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Form 990

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)

OMR No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning Nov 1 , 2012, and ending , 2013 D Employer Identification Number Name of organization SECOND CENTURY FUND INC. OF BETA Check if applicable Address change Doing Business As 06-1389750 Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change Instial return TURTLE BAY DRIVE (203) 776-7000 ZIP code + 4 City, town or country Terminated G Gross receipts \$ 358,673. Amended return BRANFORD CT 06405 F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending H(b) Are all affiliates included? If 'No,' attach a list (see instructions) No David White 28 TURTLE BAY DRIVE BRANFORD CT 06405 Tax-exempt status X 501(c) (7) ◀ (insert no) 4947(a)(1) or 1527 Website: ► N/A H(c) Group exemption number X Corporation Form of organization Other > L Year of Formation 1992 M State of legal domicile Association Part I Summary Briefly describe the organization's mission or most significant activities CULTIVATE ALUMNI AND MAINTAIN CONTAC WITH MEMBERS OF THE FRATERNAL ORGANIZATI Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. 7a b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,809. 29,649. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines-8-through 11 (must equal Part VIII, column (A), line 12) 12 29,649 14,809. Grants and similar an fourits pald (Fart IX, column (A), lines 1-3) 8,000 2,000. Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a Professional fondraising fees (Part IX, column (A), line 11e) 24,000. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part) X, column (A), lines 11a-11d, 11f-24e) 17 10,186 6,599. Total expenses, Add-lines-13-17 (must equal Part IX, column (A), line 25) 18,186. 32,599. Revenue less expenses. Subtract line 18 from line 12 11,463. -17,790. Beginning of Current Year End of Year Total assets (Part X, line 16) 724,463. 742,253 Total liabilities (Part X, line 26) 21 0. 22 Net assets or fund balances Subtract line 21 from line 20 742,253. 724,463. Part II Signaturé Block Inder penalties of perjury, Vdeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and begin because the best of my knowledge and belief, it is true, correct, and because the best of the best of my knowledge and belief, it is true, correct, and because the best of the bes Sign Here Print/Type preparer's name Date Check NORMA J ZWART, CPA 03/07/14 P00408351 Paid self-employed Preparer ORANGE & MARTORELLI, Firm's name Use Only Firm's EIN • 06-1362236 Firm's address 50 CHERRY STREET MILFORD CT 06460 (203) 882-7171 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form	990 (2012) SECOND CENTURY	FUND INC. OF BE	TA	06-1	389750	Page 2
Par	Ille Statement of Program Se	rvice Accomplishm	ents			
	Check if Schedule O contains a	response to any question	ın this Part III			
1	Briefly describe the organization's miss	ion				
	TO CULTIVATE ALUMNI AND	MAINTAN CONTACT	?			
	WITH MEMBERS OF THE FRA	TERNAL ORGANIZA	ION			
				- -		
2	Did the organization undertake any sign	nificant program services	during the year which	were not listed on the prior		
	Form 990 or 990-EZ?				Yes	X No
	If 'Yes,' describe these new services or	Schedule O				
3	Did the organization cease conducting,	or make significant chan-	ges in how it conducts,	any program services?	Yes	X No
	If 'Yes,' describe these changes on Sch		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ш	E
4	Describe the organization's program se	rvice accomplishments for	r each of its three large	est program services, as m	easured by ex	penses
	Section 501(c)(3) and 501(c)(4) organic	zations and section 4947(a)(1) trusts are require	ed to report the amount of gi	ants and allo	cations to
	others, the total expenses, and revenue	e, if any, for each progran	service reported			
		·	 .	- ,		
4 a	(Code) (Expenses \$	26,000. includii	ng grants of \$	2,000.) (Revenue	\$	0.)
	CULTIVATE ALUMNI					
					- -	
	(Code) (Expenses \$		on grants of \$) (Revenue	\$	
	(Code) (Expenses +		ig grants or \$		Ψ	
					_	
						-
					_ 	
		-				
						-
4 c	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue	\$)
						 -
						
