Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public ▶ Do not enter social security numbers on this form as it may be made public₄ Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2017, and ending 2018 For the 2017 calendar year, or tax year beginning Nov 1 Oct 31 D Employer identification number R Check if applicable C Name of organization SECOND CENTURY FUND INC OF BETA 06-1389750 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change (203)776-700028 TURTLE BAY DRIVE Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated BRANFORD, CT 06405 G Gross receipts \$ Amended return Application pending F Name and address of principal officer H(a) Is this a group return for subordinates?
Yes No DAVID WHITE, 28 TURTLE BAY DRIVE, BRANFORD, CT 06405 H(b) Are all subordinates included? Yes No **区** 501(c) (7) **◄** (insert no) ☐ 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status Website: ▶ H(c) Group exemption number N/A 1992 M State of legal domicile CT Form of organization X Corporation Trust Association ☐ Other ▶ L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities. CULTIVATE ALUMNI AND MAINTAIN CONTRACT Activities & Governance WITH MEMBERS OF THE FRATERNAL ORGANIZATION 2 Check this box ▶ ☐ 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 Victine 1a) . . . D 3 0 3 0 4 Number of independent voting members of the governing body (Part VI, line 16) 4 Total number of individuals employed in calendar Sear 2017 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) [12]. 6 6 0 Total unrelated business revenue from Part VIII, column (C), line 12

Net unrelated business taxable income from Form-990-1, line 34 7a 0. 17,699. 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h). . . 1,000. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 68,551 54,069. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 69,551 54,069 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,000. 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) 16,000. 16,000 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,510. 6,342. 27,510. 31,342. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . . . 42,041. 22,727. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 741,808 764,534. 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 741,808. 764,534. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 09/10/2019 Sign Date Signature of officer Here DAVID WHITE, PRESIDENT Type or print name and title Print/Type preparer's name Date Paid Check I If 09/07/2019 self-employed P00284522 Gino J Genovese CPA Preparer Firm's EIN ▶ 47-5478565 Firm's name ▶ Genovese, Zdon **Use Only** Phone no (203) 250-2075 06410 Firm's address ▶ 55 Realty Drive Suite 310 Cheshire, May the IRS discuss this return with the preparer shown above? (see instructions) X Yes
☐ No



For Paperwork Reduction Act Notice, see the separate instructions. BAA



REV 03/08/19 PRO

Form **990** (2017)

Part		e Accomplishments a response or note to any line in this	Port III	- -
1	Briefly describe the organization's mis		raitiii	· · · · ·
•	· •	TATAL COMPACE		
	CULTIVATE ALUMNI AND MAINT			
	WITH MEMBERS OF THE FRATER	RNAL ORGANIZATION		
2	Did the organization undertake any sig	onificant program services during the	vear which were not listed on the	
-	prior Form 990 or 990-EZ?			☐Yes ⊠No
3	If "Yes," describe these new services of Did the organization cease conduction services?	ing, or make significant changes in		J∨aa Van
	If "Yes," describe these changes on Si			_ tes ⊠ No
4	Describe the organization's program s expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any	service accomplishments for each of i c)(4) organizations are required to repo		
4-	/O-d-	in alludia a munda as A	\ /Davanua &	
4a	(Code.) (Expenses \$			
	CULTIVATE ALUMNI			
				-
41.	(Code) (Expenses \$		\	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		. ,		
		_		
		······································		
		••••••		
		***************************************	***************************************	
	(0.1		\	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				••••
			<u> </u>	
		·		

4d	Other program services (Describe in S	Schedule ())		
- u		g grants of \$) (Revenu	ne.\$	
4e	Total program service expenses ▶	j grants or ψ / (rievend) · · · · · · · · · · · · · · · · · · ·	
76	rotal program service expenses			



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Part	V Checklist of Required Schedules			
٠,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	Yes	No
1	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? It "Yes," complete Schedule D, Part I			×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space		+-	1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	' ₈		×
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			×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	,		
•	complete Schedule D, Part VI	118	a	×
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			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		\top	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	<u>. t</u>	×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	اد	×
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.	5 111	f	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12	a	×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? I	f 🗀		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		-	×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		148	3	×
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.			×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		+	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	r 16	,	×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions or Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	י ר		×
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	18		×

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Part I	Checklist of Required Schedules (continued)			
•			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_×	
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 Schedule J	23	_	×
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 Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├ ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		×
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	<u> </u>	×
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	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	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
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		×
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			١.,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	×
J-	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "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	· _	
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	37	1	×
38	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.	38	×	<u> </u>

