

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

SETTLEMENT HOUSING FUND, INC.  
 247 W. 37TH STREET, 4TH FLOOR  
 NEW YORK, NY 10018

**D** Employer Identification Number

23-7078882

**E** Telephone number

212-265-6530

**G** Gross receipts \$ 5,449,142.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included?If 'No,' attach a list. (see instructions) ☐ Yes ☐ No**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.SETTLEMENTHOUSINGFUND.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of Formation: 1969**M** State of legal domicile: NY**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SETTLEMENT HOUSING FUND EXISTS TO CREATE AND MAINTAIN ECONOMICALLY AND ETHNICALLY DIVERSE AFFORDABLE HOUSING WITH COMMUNITY PROGRAMS AND NEIGHBORHOOD AMENITIES THROUGHOUT NEW YORK CITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	86
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 5,104,081. Current Year: 2,506,697.
	9	Program service revenue (Part VIII, line 2g)	1,148,964. 1,877,628.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,302. 134,690.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,384,952. 502,316.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,789,299. 5,021,331.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,922,676. 2,154,185.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 194,080.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,279,188. 1,747,373.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,201,864. 3,901,558.
19	Revenue less expenses. Subtract line 18 from line 12	4,587,435. 1,119,773.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 10,590,099. End of Year: 13,439,712.
	21	Total liabilities (Part X, line 26)	517,270. 2,197,432.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,072,829. 11,242,280.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	CAROL LAMBERG		DIRECTOR		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STUART KOCH	STUART KOCH			P01231447
	Firm's name	Koch Group & Co., LLP			Firm's EIN
	Firm's address	333 SEVENTH AVENUE, FLOOR 8 NEW YORK, NY 10001-5118			Phone no. (212) 631-0700

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☐**1** Briefly describe the organization's mission:

SETTLEMENT HOUSING FUND EXISTS TO CREATE AND MAINTAIN ECONOMICALLY AND ETHNICALLY DIVERSE AFFORDABLE HOUSING WITH COMMUNITY PROGRAMS AND NEIGHBORHOOD AMENITIES THROUGHOUT NEW YORK CITY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,379,629. including grants of \$ ) (Revenue \$ 1,877,628.)  
CREATE AND MAINTAIN ECONOMICALLY AND ETHNICALLY DIVERSE AFFORDABLE HOUSING.

**4b** (Code: ) (Expenses \$ 545,882. including grants of \$ 545,882.) (Revenue \$ )  
DREAMS/YOUTHBUILD PROGRAM TO BENEFIT THE SITES IN CROWN HEIGHTS IN A PROGRAM THAT ENCOURAGES UNEMPLOYED YOUNG ADULTS TO RESUME THEIR EDUCATION AND GAIN THE SKILLS NEEDED TO OBTAIN EMPLOYMENT. THE PROGRAM ALSO PROVIDES WRAP-AROUND SOCIAL SERVICES TO HELP PARTICIPANTS OVERCOME OBSTACLES THAT MAY HAVE ORIGINALLY DERAILED THEM.

**4c** (Code: ) (Expenses \$ 327,434. including grants of \$ 327,434.) (Revenue \$ )  
NEW SETTLEMENT COMMUNITY CAMPUS CORP., IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION, IS CREATING A K THROUGH 12 PUBLIC SCHOOL AND COMMUNITY POOL IN THE SOUTHWEST AREA OF THE BRONX FOR THE PURPOSES OF PROMOTING THE PUBLIC GOOD THROUGH PROGRAMS DESIGNED TO FOSTER THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE NEW SETTLEMENT AND JEROME AVENUE COMMUNITIES.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 3,252,945.

**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 .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4 <b>Section 501(c)(3) organizations.</b> 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 .....		X
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 .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....	X	
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 .....		X
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 .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. ....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	<b>21</b>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	<b>22</b>		X
<b>23</b> 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>	<b>23</b>	X	
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25a</b>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>	<b>25b</b>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>	<b>27</b>		X
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>	X	
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28c</b>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>	X	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>36</b>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 60		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>		X
<b>2 a</b> 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.	<b>2 a</b> 86		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> 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?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ **X****Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. ....	<b>1a</b> 25		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. ....	<b>1b</b> 25		
<b>2</b> 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? .... SEE SCHEDULE O	<b>2</b>	X	
<b>3</b> 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? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X	
<b>9</b> 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. ....	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X	
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>10b</b>		X
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... SEE SCHEDULE O	<b>12c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official. ....	<b>15a</b>	X	
<b>b</b> Other officers of key employees of the organization. SEE SCHEDULE O. ....	<b>15b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NY

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☐ Another's website ☐ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