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					- 	
				- 	- 	
					- 	
					- 	- -
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		-				
		- -			-	
44	Other program services (Describe in S	chedule O)		-		
u	(Expenses \$	including grants of	;) (Revenue \$		`
40	Total program service expenses ►) (i veverine →		,
_ e	Total program service expenses	26,000.				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		х
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		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	A.M	*	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
l	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	11 b	х	
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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 and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
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	_	х
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	1990 (2012) SECOND CENTURY FUND INC. OF BETA 06-1389	/50		age
Pai	t IV Checklist of Required Schedules (continued)		V	NI.
			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	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	olf 'Yes' to line 35a, 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	35b		
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		

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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V			V	No
1.	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a 0		Yes	No
	contact the number reported in Box 3 of Form 1096. Enter -0- if not applicable to the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>			
		<u> </u>			
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
2.	ments, filed for the calendar year ending with or within the year covered by this return	2 a			
1	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	tructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year	,	3 a	- 	X
ı	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 Ь		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other find If 'Yes,' enter the name of the foreign country	ancial account) ?	4 a		х
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fire	•			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	´ -	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		x
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	atributions or gifts were	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).				
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7 a		
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7Ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ch it was required to file			
	Form 8282?		7с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	li de la companya de	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	g organizations. Did the ve excess business	8		
9	Sponsoring organizations maintaining donor advised funds.	Ī			
	a Did the organization make any taxable distributions under section 4966?		9 a		
I	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter				
	a Initiation fees and capital contributions included on Part VIII, line 12	10a 0.			
1	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				
	Gross income from members or shareholders	11 a	1		
١	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b			
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12 a		
1	b 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.				
	a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedule	o. [
1	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	125			
	Enter the amount of reserves on hand	13b			
		[13c	1.0 -		Х
	a Did the organization receive any payments for indoor tanning services during the tax year?	shadula O	14a		^
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in So</i>	rreaule O	14Ь		l

Form 990 (2012) 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. x Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 0 If there are material differences in voting rights among members of the governing body, or if the governing 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 1 b 0 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? 2 Х 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? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or other persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or 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 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х 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 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a b Other officers of key employees of the organization 15_b Х 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? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 161 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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 Another's website Other (explain in Schedule O) 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 19 the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DAVID WHITE

28 TURTLE BAY DRIVE BRANFORD

CT 06405

(203) 776-7000

BAA

TEEA0106 08/08/12

Form 990 (2012)

Form 990 (2012)	SECOND	CENTURY	FUND	TNC.	OF	RETA

06-1389750

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

- 1 a 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

employees, and former such persons										
Check this box if neither the organization	n nor any i	elated	org	janiz	zatio	n com	pen	sated any current offic	er, director, or truste	e
(A) Name and Title	(B) Average hours per	Average one box, unless person is both an				more the sound of	nan n an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID WHITE DIRECTOR	10.00			Х				12,000.	0.	0.
(2) DOUGLAS HAUSLADEN DIRECTOR	10.00			х				12,000.	0.	0.
(3)										
(4)										
(5)										
(6)						-				
(8)									•	
(9)						•				. = .
(10)								. ,		- 1
(11)										
(12)					-		-		==	
(13)										
(14)										

