2011)

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.

2011
Open to Public Inspection

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Inspection 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 B, LINE 11: DOCUMENTS AVAILABLE UPON WRITTEN REQUEST FORM 990, PART VI, SECTION C, LINE 18: ORGANIZATION WILL MAKE DOCUMENTS AVAILABLE UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION WILL MAKE DOCUMENTS AVAILABLE UPON REOUEST