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

► GERALD SCHWARTZ 247 W. 37TH STREET, 4TH FLOOR NEW YORK NY 10018 212-265-6530

**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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES S. WARREN ESQ. PRESIDENT		X		X				0.	0.	0.
(2) ANN BERSON VICE PRESIDENT		X		X				0.	0.	0.
(3) JEROME DEUTSCH DIRECTOR		X						0.	0.	0.
(4) GARY JACOB VICE PRESIDENT		X		X				0.	0.	0.
(5) FRANCES LEVENSON, ESQ. VICE PRESIDENT		X		X				0.	0.	0.
(6) DAVID G. RICHARDSON, ES VICE PRESIDENT		X		X				0.	0.	0.
(7) THOMAS P. LYDON, JR. TREASURER		X		X				0.	0.	0.
(8) ANNE H. LINDGREN SECRETARY		X		X				0.	0.	0.
(9) ROBERT BERNE DIRECTOR		X						0.	0.	0.
(10) SALLY GOODGOLD DIRECTOR		X						0.	0.	0.
(11) INGRID GOULD ELLEN DIRECTOR		X						0.	0.	0.
(12) PHILIP PITRUZZELLO DIRECTOR		X						0.	0.	0.
(13) JEFFREY GURAL DIRECTOR		X						0.	0.	0.
(14) RACHEL GROSSMAN DIRECTOR		X						0.	0.	0.
(15) SUE HELLER DIRECTOR		X						0.	0.	0.
(16) MARJORIE SORENSEN DIRECTOR		X						0.	0.	0.
(17) PETER C. KORNMAN DIRECTOR		X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL KRONENFELD DIRECTOR		X						0.	0.	0.
(19) MARVIN MARKUS DIRECTOR		X						0.	0.	0.
(20) HOWARD D. MENDES DIRECTOR		X						0.	0.	0.
(21) SARAH WARD DIRECTOR		X						0.	0.	0.
(22) JANE SILVERMAN DIRECTOR		X						0.	0.	0.
(23) SHERYL SIMON DIRECTOR		X						0.	0.	0.
(24) BRADFORD WINSTON DIRECTOR		X						0.	0.	0.
(25) GENE NORMAN VICE PRESIDENT				X				0.	0.	0.
(26) CAROL LAMBERG EXECUTIVE DIRECTOR	35				X			162,767.	0.	32,429.
(27) SUSAN COLE ASSOCIATE DIRECTOR	35					X		129,386.	0.	24,614.
(28) LEE WARSHAVSKY ASSIST SECRETARY	35					X		119,285.	0.	25,752.
(29) WENDY SCHORR DIR SPEC PROJECTS	35					X		109,876.	0.	14,497.
<b>1 b Sub-total</b>								521,314.	0.	97,292.
<b>c Total from continuation sheets to Part VII, Section A</b>								219,213.	0.	65,788.
<b>d Total (add lines 1b and 1c)</b>								740,527.	0.	163,080.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



# 2010

Name of the Organization

SETTLEMENT HOUSING FUND, INC.