Part VII Section A. Officers, Directors, Trus	stees, l	Key	Em	plo	ye	es, a	anc	Highest Com	pensated Emp	oyees	(cont)
	(B)			(0	•					-	
(A) Name and title	Average hours per	box,	unles	heck ss pe	rson i	than o s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	Est amour	(F) imated it of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro organ and	ensation in the nization related nizations
(15)											
(16)											
(17)											
(18)											r
(19)											
(20)											
(21)			•								
(22)											
(23)							_				
(24)				_							
(25)											
1 b Sub-total		•				i	-	24,000.	0.		0.
c Total from continuation sheets to Part VII, Section	A					1					
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite from the organization ►	d to thos	se lis	ted	abov	ve) v	vho r	ece	24,000.	0. 00,000 of reportable	e compe	0. ensation
Tom the digamentation											Yes No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such i</i>			еу е	mpl	oye	e, or	hıgl	hest compensated	employee	3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater is such individual	eportable than \$15	com 60,00	npen 0? <i>II</i>	satı F'Ye	on a	nd ot	her ete	compensation fro Schedule J for	om		
 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' 	compens	ation	froi	m aı	ny u	nrela	ted	organization or in	dıvıdual	5	X
Section B. Independent Contractors	corribiere	3 001	cuu	16 3	101 3	Sucii	per	3011		1 3 1	Ι Λ
Complete this table for your five highest compensa compensation from the organization. Report compe	ted inde	pend for th	ent d	cont	racto	ors th	at r	received more that	n \$100,000 of	ax vear	
(A) Name and business addre					<u> </u>	,		(B) Description of		(C Comper	
											·-· ·-· ···
							<u> </u>				
2 Total number of independent contractors (including \$100,000 in compensation from the organization		iimite	ed to	tho	se I	isted	abo	ove) who received	more than		
BAA		TEEAC	108	01/2	4/13					Form 9	990 (2012)

Par	t VI	II Statement of Re Check if Schedule O		a respoi	nse to any ques	tion in this Part VIII			
				<u>-</u>		(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		1 a					3,2,3,3,3,3,3,1
GRA	b	Membership dues		1 b					
TS,	c	Fundraising events		1 c					
9 2	d	Related organizations		1 d					
SNS	е	Government grants (contributi	ons)	1 e					
PIBUT	f	All other contributions, gifts, qualified amounts not included	grants, and above	1 f					
S S	g	Noncash contributions include	ed in Ins 1a-	lf \$_			_		
щ.	h	Total. Add lines 1a-1f				•			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2 a				Business Code				
₹	С	·							
SE	d				3				
A P	е								
စ္အ	f	All other program service	ce revenue	}					
_	g	Total. Add lines 2a-2f				<u> </u>			
	3	Investment income (included other similar amounts)	-			16,988.	0.	0.	16,988.
	4	Income from investmen	t of tax-ex	empt b	ond proceeds				
	5	Royalties	(i) R	eal	(ii) Personal	>			
	6.2	Gross rents	(7)		(ii) i cisoliai				
		Less rental expenses				,		,	
		Rental income or (loss)				-			
		Net rental income or (lo	ss)		1	>			
		Gross amount from sales of	(ı) Secu	irities	(II) Other				
	,	assets other than inventory	341	685.					
	b	Less cost or other basis and sales expenses	343,	864.					
	С	: Gain or (loss)		179.					l
	d	Net gain or (loss)				-2,179.	0.	0.	-2,179.
OTHER REVENUE	8 a	Gross income from fund (not including \$	_						
Ž		of contributions reported	d on line	c)					
盗		See Part IV, line 18		a		_			:
E		Less direct expenses	£	b		<u> </u>	-	ļ	
:		: Net income or (loss) fro i Gross income from gam See Part IV, line 19		-					
		Less direct expenses		a h	<u> </u>	\dashv			
		: Net income or (loss) fro	m gaming	activiti	les	•			
			-						
		Gross sales of inventory and allowances	y, 1033 TCC	а					
	b	Less cost of goods sold	t	b					
	С	Net income or (loss) fro		f inven	tory	>			
		Miscellaneous Reven	ue		Business Code			_	
	11 a	-		-					ļ
	b	\		-				 	
	C بہ	: I All other revenue			 .			 	
		Total. Add lines 11a-11	d	L		>			
		Total revenue. See inst					0.	 	14 000
			. 20,10,10			<u> 14,809.</u>	<u>. </u>	<u> </u>	14,809.