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	tias en el	324748
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	170	CXC.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶	kirži:		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		B)	
	(FBAR).	22		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	522,338,38	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	(44°)	ر د سر ۱۰	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*****	2	2 65
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	5 <u>}-1</u>	ر ار در ا	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	y 3 ³ 3- 3	2 482
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1. J.	<u> </u>	. CZ
	sponsoring organization have excess business holdings at any time during the year?	8	MA ^N	3 676%
9	Sponsoring organizations maintaining donor advised funds.	<u>~~</u>	\$ 16.	198
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	HIGH	3523
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4-31-51-5-6	SUSTEMBLE STORY
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	714	e th	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	.mg 20"EARS	
-	Note. See the instructions for additional information the organization must report on Schedule O.		NO.	J. Jan.
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	tructi	ons.
04	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>
Section	on 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			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4,		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7a	Did the organization have members or stockholders?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		×
-	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b_	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ado I	×
Secu	on B. Policies (This Section B requests information about policies not required by the internal Never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		×
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14		×
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	謹	
	on C. Disclosure			
17 18	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 (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	c)(3)s	only)
19	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re DAVID WHITE, 28 TURTLE BAY DRIVE, BRANFORD, CT 06405 (203)776-7000	cords	: ▶	

	··	
Part VII	Compensation of Officers, Directors, Trustees, Ko	ey Employees, Highest Compensated Employees, and
•	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization not	r any relate	a orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
- -	hours for related organizations below dotted line)		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) DAVID WHITE DIRECTOR	10.00			×				8,000.	0.	0.
(2) DOUGLAS HAUSLADEN DIRECTOR	10.00			×				8,000.	0.	0.
(3)										
(4)									!	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ox of Individua	ınles	Pos eck s pe	more rson	han bor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organization (W-2/1099-MIS	from amount of other compensation		ו
			ee	stee			nsated						
(15)												<u> </u>	
(16)													
(17)													
(18)													
(19)													
(20)													
												-	
												_	
(23)													
(24)													
(25)		 											
C	Sub-total	VII, Sectio	n A					> >	16,000.		0.	-	0.
d	Total (add lines 1b and 1c)	not limited						e) w	16,000. ho received m	ore than \$10	0. 0,000 (of	0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete								ployee, or high	est compen	sated	Yes 3	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	con	nper	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization											53 53	×
Section	n B. Independent Contractors	: 11 Tes, C	JOH IDI	616	301	ieut	116 0 1	01 3	such person	<u> </u>	•	5	×
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	ress	•						(B) Description of s	ervices	C	(C) compensation	
	Total number of independent contractor										_		

	90 (2017	·						Page 3
Part	VIII	Statement of Reve				5		. –
********	****	Check if Schedule O	contains a resp	oonse or note to	o any line in this			<u> </u>
					(A) Total revenue	(B) Related or cxempt runction revenue	(C) I Inrelated business revenue	(D) Revenue cxcluded from tax under sections 512-514
ıts	1a	Federated campaigns	s 1a			22444	Er skille pil	
irar	b	Membership dues .	1b					
s, G	С	Fundraising events .	1c					
Sift ar /	d	Related organizations	1d					
iğ,	е	Government grants (con	tributions) 1e					
tior sr S	f	All other contributions, g	_					
jë ž		and similar amounts not inc	luded above 1f		ding			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include						
	h	Total. Add lines 1a-1	<u>f</u>	▶			And the second second second	
Program Service Revenue	_			Business Code				
eve	2a							
e E	ь			·				
Š	C							
Š	d					_		
гап	e	All other program com						
rog	,	All other program sen Total. Add lines 2a-2					l Kasa Jozafia i 15	l Osadasiai i errotata atkas
	<u>g</u> 3	Investment income	(including dividi	ends interest			145	1973 - 16 7 d. 844 ARANGASA () () 1678 82 . () 167 8() 187 1773 - 18 7 d. 844 ARANGASA () () 167 8() 187
		and other similar amo			17,699.	0.	0.	17,699.
	4	Income from investmen	•	ond proceeds ▶	11,033.		3.1.	2770331
	5			_		<u> </u>		
		Troyumoo T T T	(ı) Real	(II) Personal		THE THINK IN	THE RESTER	
	6a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or ((loss)	>				
	7a	Gross amount from sales of	(i) Securities	(II) Other		76/2000 PM		
		assets other than inventory	913,600.					
	b	Less: cost or other basis						
		and sales expenses	877,230.					
	С	Gain or (loss)	36,370.			3 3 1		
	d	Net gain or (loss) .		<u> ▶</u>	36,370.	0.	0.	36,370.
Ð								
Š	8a	Gross income from fu	indraising					
eve		events (not including \$						E Carl
Œ		of contributions reported See Part IV, line 18 .	· ·			A AM		
Other Revenue			-					
ō		Less: direct expenses		L events . ▶	e de la companya de			44.5
	02	Net income or (loss) f Gross income from ga		events .	/			007861545 /88 77734-///
	Ja		· · · · a					
	b	Less: direct expenses	u					
	C	Net income or (loss) f		Lvities ▶	-			
	1 .	Gross sales of in						
		returns and allowance						Person : M
	ь	Less: cost of goods s						
	_ c	Net income or (loss) f					2000	A CONTRACTOR AND CONT
	Ť	Miscellaneous R		Business Code		27/10/2006		
	11a		<u></u>			_		
	b							
	C							
	d	All other revenue .						
-	e	Total. Add lines 11a-	11d	•			NECTON PROCESS	