Employer Identification number

23-7078882

**Part VII** Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b> 244,861.					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 873,316.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 1,388,520.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	550,087.					
	<b>h Total.</b> Add lines 1a-1f .....		2,506,697.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>DEVELOPMENT FEES</u> .....		<b>Business Code</b> 531390	943,569.		943,569.	
	<b>b</b> <u>PROJECT FEES</u> .....		531390	918,025.		918,025.	
	<b>c</b> <u>MORTGAGE ASSUMPTION</u> .....		531390	16,034.		16,034.	
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,877,628.			
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			143,482.		143,482.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross Rents .....		(i) Real	(ii) Personal				
		27,856.					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	27,856.				
<b>d</b> Net rental income or (loss) .....			27,856.		27,856.		
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
		178,464.	155,064.				
		<b>b</b> Less: cost or other basis and sales expenses .....	187,133.	155,187.			
		<b>c</b> Gain or (loss) .....	-8,669.	-123.			
<b>d</b> Net gain or (loss) .....			-8,792.		-8,792.		
<b>8 a</b> Gross income from fundraising events (not including: \$ 244,861. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	49,000.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	85,491.			
		<b>c</b> Net income or (loss) from fundraising events .....			-36,491.		-36,491.
		<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
<b>b</b> Less: direct expenses .....			<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....			<b>a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>MISCELLANEOUS REVENUE</u> .....			510,951.	510,951.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			510,951.				
<b>12 Total revenue.</b> See instructions .....			5,021,331.	510,951.	0.	2,003,683.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	629,927.	503,941.	88,190.	37,796.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	0.	0.	0.	0.
7 Other salaries and wages .....	653,336.	522,669.	91,467.	39,200.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	645,087.	516,070.	90,312.	38,705.
10 Payroll taxes .....	225,835.	180,668.	31,617.	13,550.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 ...				
f Investment management fees .....				
g Other .....	129,946.	42,882.	53,278.	33,786.
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	283,906.	227,125.	39,747.	17,034.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	40,579.	33,924.	6,493.	162.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	61,937.	49,550.	8,671.	3,716.
23 Insurance .....	10,245.	2,049.	8,196.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>FEDERAL GRANT EXPENSES</u> .....	545,882.	545,882.		
b <u>DONATED SERVICES</u> .....	493,180.	493,180.		
c <u>CONTRIBUTIONS</u> .....	56,226.	44,980.	7,872.	3,374.
d <u>EQUIP. RENTAL&amp;MAINTENANCE</u> .....	42,260.	33,808.	5,916.	2,536.
e <u>TELEPHONE</u> .....	33,805.	27,044.	4,733.	2,028.
f All other expenses .....	49,407.	29,173.	18,041.	2,193.
25 Total functional expenses. Add lines 1 through 24f .....	3,901,558.	3,252,945.	454,533.	194,080.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing.....	204,229.	1	545,720.
	2 Savings and temporary cash investments.....	721,557.	2	1,282,388.
	3 Pledges and grants receivable, net.....	2,298,976.	3	1,666,395.
	4 Accounts receivable, net.....	2,330,370.	4	2,436,366.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6	
	7 Notes and loans receivable, net.....	320,678.	7	336,712.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	30,082.	9	38,954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 532,082.		
	b Less: accumulated depreciation.....	10b 239,732.	10c	292,350.
	11 Investments — publicly traded securities.....	1,082,399.	11	1,109,701.
	12 Investments — other securities. See Part IV, line 11.....	343,758.	12	343,758.
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	2,976,013.	15	5,387,368.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	10,590,099.	16	13,439,712.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses.....	411,505.	17	2,078,183.
	18 Grants payable.....		18	
	19 Deferred revenue.....	105,765.	19	119,249.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities. Complete Part X of Schedule D.....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25.....	517,270.	26	2,197,432.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets.....	9,110,970.	27	10,786,980.
	28 Temporarily restricted net assets.....	961,859.	28	455,300.
	29 Permanently restricted net assets.....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 <b>Total net assets or fund balances.</b> .....	10,072,829.	33	11,242,280.
	34 <b>Total liabilities and net assets/fund balances.</b> .....	10,590,099.	34	13,439,712.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	5,021,331.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	3,901,558.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	1,119,773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	10,072,829.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O.....	5	49,678.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	11,242,280.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: .....		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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? .....	3a	X
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. ....	3b	X

BAA

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test — 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3% support test — 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .	713,683.	666,695.	3,249,255.	4,862,281.	2,062,517.	11,554,431.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .	1,372,562.	956,501.	1,227,697.	1,148,964.	1,877,628.	6,583,352.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	2,086,245.	1,623,196.	4,476,952.	6,011,245.	3,940,145.	18,137,783.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						18,137,783.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .	2,086,245.	1,623,196.	4,476,952.	6,011,245.	3,940,145.	18,137,783.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	156,299.	180,537.	118,845.	151,302.	134,689.	741,672.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	156,299.	180,537.	118,845.	151,302.	134,689.	741,672.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . SEE PART IV. . . . .	9,986.	113,821.	96,588.	91,518.	453,316.	765,229.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	2,252,530.	1,917,554.	4,692,385.	6,254,065.	4,528,150.	19,644,684.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	92.3 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	94.5 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	3.8 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	3.8 %

- 19a 33-1/3% support tests — 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶ ☒
- b 33-1/3% support tests — 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

2010

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT SETTLE

SETTLEMENT HOUSING FUND, INC.

23-7078882

11/15/11

12:27PM

## PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
MISCELLANEOUS REVENUE	453,316.	91,518.	96,588.	113,821.	9,986.
TOTAL	<u>\$ 453,316.</u>	<u>\$ 91,518.</u>	<u>\$ 96,588.</u>	<u>\$ 113,821.</u>	<u>\$ 9,986.</u>

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2010**

**Name of the organization**

SETTLEMENT HOUSING FUND, INC.