Par	t IX Sta	tement of Functional Expen	ses			
Sect		3) and 501(c)(4) organizations must		II other organizations	must complete column (A)
		Check if Schedule O contains a re				
		amounts reported on lines 6b, 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and organi Part IV, Iin		2,000.			
2	the United	l other assistance to individuals in States. See Part IV, line 22				
	organizatio	l other assistance to governments, ons, and individuals outside the tes See Part IV, lines 15 and 16				
	Compensa	aid to or for members tion of current officers, directors, nd key employees	24,000.	-		
•	Compensa disqualified section 499	tion not included above, to I persons (as defined under 58(f)(1)) and persons described 1958(c)(3)(B)	= 1, 0,000			
7	Other salar	ries and wages				
•	(include se	an accruals and contributions ction 401(k) and section 403(b) contributions)				
	•	loyee benefits				
10	Payroll tax	es		·		
		ervices (non-employees)				
	Manageme	nt				
	Legal					
	Accounting	·	1,000.	 		
	Lobbying	Condenses and See Read IV has 17				
		undraising services See Part IV, line 17	4.606			
g	Other (If line umn (A) amt,	management fees 11g amt exceeds 10% of line 25, collist line 11g expenses on Sch 0) and promotion	4,626.			
		•	24.			
	•	n technology	24.			
15	Royalties					
	Occupancy	,				
17	Travel					
18		of travel or entertainment or any federal, state, or local ials				
19 20	Conference Interest	es, conventions, and meetings	949.			
21	Payments	to affiliates	_			
22	Depreciation	on, depletion, and amortization				
	Insurance					
	covered at in line 24e of line 25, expenses of	enses Itemize expenses not sove (List miscellaneous expenses If line 24e amount exceeds 10% column (A) amount, list line 24e on Schedule O)				
a						
b	'					
ر 5						
d						
	All other ex	•				. <u> </u>
25	i otal functio	nal expenses. Add lines 1 through 24e	32,599.		 	
26	the organiz joint costs campaign Check here	s. Complete this line only if cation reported in column (B) from a combined educational and fundraising solicitation Proceedings of the column (ASC 958-720)				

		Check if Schedule O contains a response to any question in this Part X			П
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1.	1	122.
	2	Savings and temporary cash investments	236,193.	2	208,011.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	500.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unisection 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribemployers and sponsoring organizations of section 501(c)(9) voluntary employers are section section 501(c)(9) voluntary employers are section s	utina	6	
ASSETS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	· · · · ·	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			·
	b	Less: accumulated depreciation 10b		10 c	d
	11	Investments – publicly traded securities	506,059.	11	515,830.
	12	Investments – other securities See Part IV, line 11	300,033.	12	31370301
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	742,253.	16	724,463.
_	17	Accounts payable and accrued expenses	742,255.	17	724,403.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	-	20	
Ī	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
B	22	Loans and other payables to current and former officers, directors, trustees			,
ユーベBーレードーES		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule ${\bf L}$		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partiand other liabilities not included on lines 17-24). Complete Part X of Schedi	es, ule D	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ▶ and comp	lete		
		lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets		27	·
ANNELS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	·
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
UZC	30	Capital stock or trust principal, or current funds		30	e e e e e e e e e e e e e e e e e e e
	31	Paid-in or capital surplus, or land, building, or equipment fund	30,457.	31	30,457.
۲ٍ	32	Retained earnings, endowment, accumulated income, or other funds	711,796.	32	694,006.
田へてないかの	33	Total net assets or fund balances	742,253.	33	724,463.
E S	34	Total liabilities and net assets/fund balances	742,253.	34	724,463.

BAA

Form 990 (2012)

For	m 990 (2012) SECOND CENTURY FUND INC. OF BETA	06-1389750) Page 1
Pä	此XI樂 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	14,809
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,599
3	Revenue less expenses Subtract line 2 from line 1	3	-17,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	742,253
5	Net unrealized gains (losses) on investments	5	, 12, 200
6	Donated services and use of facilities	6	********
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	724,463.
Pa	rt⊗XII≝ Financial Statements and Reporting		, <u> </u>
	Check if Schedule O contains a response to any question in this Part XII		
	Greek if Octicade O Contains a response to any question in this rait All		Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Tes No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a	
	Separate basis Consolidated basis Both consolidated and separate basis		
	b Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	parate	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c
	If the organization changed either its oversight process or selection process during the tax year, explain		

Х

3 a

Form 990 (2012)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

BAA

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

2012

Open to Public Inspection.