54,069.

Total revenue. See instructions.

	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).							
Sectio			_	 -				
	Check if Schedule O contains a respon		_					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,000.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,000.	,					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				Section of the sectio			
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 8	Other salaries and wages	16,000.						
9 10 11 a	Other employee benefits							
b c d	Legal	1,400.						
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,892.						
12 13	Advertising and promotion	50.						
14 15 16	Information technology	-						
17 18	Travel							
19 20 21	Conferences, conventions, and meetings . Interest							
22 23 24	Depreciation, depletion, and amortization. Insurance							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
a b								
- d								
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	31,342.						
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 following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

	•	Check if Schedule O contains a response or	note to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		4.	1	4.
	2	Savings and temporary cash investments		94,085.	2	<u>6</u> 7,853.
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net		700.	4	700.
	5	Loans and other receivables from current and the state of	*			
		trustees, key employees, and highest co Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), are				
s		sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
,	9 .	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis. Complete Part VI of Schedule D	10a			
	b	•	10b	**************************************	10c	3,73,73,73,73,73,73,73,73,73,73,73,73,73
	11	•		647,019.	11	695,977.
	12	Investments—other securities. See Part IV, line		011,0231	12	333,311
	13	Investments – program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	-	15		
	16	Total assets. Add lines 1 through 15 (must equa		741,808.	16	764,534.
_	17	Accounts payable and accrued expenses		17	,	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Ø	22	Loans and other payables to current and for				
Liabilities		trustees, key employees, highest compen	sated employees, and			
iab		disqualified persons. Complete Part II of Schedu			22	
_	23	Secured mortgages and notes payable to unrela			23	<u></u>
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lines of Schedule D			25	
	06				26	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	check here >		20	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and				
a	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
ק	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117 (ASC 95	58), check here ► 🗵 and			
5		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed		30,457.	31	30,457.
Ä	32	Retained earnings, endowment, accumulated in		711,351.	32	-734,077.
Š	33	Total net assets or fund balances		741,808.	33	764,534.
_	34	Total liabilities and net assets/fund balances .	<u></u>	741,808.	34	764,534.

	1 1				<u> </u>
Par	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54 <u>,</u> 0	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>31,3</u>	<u>42.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		22 , 7	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	<u>41,8</u>	08.
5	Net unrealized gains (losses) on investments	5			
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	. 7	64,5	35.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ıı	- 1	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:				×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b		×
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for orgonization of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex	ntant?	2c		ŭ." .
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	torth II	า - 3a	_	<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SEC	OND CENTURY FUND INC. OF BETA		06-1389750
Par		vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		`
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
•			
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		
		· · · · · · · · · · · · · · · · · · ·	
Part		<u></u>	163 110
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	· ·	f a historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
^			· · 2d
3	Number of conservation easements modified, trantax year ►	insterred, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conse	envation easement is located >	
5	Does the organization have a written policy re		spection, handling of
-	violations, and enforcement of the conservation e	-	·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	▶ \$,
8	Does each conservation easement reported on line		
	(// // // //		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		nancial statements that describes the
Dart	Organizations Maintaining Collection		Other Similar Assets
rait	Complete if the organization answered		
	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
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 public service, provide the following amounts related to the service of t		ducation, or research in furtherance of
			▶ \$
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