**Employer identification number**

23-7078882

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GUARDIAN LIFE INS CO OF AMERICA 7 HANOVER SQUARE, H-27-A NEW YORK, NY 10004	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TD CHARITABLE FOUNDATION 2 PORTLAND SQ, PO BOX 8540 PORTLAND, ME 04112	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JEFFREY GURAL 125 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PAUL MOOS FOUNDATION 880 FIFTH AVENUE NEW YORK, NY 10021	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEROME DEUTSCH-THE DEUTSCH GROUP 235 EAST 49TH ST, LOWER LEVEL NEW YORK, NY 10017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JP MORGAN CHASE FOUNDATION 270 PARK AVENUE, 33RD FLOOR NEW YORK, NY 10017	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SILVERMAN CHARITABLE GROUP 830 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	LOUIS & ANNE ABRONS FOUNDATION 437 MADISON AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ROBERT BERNE ONE WEST 72ND STREET NEW YORK, NY 10023	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	NYC DEPT. OF EDUCATION-DREAMS PROGR 52 CHAMBERS STREET NEW YORK, NY 10007	\$ 281,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	US DOL, ETA, WIA 200 CONSTITUTION AVENUE NW WASHINGTON, DC 20210	\$ 545,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	US DHHS ADMIN FOR CHILDREN & FAM. 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 327,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BRONX BOROUGH PRESIDENT & NYC COUNC 851 GRAND CONCOURSE BRONX, NY 10451	\$ 327,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MICROSOFT CORPORATION 1 MICROSOFT WAY REDMOND, WA 98052	\$ 56,907.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SUNY ATTAIN 22 CORPORATE WOODS BLVD ALBANY, NY 12246	\$ 105,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	1615 ST. JOHNS PLACE, LP 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 107,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	BOOTH FERRIS FOUNDATION 270 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10017	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	BROOKLYN COMMUNITY FOUNDATION 45 MAIN STREET, SUITE 409 BROOKLYN, NY 11201	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	DANIEL & JOHANNA S ROSE FUND 165 W. 65TH STREET NEW YORK, NY 10023	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	JAMIE DEUTSCH FOUNDATION 501 SILVERSIDE RD STE 123 WILMINGTON, DE 19809	\$ 87,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MARTY AND DOROTHY SILVERMAN FOUNDAT 150 EAST 58 STREET, 29TH FLR NEW YORK, NY 10155	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK, NY 10016	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BRADFORD WINSTON 247 W 37TH STREET NEW YORK, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	NY CHARITIES ORGANIZATION 50 BROADWAY, SUITE 803A NEW YORK, NY 10004	\$ 5,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

23-7078882

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	TEACHERS, COUNSELORS, ADMINISTRATORS AND TRAVEL	\$ 281,080.	12/31/10
	EXPENSES - IN-KIND PROVIDED.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	SOFTWARE LICENSE DONATION - IN KIND PROVIDED	\$ 56,907.	9/03/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	TECHNOLOGY LAB - IN-KIND PROVIDED	\$ 105,000.	12/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	RENT & SUPPLIES	\$ 107,000.	12/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	



Name of organization

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

**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, 11, or 12.**  
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
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 amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c 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 year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		293,316.	97,944.	195,372.
d Equipment		114,824.	87,480.	27,344.
e Other		123,942.	54,308.	69,634.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				292,350.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) DUE FROM AFFILATES	5,372,626.
(2) FEASIBILITY STUDY	14,739.
(3) ROUNDING	3.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	5,387,368.

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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). SEE PART XIV

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	5,021,331.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,901,558.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1,119,773.
4	Net unrealized gains (losses) on investments	49,678.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	49,678.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,169,451.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	23,985,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	49,433.
b	Donated services and use of facilities	2b	493,180.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	18,421,863.
e	Add lines 2a through 2d	2e	18,964,476.
3	Subtract line 2e from line 1	3	5,021,331.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,021,331.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	25,188,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	21,287,031.
e	Add lines 2a through 2d	2e	21,287,031.
3	Subtract line 2e from line 1	3	3,901,558.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,901,558.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X- FIN 48 FOOTNOTE**

MANAGEMENT HAS DETERMINED THAT SETTLEMENT HOUSING FUND, INC. AND ITS AFFILIATED ENTITIES HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. SHF AND ITS AFFILIATES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings present.

2010

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION** **PAGE 6**

CLIENT SETTLE

SETTLEMENT HOUSING FUND, INC.

23-7078882

11/15/11

12:27PM

**SCHEDULE D, PART XII, LINE 2D**

**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 18,421,863.
TOTAL	<u><u>\$ 18,421,863.</u></u>

**SCHEDULE D, PART XIII, LINE 2D**

**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 21,287,031.
TOTAL	<u><u>\$ 21,287,031.</u></u>

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☒ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total.....	▶		0.
------------	---	--	----

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts .....	293,861.			293,861.
	2 Less: Charitable contributions .....	244,861.			244,861.
	3 Gross income (line 1 minus line 2) .....	49,000.			49,000.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	85,491.			85,491.
	10 Direct expense summary. Add lines 4- through 9 in column (d) .....				85,491.
	11 Net income summary. Combine line 3, column (d), and line 10 .....				-36,491.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1 Gross revenue .....					
	DIRECT EXPENSES	2 Cash prizes .....				
		3 Non-cash prizes .....				
		4 Rent/facility costs .....				
		5 Other direct expenses .....				
DIRECT EXPENSES	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 .....					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ Nob If 'No,' explain: \_\_\_\_\_  
\_\_\_\_\_10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ Nob If 'Yes,' explain: \_\_\_\_\_  
\_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	<b>%</b>
--	------------	----------