	COND CENTURY FUND INC. OF BET.		ar Cimilar Franci	<u></u>	06-1389750	16
Par	the organizations Maintaining Dono the organization answered 'Yes'	to Form 990 Part IV Jin	ier Similar Fund le 6	is or Acc	ounts. Comple	te if
	The street stree	(a) Donor advised		(b) Fi	unds and other acc	ounts
1	Total number at end of year	(a) Donor advised	Tarias	(3) 1 (and and other acc	ounts
2	Aggregate contributions to (during year)	7				
3	Aggregate grants from (during year)		-			
4	Aggregate value at end of year					
5	Did the organization inform all donors and don			advised fur	nds	
6	are the organization's property, subject to the organization inform all grantees, donor	-		aa ba waad	Yes	∐ No
•	for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	or for any other purp	pose confer	ring Yes	No
Par	t II Conservation Easements. Comp	lete if the organization a	answered 'Yes' t	o Form 9	90 Part IV line	
	Purpose(s) of conservation easements held by			0 1 01111 3	50,1 are 14, min	
	Preservation of land for public use (e.g., re	`	—'' ′′	an historica	lly important land a	irea
	Protection of natural habitat		Preservation of a		•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the	form of a c	onservation easem	ent on the
	The state of the s			Н	eld at the End of th	ne Tax Year
á	Total number of conservation easements			2 a	-	
t	Total acreage restricted by conservation easen	nents		2 b		
(: Number of conservation easements on a certifi	ied historic structure included ii	n (a)	2 c		
	Number of conservation easements included in	n (c) acquired after 8/17/06, an	d not on a historic			
	structure listed in the National Register			2 d		
3	Number of conservation easements modified, t tax year ▶	transferred, released, extinguis	shed, or terminated t	by the organ	nization during the	
4	Number of states where property subject to con	nservation easement is located	.			
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring ts it holds?	, inspection, handlir	ng of violation	ons, Yes	No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing co	onservation easemer	nts during th	ne year	
7	Amount of expenses incurred in monitoring, in: \$\Begin{align*} \text{S} \\ \t	specting, and enforcing conser	vation easements d	uring the ye	ear	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	quirements of section	n 170(h)(4)	(B)(ı) Yes	No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to	orts conservation easements in the organization's financial st	n its revenue and exp tatements that descr	pense state libes the or	ment, and balance ganization's accour	sheet, and nting for
Par	conservation easements Complete if the organization ans	ections of Art, Historical	Treasures, or C	Other Sim	nilar Assets.	
	······································		_			
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, edu	ication, or research :	statement a in furtheran	and balance sheet on the service of public services	works of e, provide,
ŀ	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items 	SFAS 116 (ASC 958), to report of for public exhibition, educated	rt in its revenue state on, or research in fu	ement and rtherance o	balance sheet work of public service, pr	s of art, ovide the
	(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 ar amounts required to be reported under SFAS 1			nancial gai	n, provide the follow	wing
ä	Revenues included in Form 990, Part VIII, line	1			► \$	
	Assets included in Form 990. Part Y				▶ \$	