Part									
3 `	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of th	e follow	ring that are a s	ignificant	use of its
а	☐ Public exhibition		d [Loan	or exchang	je progr	ams		
b	☐ Scholarly research		е [Othe	r				
С	☐ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how t	hey further	the org	anızatıon's exer	npt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					ions or	other assets no		es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able [.]		A	mount	
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 amou								
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planati <u>o</u>	n has been	provide	ed on Part XIII .		
Part	V Endowment Funds.								
	Complete if the organization	answered "Yes	" on For	<u>n 990, l</u>					
	-	(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and		-				_		
	programs								
f	Administrative expenses				··				
g	End of year balance								
2	Provide the estimated percentage of	the current year en	id balanc	e (line 1c	ı column (a	ı)) held a	as		
a	Board designated or quasi-endowme			· (,,	-,,			
h	Permanent endowment ►		'						
c	Temporarily restricted endowment ▶								
·	The percentages on lines 2a, 2b, and		೧ ೧%						
За	Are there endowment funds not in th			zation th	at are held	and ad	ministered for th	ne	
- Cu	organization by:	. с россоссия и						[Yes No
	(i) unrelated organizations							3a(i)	100 110
	(ii) related organizations					• •		3a(ii)	
.	If "Yes" on line 3a(ii), are the related of							3b	
ь 4	Describe in Part XIII the intended use					• •		00	i
				WITHERIT	unus.				
Part	Land, Buildings, and Equip Complete if the organization		" on For	~ 000 l	Dort IV In	0 110	Soo Form 990	Dort V	lino 10
						1	Accumulated	(d) Boo	
	Description of property	(a) Cost or of (investm			or other basis other)	de	epreciation	(d) B00	- value
1a	Land								
b	Buildings				<u>.</u>				
C	Leasehold improvements					ļ			
d	Equipment				-		_		
e	Other	·							
Total.	Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part)	(, columi	n (B), line 10	0c)	▶		

(a) Description of security or category (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (c) (c) Method of valuation (cost or end-of-year market value (c) Method of valuation (c)	Part VII	Complete if the organization a		rm 990, Part IV, lii	ne 11b. See Form	n 990, Part X, line 12.
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (3) Other (A) (4) (5) (5) (6) (7) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of security or cate	egory		(c) Me	thod of valuation
20 Closely-held equity interests	(1) Financial	<u></u>				
						_
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
G G G G G G G G	(A)				-	
Column District Column District Di		·····				
(G) (G) (H) (H) (H) (H) (H) (E) (A) (Description of investment) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(C)			-		
Fig.	(D)					
Go Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(E)					-
Total, Column (b) must equal Form 990, Part X, col (B) line 12 ▶ Taylor Tay	(F)		••••			
Total, Column (b) must equal form 930, Part X, col (B) line 12) ►	(G)		•••		` `	
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)		•••••			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	Total. (Column (l	b) must equal Form 990, Part X, col (B) line 12)	>			
(a) Description of investment (b) Book value (c) Method of Valuation Cost or end-of-year market value (t) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (a) Description (b) Book value (f) (7) (8) (9) (9) (1) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9						
Cost or end-of-year market value		Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, III	ne 11c. See Form	n 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) line 13) ▶ Part XX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (9) Total. (Column (c) must equal Form 990, Part X, col (β) line 15.) Part XX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (6) (7) (8) (9) Total. (Column (c) must equal Form 990, Part X, col (β) line 25.) ▶ Total. (6) (9) (1) Federal income taxes (2) (3) (4) (6) (7) (8) (9) Total. (Column (c) must equal Form 990, Part X, col (β) line 25.) ▶		(a) Description of investmen	t	(b) Book value	, ,	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part XX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶						
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				note to the organization	on's financial statem	ents that reports the

Schedule D (Form 990) 2017

BAA

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XII Reconciliation of Expenses per Audited Financial State		er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) .	5
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
, Par	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par		
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Schedule D (Fǫ		Page 5
Part XIII	Supplemental Information (continued,	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part

Part II

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

%⊠ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number □Yes 06 - 1389750Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance SECOND CENTURY FUND INC. Name of the organization

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NONE MORE THAN \$ 5,000 -	1						
(6)							
(4)							
(5)							
(9)							
(7)							
(8)						ï	
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and govorganizations listed	vernment organiza	tions listed in the l	ine 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	is for Form 990.	:				Schedule I (Form 990) (2017)

REV 03/08/19 PRO

BAA

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III N က 4 S ဖ

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

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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