<b>b</b> An outside facility.....	<b>13b</b>	%
-----------------------------------	------------	---

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ►

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... ☐ Yes ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I Questions Regarding Compensation**

- 1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- |   |           |   |
|---|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?..... | <b>4a</b> | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....                     | <b>4b</b> | X |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?.....                        | <b>4c</b> | X |
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization?.....          | <b>5a</b> | X |
| <b>b</b> Any related organization? ..... | <b>5b</b> | X |
- If 'Yes' to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization?.....          | <b>6a</b> | X |
| <b>b</b> Any related organization? ..... | <b>6b</b> | X |
- If 'Yes' to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.....

**7** X

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....

**8** X

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	CAROL LAMBERG	(i) 140,767.	(ii) 0.	(iii) 22,000.	16,830.	15,599.	195,196.	190,784.
		0.	0.	0.	0.	0.	0.	0.
2	SUSAN COLE	(i) 116,161.	(ii) 0.	(iii) 13,225.	13,092.	11,522.	154,000.	150,367.
		0.	0.	0.	0.	0.	0.	0.
3	JOHN DOYLE	(i) 99,831.	(ii) 0.	(iii) 22,000.	12,259.	19,289.	153,379.	146,525.
		0.	0.	0.	0.	0.	0.	0.
4		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
5		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
6		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
7		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
8		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
9		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
10		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
11		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
12		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
13		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
14		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
15		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----
16		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		-----	-----	-----	-----	-----	-----	-----

BAA

<b>Part III</b>	<b>Supplemental Information</b>
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

► **Complete if the organization answered**  
**'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V, line 38a or 40b.**  
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total. . . . . ► \$										

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LEE WARSHAVSKY	SEE (A) BELOW	145,037.	SALARY		X
(2) GARY JACOB	SEE (B) BELOW	306,800.	80/20 RENTAL SCREENING		X
(3) JEFFREY GURAL	SEE (C) BELOW	264,465.	RENT		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

(A) LEE WARSHAVSKY, AN ASSISTANT SECRETARY OF SETTLEMENT HOUSING FUND, INC., IS THE SON OF FRAN LEVENSON, WHO IS A VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC.

(B) GARY JACOB, A VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC., IS THE EXECUTIVE VICE PRESIDENT AND BOARD MEMBER OF GLENWOOD MANAGEMENT CORP. SETTLEMENT HOUSING FUND, INC. PROVIDES RENTAL SCREENING SERVICES FOR A FEE TO GLENWOOD MANAGEMENT CORP., AN AFFIRMATIVE MANAGEMENT MARKETING CLIENT, ON TWO 80/20 DEVELOPMENT PROJECTS.

(C) JEFFREY GURAL, A DIRECTOR OF SETTLEMENT HOUSING FUND, INC., IS THE CHAIRMAN OF NEWMARK KNIGHT FRANK, THE COMPANY FROM WHICH SETTLEMENT HOUSING FUND, INC. RENTS ITS OFFICE SPACE.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

- **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No. 1545-0047

**2010****Open To Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution— Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <u>SOFTWARE</u> ) .....	X	1	56,907.	FMV
26 Other ► ( <u>RENT &amp; SUPPLIES</u> ) .....	X	1	107,000.	FMV
27 Other ► ( <u>SALARIES&amp;TRANS</u> ) .....	X	1	281,180.	FMV
28 Other ► ( <u>TECHNOLOGY LABS</u> ) .....	X	1	105,000.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Yes No**

30a		X
31		X
32a		X
33		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule **M** (Form 990) 2010