•									
Schedule D (Form 990) 2012 SECON	ND CENTUR	RY FUNI	O INC. OF	BE	ΓA	06-13	89750		Page 2
Part III Organizations Mainta	ining Colle	ctions o	of Art, Histo	orica	Treasures,	or Other Similar As	sets (c	ontinu	ied)
Using the organization's acquisition items (check all that apply):	on, accession,	, and othe	r records, che	eck any	of the following	that are a significant us	se of its c	ollectio	n
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other		J . J				
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIII	nization's colle	ections an	d explain how	they f	urther the organ	ization's exempt purpose	e in		
5 During the year, did the organizat to be sold to raise funds rather than							Yes	[No
Part IV Escrow and Custodial A reported an amount or	A <mark>rrangemer</mark> n Form 990	nts. Com), Part X	plete if the o	organ	ization answe	red 'Yes' to Form 990), Part I	V, line	9, or
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian	, or other	ıntermediary	for cor	ntributions or oth	er assets not included	Yes	[No
b If 'Yes,' explain the arrangement	ın Part XIII an	d complet	te the followin	g table	•				
							Amount	i	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2 a Did the organization include an ar	mount on Forr	n 990, Pa	rt X, line 21?			· ·	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII C	heck here	if the explant	ion ha	s been provided	ın Part XIII	_		
Part V Endowment Funds. C	omplete if	the orga	anization ar	nswer	ed 'Yes' to F	orm 990, Part IV, II	ne 10.		
	(a) Current		(b) Prior ye		(c) Two years	(d) Three years		our year	rs
1 a Beginning of year balance			-						
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships			-						
Other expenditures for facilities and programs									
f Administrative expenses	•			Ì					
g End of year balance								,	
2 Provide the estimated percentage	of the curren	it year end	d balance (line	e 1g, c	olumn (a)) held	as			
a Board designated or quasi-endow		•	₽, ·	-					
b Permanent endowment ►									
c Temporarily restricted endowmen	t >		8						
The percentages in lines 2a, 2b, a	and 2c should	equal 100	0%						
3 a Are there endowment funds not in organization by				hat are	e held and admir	nistered for the	Г	Yes	No
(i) unrelated organizations							32(i)	163	110
(ii) related organizations							3a(i)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?					3a(ii) 3b		-		
4 Describe in Part XIII the intended	-		· · ·				30		!
									
Part: VI Land, Buildings, and Description of property			or other basis	1	Cost or other	(c) Accumulated	(4) 5	Book va	
Description of property			or other basis estment)		basis (other)	(c) Accumulated depreciation	(0)	JUUK VE	iiue
1 a Land					· · · · · · · · · · · · · · · · · · ·	THE RESERVE			
b Buildings						200 - 100 -			
c Leasehold improvements	ı			l	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1		
d Equipment							†		

e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2012

	Form 990) 2012 SECOND CENTURY Investments — Other Securities.	FUND INC. OF BET See Form 990. Part X.		06-1389750 Page 3
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation: Cost or ear market value
(1) Finance	ial derivatives		Chu-or-ye	an market value
	y-held equity interests			
(3) Other	, more equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
<u>(l)</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12)	Page 5	l	
Part VIII	Investments — Program Related. S (a) Description of investment type	(b) Book value		fuelusties Cost es
	(a) Description of investment type	(b) book value		f valuation Cost or ear market value
(1)				
(2)		****		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	nn (b) must equal Form 990, Part X, column (B) line 13)	•	y «	, *1
Part IX	Other Assets. See Form 990, Part	<u> </u>		
1 411 171		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)			· -	
(5)				
(6)			· · ·	
(7)				
(8)				
(9) (10)			· · · · · · · · · · · · · · · · · · ·	
	lumn (b) must equal Form 990, Part X, colun	n (R) line 15)		•
Part X	Other Liabilities. See Form 990, P			
raitA	(a) Description of liability	(b) Book value		
(1) Fede	ral income taxes	(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			I	

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

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

Schedule D (Form 990) 2012 SECOND CENTURY FUND INC. OF BET	'A	06-1389750	Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten		per Return	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
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	Fs.	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	1 401		
	2.1	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		1 7 1	
Part XII Reconciliation of Expenses per Audited Financial State	ments with Expense	s per Return	
1 Total expenses and losses per audited financial statements		T Strangeria	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	F = 1		
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e 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:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
RarteXIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also c	omplete this part to provid	e any additional information	n v, >n.
RAA		Sabadula D (Form	000\ 0010

Schedule D (Form 990) 2012 SECOND CENTURY FUND INC. OF BETA Part XIII. Supplemental Information (continued)	06-1389750 Page 5

SCHEDÙLE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

SECOND CENTURY FUND INC. OF BETA	06-1389750
Pt VI, Line 11b DOCUMENTS AVAILABLE UPON WRITTEN REQUEST	
Pt_VI, Line 19 ORGANIZATION WILL MAKE DOCUMENTS AVAILABLE UPON	WRITTEN REQUEST
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