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) NEWSET II HDFC 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-4101214	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
(3) SHUHAB HDFC 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 02-0614246	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
(5) SEMIPERM HDFC 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-4333566	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1615 ST. JOHN'S 247 WEST 37TH ST NEW YORK, NY 100 01-0571716	LOW INC HSG	NY	N/A		0.	0.		X	N/A		X	
(2) MARCY BAER ASSOC 247 WEST 37TH ST NEW YORK, NY 100 13-3727276	LOW INC HSG	NY	N/A		0.	0.		X	N/A		X	
(3) TWO BRIDGSET AS 247 WEST 37TH ST NEW YORK, NY 100 13-3826946	LOW INC HSG	NY	N/A		0.	0.		X	N/A		X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LENOX COURT HDFC 247 WEST 37TH STREET NEW YORK, NY 10018 94-3462776	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
(2) MARCY BAER, INC. 247 WEST 37TH STREET NEW YORK, NY 10018 13-3727272	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
(3) 1615 ST. JOHNS PLACE, INC. 247 WEST 37TH STREET NEW YORK, NY 10018 01-0057170	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1 e</b>	X
<b>f</b> Sale of assets to other organization(s) .....	<b>1 f</b>	X
<b>g</b> Purchase of assets from other organization(s) .....	<b>1 g</b>	X
<b>h</b> Exchange of assets .....	<b>1 h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1 j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1 l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1 m</b>	X
<b>n</b> Sharing of paid employees .....	<b>1 n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1 p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1 r</b>	X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NEWSET II HDFC	D	99,022.	FMV
(2) NEWSET II HDFC	K	23,153.	FMV
(3) SHUHAB HDFC	O	314,604.	FMV
(4) SEMIPERM HDFC	B	50,000.	FMV
(5) SEMIPERM HDFC	D	316,325.	FMV
(6) NEW SETTLEMENT COMMUNITY CAMPUS CORP	D	4,714,735.	FMV

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
NEW SETTLEMENT COMMUNITY CAMPUS CORP 247 WEST 37TH STREET NEW YORK, NY 10018 20-3590089	COMMUNITY POOL AND RECREATION CENTER	NY	501 (C) (3)	7	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGES - SETTLEMENT HOUSING COR 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 90-0681659	LOW INCOME HOUSING	NY			N/A		X
THE CRENUATED COMPANY LTD. 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 14-1719016	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
BROOKSET HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 06-1622109	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
NEW HULL STREET HDFC 247 WEST 37TH ST, 4TH FL NEW YORK, NY 10018 13-3607310	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X
THE ST. JOHN'S PLACE FAMILY CENTER H 1630 ST. JOHN'S PLACE BROOKLYN, NY 11233 13-3441465	HOMELESS SHELTER	NY	501 (C) (3)	7	N/A		X
THE ST. JOHN'S PLACE FC DAY CARE COR 1630 ST. JOHN'S PLACE BROOKLYN, NY 11233 11-3557478	CHILDRENS' DAY CARE	NY	501 (C) (3)	7	N/A		X
TWO BRIDGESET HDFC, INC. 247 W 37TH ST 4TH FL NEW YORK, NY 10018 13-3686755	LOW INCOME HOUSING	NY	501 (C) (3)	9	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PARK TOWERS HDFC 247 WEST 37TH STREET NEW YORK, NY 10018 94-3462782	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
CASA LIBRE HDFC 247 WEST 37TH STREET NEW YORK, NY 10018 94-3462781	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
SEABROOK AND TINSLEY ESTATE HDFC 247 WEST 37TH STREET NEW YORK, NY 10018 94-3462779	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
TWO BRIDGESET TOWERS INC 247 WEST 37TH STREET NEW YORK, NY 10018 13-3849582	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
745 GATES, INC. 247 W 37TH STREET NEW YORK, NY 10018 20-0039911	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
690 GATES, INC. 247 W 37TH STREET 4TH FL NEW YORK, NY 10018 20-0039982	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	
FIRST WOMEN'S DEVELOPMENT CORP 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3088328	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.	



[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

DIRECTOR AND VICE PRESIDENT LEE WARSHAVSKY IS THE SON OF BOARD MEMBER FRANCES  
LEVENSON ESQ.

DIRECTOR GARY JACOB IS THE EXECUTIVE VICE PRESIDENT AND BOARD MEMBER OF GLENWOOD  
MANAGEMENT CORP. SETTLEMENT HOUSING FUND, INC. PROVIDES SERVICES FOR A FEE TO  
GLENWOOD MANAGEMENT CORP., AN AFFIRMATIVE MARKETING CLIENT- ON SO-CALLED 80/20  
PROJS.

BOARD MEMBER FRANCES LEVENSON, ESQ. IS THE MOTHER OF DIRECTOR AND VICE PRESIDENT, LEE  
WARSHAVSKY.

JEFFREY GURAL, A DIRECTOR OF SETTLEMENT HOUSING FUND, INC., IS THE CHAIRMAN OF  
NEWMARK KNIGHT FRANK, THE COMPANY FROM WHICH SETTLEMENT HOUSING FUND, INC. RENTS ITS  
OFFICE SPACE.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT DURING ITS NORMAL BUSINESS  
HOURS; THE BOARD OF DIRECTORS REVIEWS FORM 990 DURING THE ORGANIZATION'S ANNUAL  
BOARD OF DIRECTORS MEETING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

INTERESTED PERSONS MUST DISCLOSE FINANCIAL INTERESTS TO THE GOVERNING BOARD, WHO  
WILL THEN DETERMINE WHETHER OR NOT A CONFLICT EXISTS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

BASED ON INDIVIDUAL WORKING EXPERIENCES & EDUCATION, AS WELL AS COMPARISION TO  
EQUIVALENT POSITIONS VIA THE INTERNET.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE ORGANIZATIONS'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC

INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS UPON REQUEST.

THE DOCUMENTS ARE ALSO FILED WITH THE NEW YORK STATE DIVISION OF CORPORATIONS, AND

ARE AVAILABLE FOR PUBLIC INSPECTION.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT SETTLE

SETTLEMENT HOUSING FUND, INC.

23-7078882

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FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	49,678.
TOTAL	\$	<u>49,678.</u>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization	<b>Employer identification number</b>
	SETTLEMENT HOUSING FUND, INC.	23-7078882
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	247 W. 37TH STREET, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return). 

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of. ► GERALD SCHWARTZ

Telephone No. ► 212-265-6530 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 20 10 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)

12/31/10

## 2010 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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SETTLEMENT HOUSING FUND, INC.

23-7078882

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
IMPROVEMENTS										
1	LEASEHOLD IMPROVEMENTS	1/01/07		250,573			62,643	S/L HY	10	25,057
4	LEASEHOLD IMPROVEMENTS	6/30/08		33,783			5,631	S/L	9	3,754
5	LEASEHOLD IMPROVEMENTS	6/30/09		1,885			118	S/L	8	236
17	ELEC STRIKE & LATCH PROTE	6/30/10		1,250				S/L	7	89
18	WOODEN FIREPROOF DOOR	6/30/10		1,220				S/L	7	87
19	SURVEILLANCE SYSTEM	6/30/10		3,630				S/L	7	259
20	LOCK KIT	6/30/10		975				S/L	7	70
TOTAL IMPROVEMENTS				293,316		0	68,392			29,552
MACHINERY AND EQUIPMENT										
2	OFFICE EQUIPMENT	12/31/02		13,921			13,921	S/L HY	5	0
6	OFFICE EQUIPMENT	8/31/04		13,885			13,886	S/L HY	5	0
7	OFFICE EQUIPMENT	12/31/05		10,154			9,139	S/L HY	5	1,015
8	OFFICE EQUIPMENT	6/30/06		5,851			4,095	S/L HY	5	1,170
9	OFFICE EQUIPMENT	12/31/07		53,186			26,593	S/L HY	5	10,637
10	OFFICE EQUIPMENT	6/30/08		8,165			2,450	S/L HY	5	1,633
11	OFFICE EQUIPMENT	6/30/09		2,107			211	S/L HY	5	421
14	OFFICE EQUIPMENT	2/04/03		1,726			1,726	S/L HY	5	0
15	SAFE	6/10/10		1,265				S/L HY	5	127
16	SERVERS	8/26/10		4,564				S/L HY	5	456
TOTAL MACHINERY AND EQUIPME				114,824		0	72,021			15,459
MISCELLANEOUS										
3	SOFTWARE	1/01/02		8,765			8,765	S/L HY	5	0
12	SOFTWARE	4/08/05		1,753			1,578	S/L HY	5	175
13	SOFTWARE	11/01/07		54,078			27,039	S/L HY	5	10,816
21	MICROSOFT DONATED SOFTWARE	6/30/10		56,907				S/L HY	5	5,691
22	WINDOWS SERVER SOFTWARE	6/30/10		2,439				S/L HY	5	244
TOTAL MISCELLANEOUS				123,942		0	37,382			16,926
TOTAL DEPRECIATION				532,082		0	177,795			61,937

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## 2010 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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SETTLEMENT HOUSING FUND, INC.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			<u>532,082</u>		<u>0</u>	<u>177,795</u>			<u>61,937</u>

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## 2010 FEDERAL BOOK DEPRECIATION SCHEDULE

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SETTLEMENT HOUSING FUND, INC.

23-7078882

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
IMPROVEMENTS																
1	LEASEHOLD IMPROVEMENTS	1/01/07		250,573							250,573	62,643	S/L HY	10	.10000	25,057
4	LEASEHOLD IMPROVEMENTS	6/30/08		33,783							33,783	5,631	S/L	9		3,754
5	LEASEHOLD IMPROVEMENTS	6/30/09		1,885							1,885	118	S/L	8		236
17	ELEC STRIKE & LATCH PROTE	6/30/10		1,250							1,250		S/L	7		89
18	WOODEN FIREPROOF DOOR	6/30/10		1,220							1,220		S/L	7		87
19	SURVEILLANCE SYSTEM	6/30/10		3,630							3,630		S/L	7		259
20	LOCK KIT	6/30/10		975							975		S/L	7		70
TOTAL IMPROVEMENTS				293,316		0	0	0	0	0	293,316	68,392				29,552
MACHINERY AND EQUIPMENT																
2	OFFICE EQUIPMENT	12/31/02		13,921							13,921	13,921	S/L HY	5		0
6	OFFICE EQUIPMENT	8/31/04		13,885							13,885	13,886	S/L HY	5		0
7	OFFICE EQUIPMENT	12/31/05		10,154							10,154	9,139	S/L HY	5	.10000	1,015
8	OFFICE EQUIPMENT	6/30/06		5,851							5,851	4,095	S/L HY	5	.20000	1,170
9	OFFICE EQUIPMENT	12/31/07		53,186							53,186	26,593	S/L HY	5	.20000	10,637
10	OFFICE EQUIPMENT	6/30/08		8,165							8,165	2,450	S/L HY	5	.20000	1,633
11	OFFICE EQUIPMENT	6/30/09		2,107							2,107	211	S/L HY	5	.20000	421
14	OFFICE EQUIPMENT	2/04/03		1,726							1,726	1,726	S/L HY	5		0
15	SAFE	6/10/10		1,265							1,265		S/L HY	5	.10000	127
16	SERVERS	8/26/10		4,564							4,564		S/L HY	5	.10000	456
TOTAL MACHINERY AND EQUIPME				114,824		0	0	0	0	0	114,824	72,021				15,459



12/31/10

## 2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT SETTLE

SETTLEMENT HOUSING FUND, INC.

23-7078882

11/15/11

12:27PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
MISCELLANEOUS																
3	SOFTWARE	1/01/02		8,765							8,765	8,765	S/L HY	5		0
12	SOFTWARE	4/08/05		1,753							1,753	1,578	S/L HY	5	.10000	175
13	SOFTWARE	11/01/07		54,078							54,078	27,039	S/L HY	5	.20000	10,816
21	MICROSOFT DONATED SOFTWARE	6/30/10		56,907							56,907		S/L HY	5	.10000	5,691
22	WINDOWS SERVER SOFTWARE	6/30/10		2,439							2,439		S/L HY	5	.10000	244
TOTAL MISCELLANEOUS				123,942		0	0	0	0	0	123,942	37,382				16,926
TOTAL DEPRECIATION				<u>532,082</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>532,082</u>	<u>177,795</u>				<u>61,937</u>
GRAND TOTAL DEPRECIATION				<u>532,082</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>532,082</u>	<u>177,795</u>				<u>61,937</u>

<b>Form CHAR500</b> This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2010</b>  <b>Open to Public Inspection</b>
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**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01</b> / <b>2010</b> and ending (mm/dd/yyyy) <b>12/31/2010</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization  <b>SETTLEMENT HOUSING FUND, INC.</b>		d. Fed. employer ID no. (EIN) (##-####-####) <b>23-7078882</b>
	e. NY State registration no. (##-###-###) <b>01-73-97</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>247 W. 37TH STREET, 4TH FLOOR</b>	Room/suite 	f. Telephone number <b>212-265-6530</b>
	City or town, state or country and zip + 4 <b>NEW YORK, NY 10018</b>		g. Email 

**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature 	Printed Name <b>CAROL LAMBERG</b>	Title <b>ASSISTANT TREASURER</b>	Date
b. Chief Financial Officer or Treasurer	Signature 	Printed Name <b>LEE WARSHAVSKY</b>	Title <b>ASSISTANT SECRETARY</b>	Date

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
 Check ☐ if gross receipts did not exceed \$25,000 **and** the assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

**Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.**

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ..... ☐ Yes\* ☒ No

\* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ..... ☒ Yes\* ☐ No

\* If "Yes", complete Schedule 4b.

**5. Fee Submitted:** See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:		<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
a. Article 7-A filing fee. ....	\$ <b>25.</b>	
b. EPTL filing fee. ....	\$ <b>750.</b>	
c. <b>Total fee</b> .....	\$ <b>775.</b>	

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see page 4 for **required attachments**

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

<b>Government Agency Name</b>	<b>Grant Amount</b>
US DOL EMPLOYMENT & TRAINING ADMIN WIA	\$ 545,882.
US DHHS ADMIN FOR CHILDREN & FAMILIES	\$ 327,434.
NYC DEPT OF EDUCATION	\$ 281,080.
	\$
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	\$
Total Government Contributions (Grants)	\$ 1,154,396.

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type    Fee Instructions**

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

**a) Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

**b) EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments – Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**Filing Fee

☒ Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms☒ **IRS Form 990**

☒ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ **IRS Form 990-EZ**

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ **IRS Form 990-PF**

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

**Additional Article 7-A Document Attachment Requirement**Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)